

## **Self-Isolation or Distancing: Gender Differences in HIV-Related Coping and Depression**

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How an individual copes with an HIV diagnosis depends on his/her resources (Folkman & Lazarus, 1984); however, it may also depend on his/her gender. Research (Denton & Walters, 1999) has found that gender differences exist in behavioral determinants of health, yet many studies still focus on either male, female, or a combination sample. Our study looked at how HIV-related coping contributed to depression in males and females distinctly. Participants ( $n=205$ , 47% women) were recruited in Dallas/Fort Worth and self-identified as African-American (50.2%), European-American (33.2%), Latino(a) (12.7%) and other (3.9%), with an average age of 41.9 ( $SD=8.4$ ). The average number of years participants reported being HIV positive was 7.6 years ( $SD=5.3$ ).

Participants completed medical and demographic information, the Coping with HIV Scale (CHIV; Jenkins & Guarnaccia, 2003), and the Center for Epidemiological Studies-Depression scale (CES-D; Radloff, 1977). Significant correlations were identified between these scales. Multiple regression analyses revealed that males who reported higher use of escape fantasy ( $\beta=0.45$ ,  $t=5.13$ ,  $p<.001$ ), self isolation ( $\beta=0.38$ ,  $t=3.39$ ,  $p<.01$ ), anger ( $\beta=0.18$ ,  $t=2.03$ ,  $p<.05$ ) and lower use of optimistic planning ( $\beta=-0.50$ ,  $t=-5.39$ ,  $p<.001$ ) reported significant levels of depression (adjusted  $R^2=.45$ ,  $F(4, 104)=23.34$ ,  $p<.001$ ). Females who reported higher levels of negative rumination ( $\beta=0.24$ ,  $t=2.50$ ,  $p<.05$ ), distancing ( $\beta=0.25$ ,  $t=2.63$ ,  $p<.05$ ) and anger ( $\beta=0.21$ ,  $t=2.16$ ,  $p<.05$ ) reported significant levels of depression (adjusted  $R^2=.25$ ,  $F(3, 92)=11.63$ ,  $p<.001$ ). Independent samples t-test did not reveal significant differences between male and female coping strategies suggesting that it is the combination of coping strategies that leads each gender to higher rates of depression.

Clarification of how each gender copes with HIV and the relationship between coping and depression will help researchers design interventions that specifically address the needs of the HIV+ population.