

## Forgiveness in HIV+ Adults: Anger, Stigma, and Health Distress

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HIV can trigger anger, stress, and stigmatization resulting in negative health outcomes that may limit the ability to forgive in persons living with HIV (PLH). Forgiveness may increase hope (Maltby et al., 2000), decrease anger (Lin et al., 2004), and improve psychological health in PLH (Doi et al., 2007). Health distress, such as anxiety and fear, may reduce quality of life in PLH (QOL; Wu et al., 1994). While expressive anger is a behavioral response for PLH, chronic anger may seriously affect their physical and mental health (Lawler-Row et al., 2008). Our variables of interest (anger, stigma, health distress) may enhance forgiveness in PLH.

Using the Lazarus-Folkman stress and coping model (1984), we hypothesize that the more anger a person expresses (maladaptive coping), the less control-in anger they use (adaptive coping), the more distressed they are over their health (stress); the higher report of stigma experiences (stress) the less likely the ability to use forgiveness as a coping strategy.

Participants (63 HIV+ adults) completed the MOS-HIV Health Survey (Wu et al., 1994), State-Trait Anger Expressive Inventory (Spielberger, 1999), HIV Stigma Scale (Berger et al., 2001), and the Heartland Forgiveness Scale (Yamhure et al., 2002). Multiple regression analysis shows that our model explains 28% of the variance in forgiveness ( $\text{adj. } R^2 = .28$ ,  $F(4, 55) = 6.73$ ,  $p < .001$ ). Expressive anger ( $\beta = -.24$ ,  $t = -2.11$ ,  $p < .05$ ), health distress ( $\beta = -.24$ ,  $t = -2.11$ ,  $p < .05$ ), and HIV-related stigma ( $\beta = -.25$ ,  $t = -2.19$ ,  $p < .05$ ) were significantly negatively correlated, while controlled anger-in ( $\beta = .23$ ,  $t = 1.96$ ;  $p < .05$ ) was significantly positively correlated with forgiveness.

Results suggest that PLH who express anger, experience HIV-related stigma, and are distressed over their health will be less likely to forgive. Results also show that PLH who use control-in anger are more likely to forgive. Clinical interventions should address how to adaptively manage anger and HIV-related stigma to improve forgiveness in PLH and lead to mental and physical well-being.