Life After a Decade with HIV: Religiosity, Humor & Avoidance as Coping Strategies

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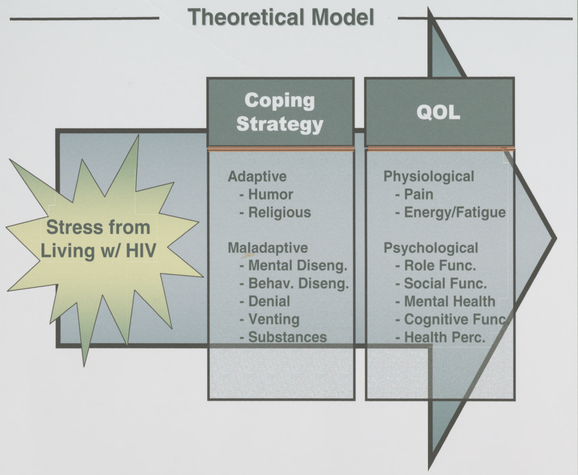
Abstract

A decade has passed since HAART effectively extended life expectancies for many living with HIV/AIDS. What does life look like for HIV+ adults past the ten-year mark? This study examined 91 HIV+ adults (42.5% women, 53.8% African-American, 29.7% European-American, 9.9% Latino) living with HIV from 10 to 23 years (M=14.0, SD=3.1). In addition to a description of demographic and medical characteristics, this study examined coping styles (Brief COPE) and quality of life (QOL; MOS-HIV) for long-term survivors. We hypothesized that religious coping and humor would play a significant role in QOL and that maladaptive coping would be negatively associated with QOL.

Theoretical Model



Sample Demographics

	> 10 Years	< 10 Years
Females	42.5%	52.2%
Ethnicity		
- AA	53.8%	52.2%
- EA	29.7%	30.6%
- Latino	9.9%	12.4%
Age	44.5 (7.9)	40.2 (8.3) t = -4.1; p<.001
HI < $10K	12.2 (2.6)	12.0 (2.6)
Education	67.4%	72.3%
Yrs w/ HIV	14.0 (3.1)	4.6 (2.8) t = -25.1; p<.001
Symptoms	8.0 (5.9)	7.3 (5.7)
HIV Meds	75.7%	69.8%

Background

The widespread use of HAART has revolutionized HIV treatment, with dramatic declines in morbidity and mortality for persons living with HIV/AIDS (PLH). However, the psychosocial ramifications of these changes are still unclear and inconclusive[1-5]. Despite living longer, many PLH experience new stressors from high medical cost, complicated drug dosing regimens, drug resistance, unpleasant side effects, survivor guilt, depression, challenge of life-long treatment, to name a few[5]. Although HAART has been associated with declines in depression among asymptomatic PLH[1] and hope for long-term survival for PLH[6], the associated side effects could influence quality of life (QOL)[7]. The use of religious coping has been positively associated with fewer depressive symptoms in PLH [8-10] and humor has been reported as a complementary intervention to reduce stress [11-13]. However, how religious and humor serve as coping behaviors in our target population is unknown. A decade has passed since the advent of HAART but do we know what life looks like for HIV+ adults past the ten years mark?

Data Analyses

Univariate Statistics

	> 10 Years	< 10 Years	Sign. Diff.	Range	Cronbach's Alpha
Coping				2-8	.89
Humor	4.0 (1.9)	3.9 (2.0)			
Religious	5.9 (2.0)	5.7 (2.0)			
Mental Diseng.	4.9 (1.8)	4.9 (1.8)			
Behav. Diseng.	3.7 (1.7)	4.0 (1.8)			
Denial	3.3 (1.7)	3.9 (2.0)	t = 2.5, p < .05		
Venting	4.2 (1.6)	4.4 (1.7)			
Substances	3.4 (2.0)	3.7 (2.1)			
QOL				0-100	.87
Pain	52.3 (22.8)	50.7 (23.2)			
Energy/Fatigue	40.9 (15.4)	41.8 (16.3)			
Role Func.	21.3 (22.3)	21.2 (22.6)			
Social Func.	56.9 (23.9)	58.7 (24.5)			
Mental Health	48.2 (16.5)	48.8 (17.5)			
Cognitive Func.	55.1 (20.9)	55.7 (21.1)			
Health Perc.	47.7 (20.0)	46.1 (20.5)			

Bivariate Statistics >10 Years

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1 Humor														
2 Religious														
3 Mental Diseng.	.24*	.31**												
4 Behav. Diseng.	.51**		.32**											
5 Denial	.30**		.38**	.64**										
6 Venting	.36**	.29**	.40**	.56**	.38**									
7 Substances	.28*		.22*	.53**	.43**	.31**								
8 Pain				-.46**	-.29**	-.32**	-.29**							
9 Energy/Fatigue	-.21*	.30**		-.43**		-.35**	.50**							
10 Role Func.					-.24*		.32**	.38**						
11 Social Func.	-.23*		-.23*	-.41**	-.34**	-.28**		.69**	.36**	.42**				
12 Mental Health	-.28**		-.31**	-.44**	-.38**	-.27**	-.38**	.41**	.60**	.28**	.46**			
13 Cognitive Func.	-.29**		-.32**	-.49**	-.44**	-.37**	-.27*	.42**	.35**	.32**	.49**	.53**		
14 Health Perc.		.25*		-.34**			-.23*	.48**	.54**	.52**	.54**	.42**	.35**	

* p < .05; ** p < .01

Theoretical Foundation

How do PLH diagnosed 10 or more years ago cope with HIV and how does the coping stratagem selected relate to QOL? Applying the transactional model of stress, appraisal and coping [14], we will examine how PLH with HIV diagnoses older than 10 years cope with the stress of living with HIV/AIDS. In the face of HIV/AIDS, PLH sometimes use emotion and/or problem -focused, adaptive and/or maladaptive coping stratagems to manage stressful events and their associated emotions.

Hypotheses

We examined coping stratagems used by PLH diagnosed > 10 years and propose the following two hypotheses:

- **H1:** Adaptive coping strategies (e.g., religious coping, humor) would be positively associated with QOL in PLH
- **H2:** Maladaptive coping strategies (e.g., behavioral disengagement, denial, substance use) would be negatively associated with QOL in PLH

Exploratory Hierarchical Regression Analyses (N=91)

	Sex	AA	Latino	Yrs	Sx	Hm	R	Adj R^2	MD	BD	D	V	S	Adj R^2
Pain				X	X			.21		-X				.36
Energy		X			X		X	.31		-X				.38
Role Func.		X		X				.18						.19
Social Func.		X		X	X			.27		-X				.34
Mental Hlth					X	-X	X	.25			-X		-X	.33
Cog. Func.					X			.21		-X				.32
Health Perc.					X		X	.19	X	-X				.24

Adaptive Coping

Maladaptive Coping

NOTE: β, t and F scores along with p values are available

Discussion

- Descriptively, a comparison of PLH for > than 10 years & < than 10 years found no significant demographic differences except along the dimensions of age & number of years living with HIV.
- Additionally, no differences in QOL for these two groups & only a significant difference in coping by denial were found. This suggests that length of time living with HIV is not associated on average with changes in coping & QOL with the exception of denial used more early on in the process.
- Although religious coping was positively associated with two QOL dimensions, surprisingly humor was correlated negatively with four QOL dimensions. Closer examination found the humor items to be worded in a biased manner.

Method

We used a cross-sectional correlational design and collected self-report data from 91 participants who reported an HIV diagnosis at least 10 years ago and from 186 participants with diagnoses within the last 10 years. A selection of psychometrically sound instruments were used, but for our regression models we used data from the following instruments:

The Brief Cope[15]

12 subscales & 24 items
4 point likert-type scales

Adaptive Coping included:
- Humor
- Religious Coping

Maladaptive Coping included:
- Behavioral Disengagement
- Mental Disengagement
- Denial
- Venting
- Substance Use

The MOS-HIV[16]

11 subscales & 35 items
3, 5 & 6 point likert-type scales
yes/no items

Physiological QOL included:
- Pain
- Energy/Fatigue

Psychological QOL included:
- Role Functioning
- Social Functioning
- Mental Health
- Cognitive Functioning
- Health Perceptions

Conclusions

H1: *Mixed results:*
- We confirmed that the adaptive strategy of religious coping was positively associated with some dimensions of QOL; *however*
- We failed to confirm that humor was positively associated with QOL, in fact we found that humor was negatively associated with the QOL dimension of mental health.

H2: *Confirmed:*
- We confirmed that maladaptive coping strategies were negatively associated with QOL in PLH.
- Additionally humor, religious coping and maladaptive coping explained from 19% to 38% of the variances in multiple dimensions of QOL.

Clinical Implications

- Individuals living with HIV for longer than 10 years may respond to clinical interventions that strive to reduce maladaptive coping and that develop skills in religious coping.
- Denial may be a useful coping mechanism for PLH within 10 years of receiving their diagnosis, since although this group reported significant use of denial they reported statistically similar levels of QOL.
- It may not be clinically helpful to differentially conceptualize PLH for > 10 years and for < 10 years.

Limitations

- Causal relationships cannot be inferred due to design of the study
- Generalizability of findings is limited due to the sample used
- Stepwise entry of coping factors in our exploratory hierarchical regression analyses may exploit chance.

Future Research

- Future research must use designs that examine causal relationships between coping strategies and QOL in PLH for more than 10 years.
- Unidentified latent constructs in PLH for >10 years must be identified.

References

Please see handout