Stigma, Forgiveness, and Depression in HIV+ Women

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Forgiveness

- Developed from an intervention pioneered by Dr. Luskin and Dr. Thoresen
- Tools and techniques to enhance adaptive coping with transgressions
- Targeted victims of abuse and IRA members
Project Forgive

- Pilot study directing these techniques towards HIV+ populations
- Randomized clinical trial
- Quality of life aspects such as self esteem, anxiety, and stress
- Psychosocial aspects such as social support, stress, and coping strategies
- Designed to reduce depression and anger, improve adaptive coping strategies, and improve quality of life
Perceived HIV-related stigma 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.
Theoretical Model

- Maladaptive Coping
- Forgiveness Coping

HIV Stigma

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.
Method

HIV Stigma Scale

- Berger et al., 2001
- 40 item likert-type scale
- 1(strongly disagree) to 4(strongly agree)
- reported $\alpha = .92$
- “Telling someone I have HIV is risky.”

Higher scores indicate more perceived HIV-related stigma
Method

Heartland Forgiveness Scale

- Thompson, 2005
- 20 item likert-type scale
- 1(almost always true) to 7(almost always false)
- reported $\alpha = .83$
- “When someone disappoints me, I can eventually move past it.”

Higher scores denote more dispositional forgiveness
Center for Epidemiological Studies- Depression

- Radloff, 1977
- 20 item likert-type scale
- 1(rarely or none of the time) to 4(most of the time)
- reported $\alpha = .90$
- “I thought my life had been a failure.”

Higher scores denote more depression
Procedure

Data Collection
- Questionnaire Development System (QDS) survey
- Self report
- Dallas based community organization recruitment
- Psychosocial aspects (i.e. stigma, forgiveness, and depression)
### Descriptive Data

**Demographics**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean(SD)</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>47(8.4)</td>
<td>24-60</td>
</tr>
<tr>
<td>Education</td>
<td>12.4(3.5)</td>
<td>7-29</td>
</tr>
</tbody>
</table>

**Frequencies(%)**

<table>
<thead>
<tr>
<th>Category</th>
<th>Frequencies(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>30(100)</td>
</tr>
<tr>
<td>Ethnicities</td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>28(93)</td>
</tr>
<tr>
<td>European American</td>
<td>2(7)</td>
</tr>
<tr>
<td>Income</td>
<td></td>
</tr>
<tr>
<td>&lt;$10,000</td>
<td>17(56.7)</td>
</tr>
<tr>
<td>&gt;$10,000</td>
<td>13(43.3)</td>
</tr>
<tr>
<td>Employment</td>
<td></td>
</tr>
<tr>
<td>Unemployed</td>
<td>21(70)</td>
</tr>
<tr>
<td>Employed</td>
<td>4(13.3)</td>
</tr>
<tr>
<td>Disabled</td>
<td>5(16.7)</td>
</tr>
</tbody>
</table>

N=30
# Results

## Univariate Statistics

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean(SD)</th>
<th>Actual Range</th>
<th>Calculated α</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>19(12)</td>
<td>1-43</td>
<td>.79</td>
</tr>
<tr>
<td>Forgiveness</td>
<td>111(17)</td>
<td>87-149</td>
<td>.76</td>
</tr>
<tr>
<td>Stigma</td>
<td>95(23)</td>
<td>50-151</td>
<td>.95</td>
</tr>
</tbody>
</table>

## Bivariate Statistics

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Stigma</td>
<td>---------</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>2. Forgiveness</td>
<td>-.42*</td>
<td>---------</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>3. Depression</td>
<td>.50**</td>
<td>-.75***</td>
<td>---------</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>4. Income</td>
<td>.08</td>
<td>-.34</td>
<td>.34</td>
<td>---------</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>5. Unemployed</td>
<td>-.08</td>
<td>-.05</td>
<td>.07</td>
<td>.31</td>
<td>---------</td>
<td>---</td>
</tr>
<tr>
<td>6. Education</td>
<td>.001</td>
<td>.09</td>
<td>-.09</td>
<td>-.30</td>
<td>-.15</td>
<td>---------</td>
</tr>
</tbody>
</table>

* p < .05; ** p < .01; *** p < .001;
# Results

## Linear regression

<table>
<thead>
<tr>
<th>Predictors</th>
<th>β</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forgiveness</td>
<td>.12</td>
<td>1.7</td>
<td>.09</td>
</tr>
<tr>
<td>Stigma</td>
<td>-.46</td>
<td>-5.0***</td>
<td></td>
</tr>
</tbody>
</table>

F(2,27) = 20.90***, Adj R² = .58

Tolerance and VIF scores are .82 and 1.21, respectively

Variables entered simultaneously

No variables controlled for

## Moderation

<table>
<thead>
<tr>
<th>Predictors</th>
<th>β</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forgiveness</td>
<td>1.10</td>
<td>1.64</td>
<td>.11</td>
</tr>
<tr>
<td>Stigma</td>
<td>-.12</td>
<td>-.34</td>
<td>.74</td>
</tr>
<tr>
<td>Stigma X Forgiveness</td>
<td>-.60</td>
<td>-.99</td>
<td>.34</td>
</tr>
</tbody>
</table>

* p < .05; ** p < .01; *** p < .001;
### Results

- **Hypothesis #1-Supported**: Stigmatized people feel marginalized and isolated which may result in depression.
- **Hypothesis #2-Supported**: Using forgiveness as an adaptive coping strategy may be able to reduce depression in stigmatized women living with HIV.
- **Hypothesis #3-Supported**: Forgiveness may not only reduce depression but also reduce the negativity associated with perceived HIV-related stigma.
- **Hypothesis #4-Not Supported**: Though forgiveness did not moderate the relationship between HIV-related stigma and depression, this may be due to small sample size (Frazier, Tix, and Barron, 2004).
Learning and applying forgiveness coping techniques may help reduce depression and HIV-related stigma.

The concept of forgiveness, in this study, means letting go off negative feelings and not allowing them to fester.

Future research should include stress when measuring stigma.

Depression may impede disclosure, adherence, and healthy functioning thereby increasing the already detrimental difficulties of being HIV+.

Future research should increase sample size and include men.
Clinical Implications

- Since forgiveness coping techniques can be taught to groups of people living with HIV it may be an innovative and cost effective way to reduce depression.

- Forgiveness is an effective coping mechanism of stigma for HIV+ women and may be applied toward other HIV+ populations.

- Clinicians should be aware of the effects of stigma as well as depression regarding HIV treatment.
Limitations

- No distinction has been made between dispositional and state forgiveness.
- No causality
- Limited sample size, diversity, and recruitment
- Self report bias
- Misinterpretation of forgiveness
Acknowledgements

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- Ronald E. McNair program
- The shoulders of the giants on which we stand
References


