Stigma, Forgiveness, and Depression in HIV+ Women

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Introduction

Women living with HIV may experience personal transgressions on their character due simply to having HIV. These transgressions can undermine their personal sense of worth leading to depression. Anger, hurt, pain, and contempt towards the offender, negative emotions triggered by these transgressions, may undermine their self esteem, producing more stress for these women. Forgiveness is an innovative treatment to reduce stress and anxiety. Forgiveness is not condoning the actions of the offender but rather taking control of one's own emotions and deciding not to dwell on past transgressions anymore. It is simply moving on and letting go of these negative feelings and emotions. This pilot study will test the efficacy of forgiveness to affect the quality of life in women living with HIV.

Literature

➢ Perceived HIV-related stigma, a stressor in adult HIV + women, is associated with increased levels of maladaptive coping and behavior (Martin, 2006).
➢ Perceived HIV-related stigma can result in depression and is associated with poor medical adherence, non-disclosure, and coping difficulties (Vanable, 2006).
➢Forgiveness, a teachable skill, is associated with reducing stress as well as increasing self esteem and self efficacy (Luskin, 2002).
➢Using Lazarus and Folkman's (1984) Stress and Coping Model as a framework, we predict that forgiveness, as an adaptive coping strategy, will be associated with lower levels of depression and will also moderate the relationship between perceived HIV-related stigma and depression.

HIV Stigma-Coping Model

HIV STIGMA
Maladaptive Coping
Forgiveness Coping
DEPRESSION
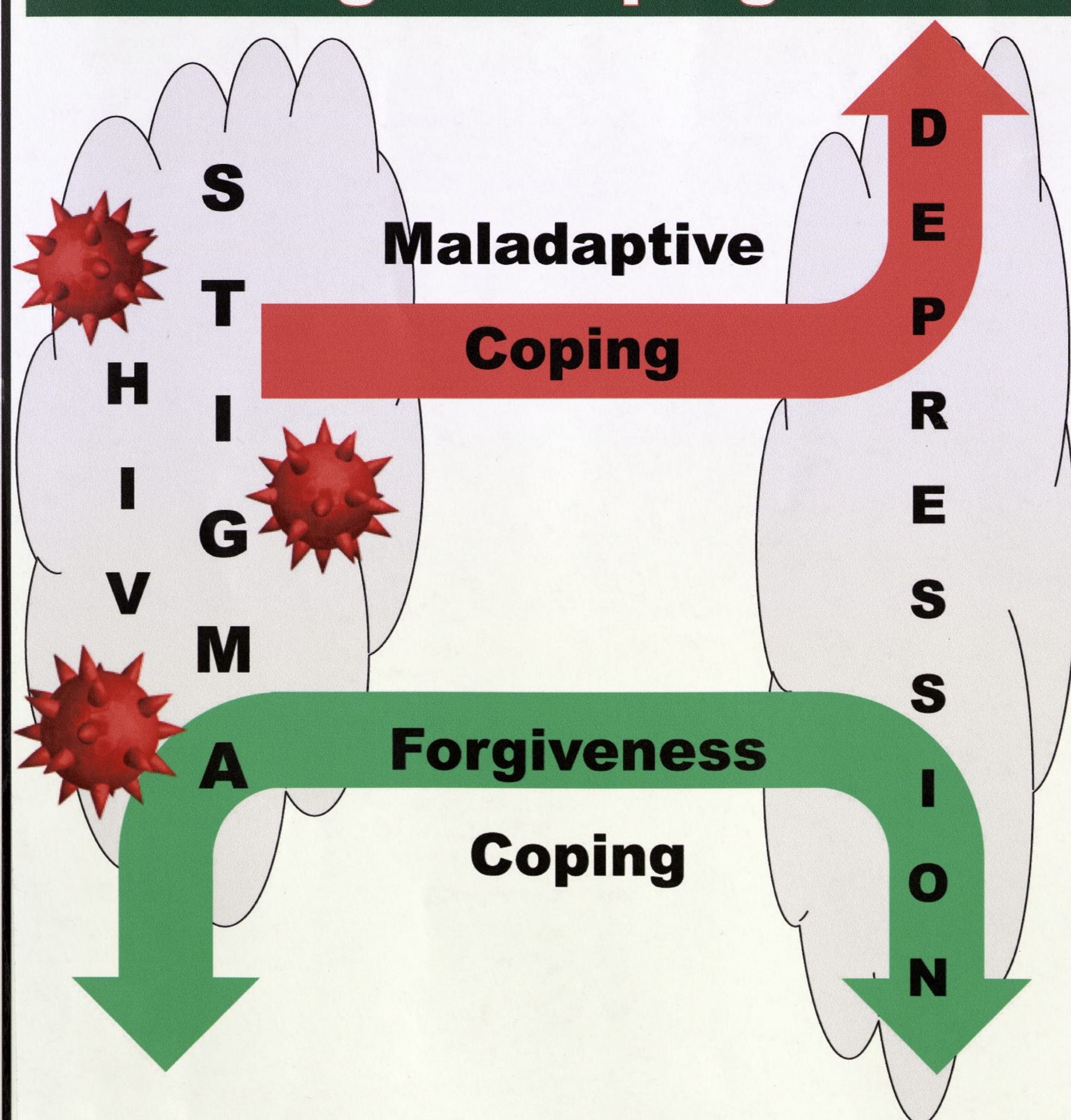
Hypotheses

1. Higher levels of perceived HIV-related stigma will be associated with higher levels of depression.
2. Higher levels of forgiveness will be associated with lower levels of depression.
3. Higher levels of forgiveness will be associated with lower levels of perceived HIV-related stigma.
4. Forgiveness will moderate the relationship between perceived HIV-related stigma and depression.

Measures

Center for Epidemiological Studies Depression
Radloff, 1977 Reported α=.90
20 item scale.
"I thought my life had been a failure."
1(Rarely or None of the time) to 4(Most of the time)

Heartland Forgiveness Scale
Thompson, 2005 Reported α=.83
18 item scale.
"When someone disappoints me, I can eventually move past it."
1(Almost always false) to 7(Almost always true)

HIV Stigma Scale
Berger et al., 2001 Reported α=.92
40 item scale.
"Telling someone I have HIV is risky."
1(Strongly disagree) to 4(Strongly agree)

Participant Demographics N=30

	Mean(SD)	Range
Age	47 (8.4)	24-60
Education	12.4 (3.5)	7-29
	Frequency (%)	
Annual Income	17 (56.7)	<$10,000
	13 (43.3)	>$10,000
Ethnicities		
African American	28 (93)	
European American	2 (7)	
Employment		
Unemployed	21 (70)	
Employed	4 (13.3)	
Disabled	5 (16.7)	
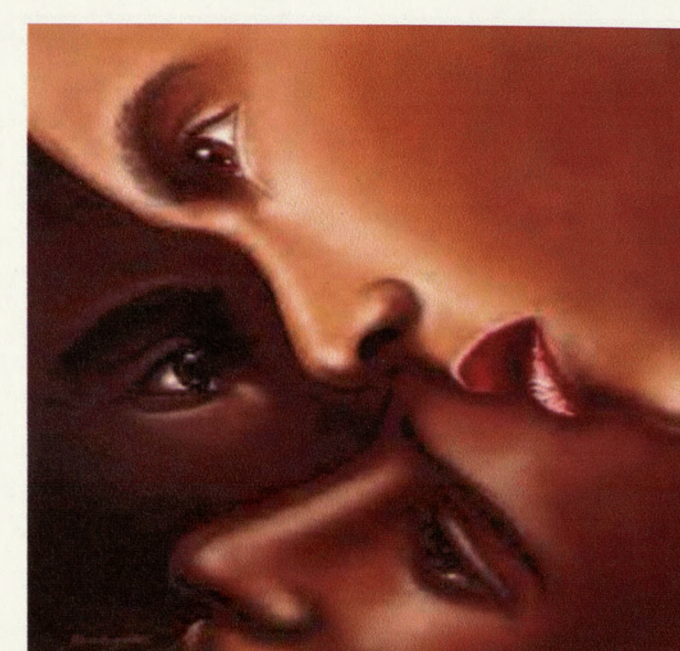
Results

Univariate Statistics

Variable	Mean(SD)	Possible range	Calculated α
Depression	19(12)	1-43	.79
Forgiveness	111(17)	87-149	.76
Stigma	95(23)	50-151	.95

Bivariate Statistics

	1	2	3	4	5	6
1. Stigma	-------					
2. Forgiveness	-.42* .02	-------				
3. Depression	.50**	-.75***	-------			
4. Income	.08 .67	-.34 .07	.34 .07	-------		
5. Unemployed	-.08 .67	-.05 .79	.07 .73	.31 .10	-------	
6. Education	.001 .10	.09 .65	-.09 .67	-.30 .11	-.15 .43	-------

Regression Analysis

Predictors	β	t	Depression p
Stigma	.12	1.70	.09
Forgiveness	-.46	-5.00***	.000

$F_{(2, 27)} = 20.90***$, Adjusted R^2 = .58
Tolerance and VIF scores are .82 and 1.21, respectively

Moderation Analysis

Predictors	β	t	Depression p
Stigma	1.10	1.64	.11
Forgiveness	-.12	-.34	.74
Stigma x Forgiveness	-.60	-.99	.34

$F_{(3,26)} = 11.91$, Adjusted R^2 = .54
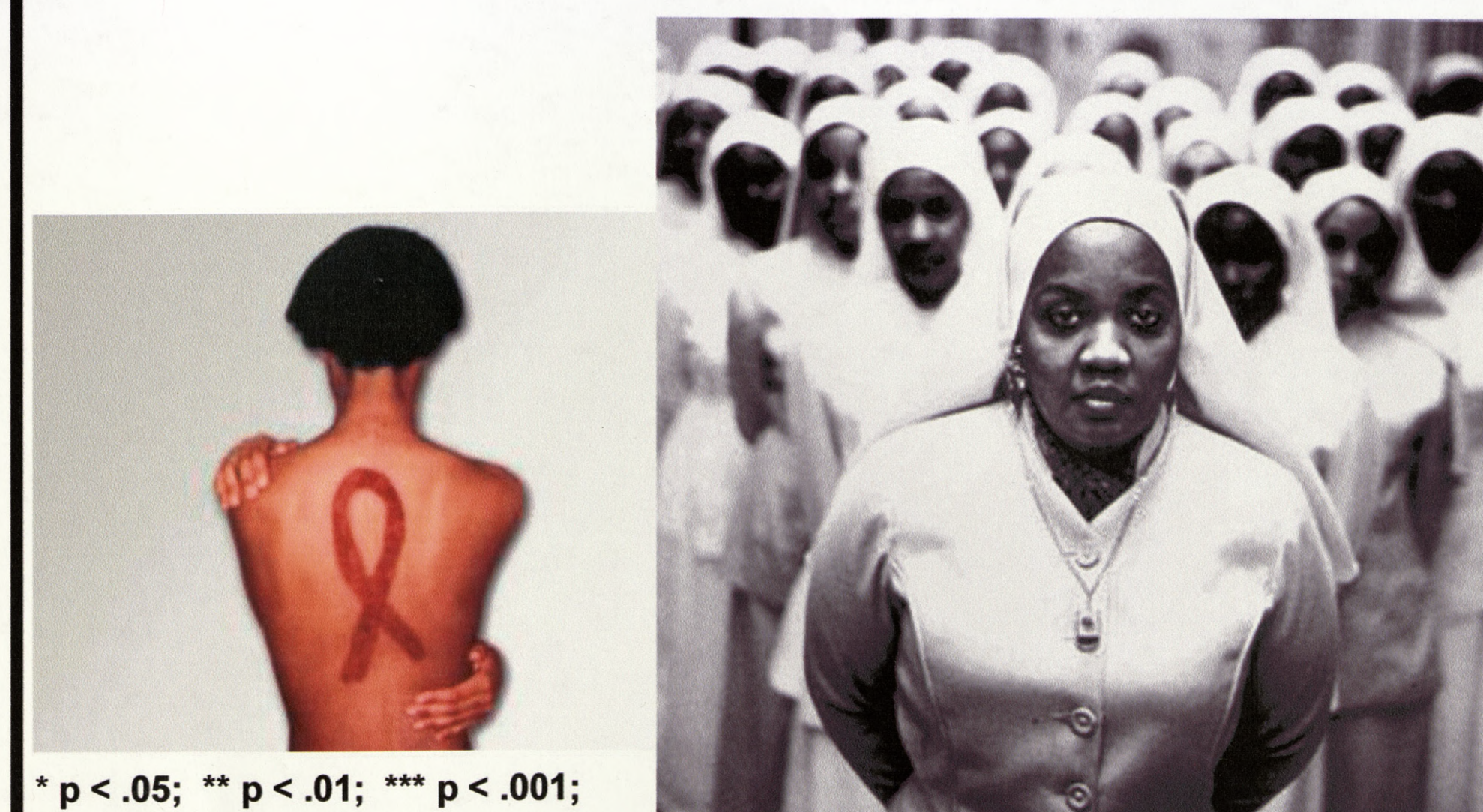
* $p < .05$; ** $p < .01$; *** $p < .001$;

Hypothesis #1 – *Supported:*
This is intuitive because stigmatization marginalizes and isolates people, possibly triggering depressive symptoms

Hypothesis #2 – *Supported:*
Adaptive coping via forgiveness may have clinical implications regarding the reduction of depression.

Hypothesis #3 – *Supported:*
Our bivariate data indicates that there is a significant negative correlation between forgiveness and perceived HIV-related stigma.

Hypothesis #4 – *Not Supported*:
Moderation analysis indicates forgiveness does not moderate the relationship between perceived HIV-related stigma and depression.

Discussion

➢Learning and applying forgiveness coping techniques may help to reduce depression and HIV-related stigma.

➢Though forgiveness did not moderate the relationship between stigma and depression as expected, this may be due to a lack of power in our small sample (Frazier, Tix, & Barron, 2004).

➢The concept of forgiveness, in this study, is separate from any spiritual definition and refers to letting go of negative feelings and emotions possibly created by stigma.

Clinical Implications

➢Since forgiveness can be taught to groups of people living with HIV, it may be an innovative and cost effective intervention to reduce depression in HIV+ women.

➢ Forgiveness is an effective coping mechanism of stigma for HIV+ women and may be applied to other populations living with HIV.

Limitations

➢ No distinction has been made between dispositional and trait forgiveness.

➢ Our sample is predominantly HIV+ African American women, which limits generalizability.

➢ Cross-sectional, correlational design

References

➢Please see handout for references.

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