

## **Spirituality, Forgiveness, and 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

Since the advent of HAART, health providers consider HIV to have transitioned from a terminal disease to a chronic illness. As a result, the focus of treatment of HIV+ adults has expanded to address quality of life issues. However, there is a dearth of research on how HIV+ adults cope successfully with HIV stigmatization. Two atypical coping strategies, forgiveness and spirituality, have been given little attention in the research literature. Although spirituality has been linked to HIV stigma (Parsons, Cruise, Davenport, & Jones, 2006), many scales that are used to measure spirituality make a direct reference to God, which limits the utility of the instrument.

The purpose of this study was to investigate factors that decrease HIV-related stigma in women living with HIV (WLH). We hypothesized that increased use of spirituality and forgiveness as strategies to cope with HIV would lead to decreased stigma as experienced by a WLH.

Tendency to Forgive (TTF; Brown, 2003;  $\alpha = .75$ ) and the Spirituality Index of Well-Being (SIWB; Daaleman & Frey, 2004;  $\alpha = .91$ ) were used to assess these two dimensions of coping. The SIWB is careful to not reference God in its items. Most (70%) of the participants (30 HIV+ women, aged 24 to 60) identified themselves as Christian; 40% reported attending some kind of religious services at least once a week.

Both a tendency to forgive ( $r = -.57, p < .01$ ) and spirituality ( $r = -.50, p < .01$ ) were significantly correlated with HIV stigma. In a multiple regression model, tendency to forgive ( $\beta = -.44, t = -2.75, p < .01$ ) and spirituality ( $\beta = -.32, t = -2.02, p < .05$ ) accounted for 37% of the variance in HIV stigma (adjusted  $R^2 = 0.37, R^2 = .41, F = 9.42, p < .001$ ).

Our results suggest that WLH who use forgiveness and spirituality as ways to cope with their disease may experience reduced levels of HIV-related stigma. Behavioral medicine practitioners should recognize the clinical implications of these strategies in helping PLH cope with HIV and the resulting stigma. Although our sample size is small but sufficient to power our model, larger more diverse samples must be analyzed to better understand these relationships.