

Loneliness and Forgiveness as Correlates of Stigma in HIV+ Women

William Q. Hua, B.S., Mark Vosvick, Ph.D.*

Center for Psychosocial Health, University of North Texas

*Corresponding author:

Mark Vosvick

UNT Department of Psychology, P.O. Box 311280, Denton, TX 76203-1280

Phone: (940) 565-4715; Fax: (940) 565-4682; Email: Vosvick@unt.edu

Abstract (50 word limit)

The introduction of HAART in 1995 helped to significantly decrease the mortality and morbidity rate of those infected by HIV/AIDS. However, HIV-related stigma has emerged as a “second epidemic.” Concepts of forgiveness and loneliness were found to have significant roles in the complex structure of HIV stigma.

Supporting Summary (500 word limit)

HIV stigma, or beliefs that are directed toward people living with HIV/AIDS (PLH), often leads to a discredited identity for seropositive individuals. While persons who live with HIV/AIDS cannot control the actions of persons who hold stigmatizing beliefs, they may be able to minimize the effect of HIV stigma. Only a few studies examine forgiveness as an effective coping technique for dealing with HIV (Temoshok & Chandra, 2000). Loneliness as an index of social functioning in PLH has received even less research attention.

The purpose of this study was to investigate psychosocial factors associated with HIV-related stigma in HIV+ women. We hypothesized that an increased tendency to forgive and decreased loneliness would be associated with lower perceived stigma in women living with HIV/AIDS (WLH).

Participants (30 HIV+ women, aged 24 to 60 years) completed the Tendency to Forgive (TTF; Brown, 2003; $\alpha = .70-.80$), UCLA Loneliness Scale (Russell, 1996; $\alpha = .89-.94$) and HIV Stigma Scale (HSS; Berger, Ferrans, Lashley, 1996; $\alpha = .96$). Most of the women (69%) reported their relationship status as single; 33% reported living alone.

Tendency to forgive ($r = -.57, p < .01$) and loneliness ($r = -.63, p < .01$) were both significantly negatively correlated with HIV stigma. In a multiple regression model, tendency to forgive ($\beta = -.34, t = -2.18, p < .05$) and loneliness ($\beta = -.46, t = -2.91, p < .01$) accounted for 45% of the variance in HIV stigma (adjusted $R^2 = 0.45, R^2 = .49, F = 12.65, p < .001$).

Previous results from intervention research found that “forgiveness” can be an effective coping strategy for people with a variety of health-related problems; benefits of forgiveness can now be applied to HIV+ populations. Our results suggest that forgiveness can be incorporated as a strategy for coping with HIV and the resulting stigma. Surprisingly, women who were less lonely were found to have higher levels of HIV stigma. One possible explanation could be that WLH who perceive themselves as highly stigmatized consciously self-isolate to avoid stress and become lonely; perhaps those forced to engage in antagonistic social networks may experience elevated levels of stigma. More research is needed to identify the relationship between

loneliness, social support, and HIV stigma. Our sample is drawn from one geographic locale and consists mainly of African-American women, which limits the generalizability of our results.