

Social-Support, Stress, and Acculturation: Predictors of Forgiveness in HIV+ Adults

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The ability to forgive is a mark of psychological wellbeing and an essential trait in healthy relationships. Dispositional forgiveness is an adaptive coping trait that helps people discharge negative thoughts, feelings and behaviors after hurtful experiences such as contracting HIV. Forgiveness has significant consequences for self-perceptions, coping, interpersonal relationships, as well as health and medical outcomes in the context of HIV/AIDS (Temoshok & Wald, 2005). Individuals who practice forgiveness report decreased anxiety symptoms, decreased psychosomatic complications, and decreased incidence of heart disease, are more resistant to physical illness, and are better able to cope with stress (Worthington, 1998). Interpersonal functioning and social support have also been associated with forgiveness (Plant & Sherman, 2001). Emotional, informational and practical social support are associated with health benefits in HIV+ individuals (Hays, Turner, Catania, Mandel, & Coates, 1989). This support can come from family, friends, or significant others. HIV-positive men report more stressors and elevated levels of perceived stress, depression, alcohol consumption, smoking, and unsafe sexual behaviors (Thompson, Nanni, & Veline, 1996). Acculturation, the process by which an individual's or group's cultural norms change as a result of interaction with the dominant group, has been linked to sexual risk behaviors and quality of care received (Amaro, Whitaker, Coffman, & Hoffman, 1990). Acculturation can affect HIV+ individuals, especially if they are not fluent in English or unfamiliar with dominant cultural social norms, which could affect the quality of care or treatment they receive.

This cross-sectional, correlational study examined relationships between dispositional forgiveness and social support, acculturation, and perceived stress among a sample (N = 276) of HIV+ adults. We examined the association of three predictor variables, social support, acculturation and perceived stress with our outcome variable of forgiveness. Since forgiveness is currently being explored as a potential beneficial element in secondary prevention efforts, we wanted to identify variables that may contribute to an individual's ability to forgive.

We administered a battery of self-report measures seeking demographic, medical, and psychological information. Our measures included the following: the Perceived Stress Scale (PSS; Cohen, Kamarck, & Mermelstein, 1983), the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dahlem, Zimet, & Farley, 1988), the Multigroup Ethnic Identity Measure (MEIM; Phinney, 1992), and the Heartland Forgiveness Scale (Edwards, 2002). The Heartland Forgiveness Scale has subscales to assess forgiveness of self, others, and situations.

Hierarchical regression models consisting of three blocks were constructed to control for demographics and HIV-related medical variables and examine our variables of interest separately. Block 1, entered stepwise, included demographic variables: age, race, education, and income. Block 2, entered stepwise, included HIV-related medical variables: length of diagnosis, symptom load, and whether or not an AIDS diagnosis had been given. Block 3 included simultaneously entered scales for acculturation, social support, and perceived stress.

Participants (n=276) were recruited from AIDS service organizations (ASOs) in the Dallas-Fort Worth metroplex. The sample was gender-balanced with 50.4% male. The sample was ethnically diverse and self-identified as African-American (54%), European-American (29.7%), Latino(a) (11.23%), and other ethnicity (4.7%). The average age of the sample was 41.7 (SD=8.26), ranging from 19 to 68 years. The average level of education completed was high school (M=12.11, SD=2.49). Most of the sample (69.2%) reported total household incomes of less than \$10,000. Eighteen and a half percent of participants reported being married or living with a partner. Forty-seven percent of participants reported that they had children. Participants reported being HIV positive an average of 7.6 years (SD=5.2).

Pearson product moment correlation coefficients between all variables of interest were calculated and analyzed to determine significant relationships. Significant correlations were identified between the Heartland Forgiveness Scale and social support, perceived stress, and acculturation. The correlations ranged from $r = .15, p < .05$ between being of another race other than African American, Latino(a), or Caucasian and forgiveness, to $r = .22, p < .01$ between acculturation and forgiveness.

A model using acculturation, social support, and perceived stress was constructed to examine the amount of variance accounted for in forgiveness. These three variables of interest explained 16% of the variance in forgiveness (adjusted $R^2 = .161, F(6, 202) = 7.68, p < .001$). Social support ($\beta = .16, t = 2.58, p < .05$), perceived stress ($\beta = -.20, t = -2.96, p < .01$), acculturation ($\beta = .15, t = 2.28, p < .05$), along with education ($\beta = .19, t = 2.91, p < .01$) and being Caucasian ($\beta = .14, t = 2.16, p < .05$) were all significantly associated with forgiveness.

The results of this study indicate that a significant relationship exists between acculturation and forgiveness, social support and forgiveness, and perceived stress and forgiveness in an HIV+ sample. These findings suggest that the more acculturated an individual, the greater is their likelihood to forgive. The more social support an individual receives from their family, friends, and significant others, the greater is their likelihood to forgive. Also the less perceived stress an individual has, the greater is their likelihood to forgive. Neither having an AIDS diagnosis nor the duration of the disease contributed to the likelihood to forgive.

Findings from this study are useful to counselors who work with people living with HIV and suggest that efforts to increase social support, reduce stress and increase acculturation levels may contribute to increases in forgiveness in this population. Previous research has demonstrated that increases in forgiveness are associated with decreases in depression and increases in quality of life for adults living with HIV (Scherbarth, Vosvick, & Chng, 2004; Scherbarth & Vosvick, 2006).

Future research should be conducted on a larger, more diverse population that includes more than two different ethnicities, because this sample consisted mostly of African-Americans and European-Americans. With a more culturally diverse HIV+ population, we could better understand who is more likely to forgive and what factors specifically contribute to this important construct.