Maladaptive Coping, Stigma, and Forgiveness in HIV+ Adults

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Abstract: The HIV Stigma Scale, Brief COPE survey, and Heartland Forgiveness Scale were completed by 288 HIV+ adults. A linear regression analysis found our model explained 25.4% of the variance in forgiveness. Forgiveness was negatively associated with stigma, negative self-image, behavioral disengagement, and denial but surprisingly positively associated with mental disengagement.

Supporting Summary: Stigma associated with HIV is pernicious and contributes to increases in allostatic load. We hypothesized that stigma would be associated with increases in reports of maladaptive coping (e.g. denial, behavioral & mental disengagement). Avoidant coping strategies induced by stigma may have serious health consequences in people living with HIV (PLH; Kinsler, Wong, Sayles, Davis, & Cunningham, 2007). Lazarus and Folkman (1984) argued that the deficit model of stress and coping explains how an external locus of control and limited coping resources contribute to increased stress and the use of maladaptive behaviors to reduce stress. HIV-positive individuals have little control over the stigma they experience since they cannot alter others' beliefs and perceptions about HIV.

Forgiveness, a behavioral response to interpersonal conflict, can be decoupled from the typically religious/spiritual traditions with which it is associated and applied as a teachable coping strategy. Forgiveness has been associated with improvements in health issues such as quality of life (QOL), depression and stress in PLH (Scherbarth & Vosvick, 2006; Volpone & Vosvick, 2007; Doi, Vosvick, & Chng, 2007) while maladaptive coping strategies have been associated with decreases in the QOL of PLH (Vosvick et al, 2002 and 2003). Perhaps if PLH can reduce the maladaptive strategies used to deal with stigma and learn healthier alternatives, they may improve their QOL and overall health. As a first step, we explored whether forgiveness is associated with stigma and maladaptive coping. We hypothesized that higher levels of stigma and maladaptive coping would be associated with less forgiveness. If our hypotheses are supported, then teaching forgiveness skills may provide a resource to offset the stress of stigma and decrease dependence on maladaptive coping.

HIV-positive adults (N=288; 49.5% female; 54.4% African-American, 29.6% European-American, 16% Other; average age = 41.7 (SD=8.39)) completed the HIV-Stigma Scale (Berger et al., 2001), the Brief COPE (Carver, 1997), and the Heartland Forgiveness Scale (Yamhure, Snyder, Hoffman, & Rasmussen, 2002). We used a hierarchical linear regression analysis to test our model and found it explained 25.4% of the variance in forgiveness (adjusted R^2=.25, $F(5, 287)$, $p<.001$). Although stigma, negative self-image, denial, and behavioral disengagement were negatively associated with forgiveness, age and mental disengagement were positively associated with forgiveness. These complex findings suggest that the relationship between maladaptive coping behaviors and forgiveness is not as straightforward as we had assumed. Although 3-out-of-5 maladaptive coping strategies were significantly associated with forgiveness as hypothesized, additional research is necessary to tease out the relationship between mental disengagement and forgiveness to understand the mechanism that produces the positive relationship. Perhaps some aspect of mental disengagement is protective against discrimination. Unsurprisingly older participant reported higher levels of forgiveness. This may reflect the

adage, 'with age comes wisdom' suggesting that over time, some HIV+ adults learn that forgiving is an effective strategy for reducing stress.

Our findings suggest that clinical applications that teach forgiveness skills may provide an additional resource to reduce the negative health consequences of stigma and may be sufficiently robust to deter the use of avoidant coping.