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Loss of Health but Gain of Support – Transition in Resources of HIV+ Men Who Have Sex with Men

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Abstract
People living with HIV are mostly men who have sex with men (MSM). As such, MSM represent a disadvantaged group confronted with a double stigma due to their HIV status and their sexual orientation (Buchwald & Perez, 2006). HIV stigmatization is strongly related to social isolation, and psychological symptoms. Against this background numerous resources are required to ensure a stability of physical and psychological well-being. Based on the conservation of resources theory (COR; Hobfoll, 1998) which frames stress as a function of resource loss and gain, 24 HIV+ MSM were interviewed in order to obtain the most realistic picture of their resource constellations. The in-depth interviews revealed that HIV+ MSM experienced multiple losses but gained social support. In particular, different kinds of resources were interrelated and changes in one or more types of resources affected the availability of others. The specific role of social support and its reported gain will be discussed in the framework of COR theory.

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Coping with stress for HIV+ men who have sex with men (MSM) can be extraordinarily complex due to the interaction of societal status, sexual orientation, and other issues of social identity. Following the idea that stress is not only individually appraised but also strongly related to the greater social context in which we exist, stress and coping of HIV+ MSM are analyzed in the framework of the Conservation of Resources (COR) theory (Hobfoll, 1988, 1989, 1998). COR theory provides a theoretical model in which resource loss, maintaining existing resources, and gaining resources necessary for engaging in healthy behaviors can be examined. In the application of COR theory to this marginalized group of HIV+ MSM, new insights into the interplay of stress, life conditions, and the individual and communal coping processes will be gained.

COR Theory: Application to HIV+ MSM

The COR theory conceptualizes illness as a severe stressor. Individuals generally strive to obtain, retain, and protect what they value. Extreme stress associated with HIV infection results in a rapid loss of resources attacking the most basic values including life and vitality (Vosvick, Ranucci, Chng, & Stephen, 2005). The infection often comes with no warning signs and therefore, until HIV status is known, resource deployment strategies have been neither developed nor practiced. COR theory outlines four general categories of resources: objects, conditions, energies and personal resources. Each of these resource categories aid coping efforts. For HIV+ MSM, we begin by considering *object resources* important to this group, such as home, car, and clothing. These resources provide the basis for coping; transportation is needed to access medical treatment; a shared home can foster social joining with a partner. *Condition resources* facilitate acquisition or protection of valued resources. Conditions critical for the current sample includes sexual orientation, positive self image (lack of stigmatization), social network, stable employment, and health insurance. For example, it is not uncommon for HIV+ MSM to face employment discrimination

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(Buchwald & Perez, 2006). *Personal* characteristics are *resources* that aid in general stress resistance. Personally held skills are an example of this resource, especially as these skills relate to acquiring or protecting valued resources. Mastery and optimism are ways of viewing the world that can impact people's resistance to stress. *Energies*, the final resource type, are intrinsically valued in that they aid in the acquisition of other resources. Examples of these include time, money, and knowledge.
The possession of major resources is typically linked. The same is true for the absence of given resources (Hobfoll, 1998). As described by Fleishman (1998) the lack of a job is likely to be associated with lack of health insurance. Further, loss of employment leads to loss of a stable income which is then associated with the lack of physical object resources. Hence, the group of HIV+ MSM can be viewed as a prominent example for the loss of resource caravans, i.e., aggregated resources in both an immediate and a life-span sense (Hobfoll, 1998).

COR Theory and HIV+ MSM: Impact of Social Support

HIV-related stigmatization is a process that reinforces existing social inequalities based on risk group membership and sexual orientation**.** Sexual orientation may be associated with limited acquisition of resources due to low power and privilege for homo- and bisexual men and women in our society. The stigmatized individual is invalidated in both terms of the self and the resources associated with the self. Johnston, Stall, and Smith (1995) confirmed this basic tenet of COR theory with a group of gay men (n = 81) and intravenous drug users (n = 88) diagnosed with AIDS. Both groups were interviewed regarding their use of friends and family to meet their care needs. Gay men relied on friends for care more so than drug users, although neither group relied primarily on their families for care. One of the primary barriers to care was the social stigma of AIDS and the fact that surviving members of these groups were emotionally exhausted and sometimes not capable to provide adequate help. Lastly, some respondents chose to cut themselves off from supportive relationships because they perceive themselves as "destructive" due to their HIV

diagnosis. However, sexual orientation can also be associated with strong peer groups such as the gay community, which can provide access to needed resources and may constitute a sub-cultural strength (Buchwald & Perez, 2006). Mosack et al. (2005) confirm the relevance of sexual orientation as a social moderator variable. In a randomized controlled trial for HIV-infected persons, they included 1918 MSM, 827 non-MSM men, and 978 women. For HIV+ MSM, coping, social support, and depression independently explained symptom reports, for non-MSM men and women, only depression significantly contributed to the number of symptom reports. This again shows the different social life conditions under which HIV+ MSM cope with stress and how the social environment can be a resource that leads to coping and social support, and how these factors moderate health status.

Following the idea of resource caravans, condition resources such as employment, positive self-esteem (lack of stigmatization) and sexual orientation are clearly linked to social network variables which have an additional effect on adjustment to stressful circumstances. Social networks include family, friends, neighbors and communities that provide social support. HIV+ MSM may be particularly affected by social mediator variables because on the one hand they are in strong need of support from their social network but, on the other hand, stigmatization is often related to social conflicts and isolation. Research has shown that gay men often have conflicted relations with their families and are hesitant to seek social support related to their medical needs from them (Hays, Catania, McKusick, & Coates, 1990; Nott, Vedhara, & Power, 1995).

Fleishman et al. (2000) analyzed the interrelationships among coping, conflictual social interactions, and social support in a sample of 140 HIV-infected patients. They found that social conflicts played a dominant role in HIV-infected person’s life and were strongly related to coping behaviors, social isolation and anger. Conflictual social interactions were more strongly related to negative mood than was perceived social support.

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As long as MSM are more hesitant to disclose their HIV-positive status due to the anticipation of social conflicts, mobilization of social support will be hindered (e.g., Fisher, Goldschmidt, Hays, & Catania, 1993; Serovich, Esbensen, & Mason, 2005). Indeed, Hays et al. (1990) found that gay men are less likely than other populations to seek support from family. Instead, they are more likely to seek support from professionals and peers. However, Serovich, Brucker, and Kimberly (2000) showed the particular importance of receiving support from the family in a sample of 134 HIV-positive men. Those that received greater social support from family were less likely to be depressed.

A Conceptual Model of Resource Loss and Gain Spirals: Stress, Resources and Coping in HIV+MSM

COR theory states that those who lack resources are not only more vulnerable to resource loss, but that initial loss begets further loss. On the other hand, those who possess resources are more capable of gain, and initial resources gain begets further gain. Because loss is more potent than gain, loss cycles will be more impactful and more accelerated than gain cycles (Hobfoll, 1998).

Many empirical findings in studies of HIV+ MSM are consistent with such gain and loss cycles. For example, stigmatization of HIV+ individuals results in lack of social support, social isolation, and has significant negative impact on health status, including high levels of anxiety, and depression. Stigma and discrimination also have an effect on the lovers, families, and caregivers of HIV+ MSM which, in turn, contributes to further social support deterioration (Norris & Kaniasty, 1996). This social support deterioration seems to be especially true for family support since MSM often experience social conflicts with their families and hesitate to seek out familial support, which then further diminished their social support and coping resources (Hays et al., 1997; Serovich et al., 2000). It can be concluded that conflictual social interactions and social isolation aggravate each other and result in escalating psychological distress (Fisher et al., 1993; Fleishman et al., 2000). Associated with this process is the potential occurrence of a loss spiral

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whereby social isolation and discrimination lead to low self-esteem, which**,** in turn, leads to risky sexual behavior (Serovich et al., 2005).

Further spirals of loss can be detected in conjunction with employment when institutions and companies are too rigid to cope with the needs of those with long-term chronic medical conditions. This places people in a loss spiral, where HIV damages their ability to work, their unemployment contributes to loss of health insurance, loss of object resources (loss of car, clothing), that then contribute to social exclusion, symptoms of depression, and further deterioration of physical health.

COR theory, with its emphasis on maintenance, fostering, and protection of resources also has implications for understanding the negative as well as the potential positive impact of stressful events. In the wake of severe stress, HIV+ individuals seek to both repair the damage and to mobilize resources for further resource protection. That means they are not only reactive to their chronic infection, but move quickly toward being proactive through vigilance regarding the cascading stressful demands that likely occur in the wake of the initial infection. This results, in turn, in reliance on themselves and on others in new ways. Previous research also demonstrates the powerful coping skills available to this community which can lead to resilience and gain spirals. In the following section, we will discuss our own research and the contribution this makes to the growing knowledge base of stress and coping in HIV+ MSM.

Loss of Health but Gain of Support - Transition in Resources of HIV+ MSM

Based on the conservation of resources theory a sample of HIV+ MSM participated in an indepth, problem-focused interview. The aim of this study was to obtain the most accurate and realistic picture of the resource loss and gain of HIV+ MSM.

Method

The sample was recruited in three different medical practices in two large cities of Germany. Five specially authorized HIV physicians asked about 50 of their patients to participate in a focused

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interview (response rate 50%). The focused interview is designed to determine the responses of persons exposed to a particular concrete situation. The main function of the interview was to discover the significant resources of the total situation. It focused on the subjective experiences of HIV+ MSM. Primarily, we asked about resource change experienced by HIV+ MSM. The following questions form part of the in-depth interview: How are resource losses inter-connected? How are losses and gains connected? Are gains always likely to have positive impact? What factors resulted in acceleration or deceleration of loss cycles? How could an intervention based on resources enhance physical and psychological well-being?

The 24 HIV+ MSM had lived with their HIV infection from 1 year to 20 years. Twothirds had been diagnosed within the last six years and half were currently unemployed. All men were employed prior to their HIV diagnosis. Their age ranged from 30 to 60 years with a mean age of 44 years. Nearly half of them lived alone, while the rest lived in a close partnership. All interview participants were well educated, where 60% had a qualification for university entrance and 40% had a secondary school level certificate.

Results

AIDS was diagnosed by the physician who recruited the sample. Depression was not measured by psychometric scales but described as a subjective feeling reported in the in-depths interviews. Only one man out of 24 lived publicly with his HIV status, all other men hid their status. Figure 1 shows that the disclosure of HIV status within the network of family and friends was correlated with suffering from AIDS-symptoms.

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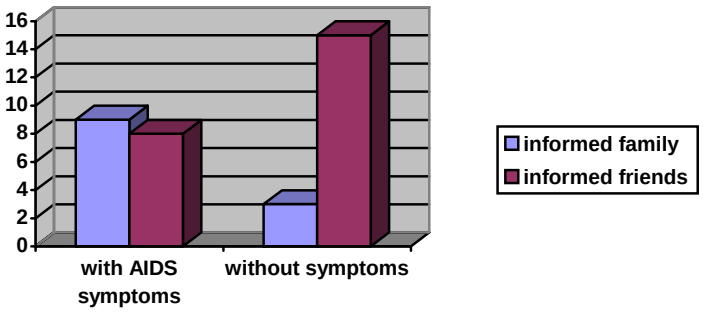

Figure 1. *HIV-Status and Disclosure*

Those with AIDS symptoms more often informed their family than those without symptoms. The group without symptoms preferred to inform friends but not family. However, those suffering from AIDS symptoms more often reported living in a close partnership (see Figure 2).

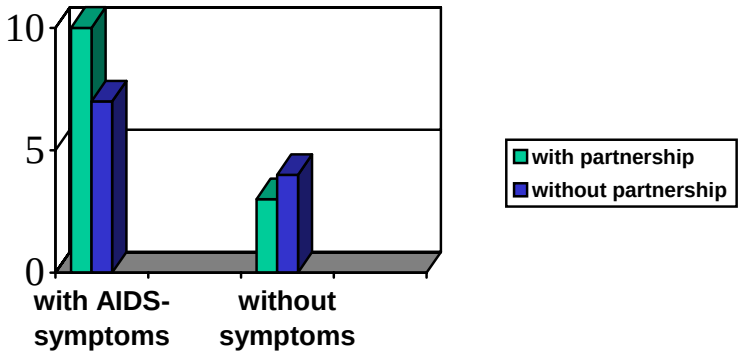

Figure 2. *AIDS-Symptoms and Partnership*

Interestingly, all but two respondents indicated that they benefited from a stable network and reported a gain of social support. However, 56 % of the sample reported feelings of loneliness, and social isolation. Further, our results showed that those suffering from AIDS symptoms were more depressive (Figure 3).

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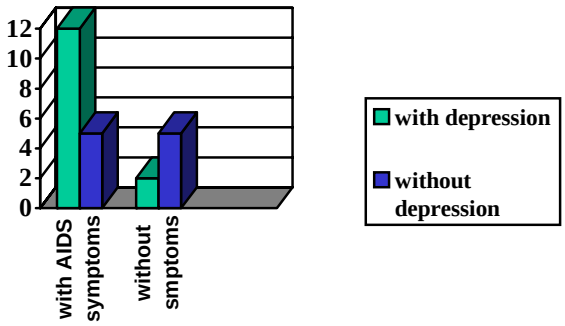

Figure 3. *AIDS-Symptoms and Depression*

Moreover, we wanted to know whether the HIV+ MSM were interested in a self-help group. Two third of them were very interested because they wanted to "have role models", "make new friends", "stop hiding at home", "learn more about HIV", "have social contacts without mutual commiseration," and wanted to "be social without making HIV the principal topic." One third was not interested in a self-help group, indicated by the following typical statements: "wouldn't enjoy it", "only expect joining cry-babies", "afraid of all the bad news", "need my energy for other things", "won't let the virus dictate my life". A content analysis of the interviews revealed that living with HIV led to multiple resource losses in several categories which were interconnected (see Figure 4), as well as to a gain of support. In the wake of loss of employment and loss of health, our interview participants reported loss of personal resources such as selfesteem and self-efficacy. Loss of employment or tenure was clearly connected with financial damages indicated by negative consequences for the personal standard of living (loss of car, flat). The gain of social support clearly occurred more on a quality than on a quantity level. Two thirds of the group reported that they found out who were their "real friends" and that they have been feeling closer to them since they got the HIV diagnosis. One third dared to tell their family their HIV status. Although most of them expected rejection, they mostly experienced loyalty, instrumental and emotional support. Additionally, 20 out of 24 MSM reported a gain of formal support. Participants also actively sought out a physician whom they felt they could confide in as well as work with effectively on HIV related medical issues.

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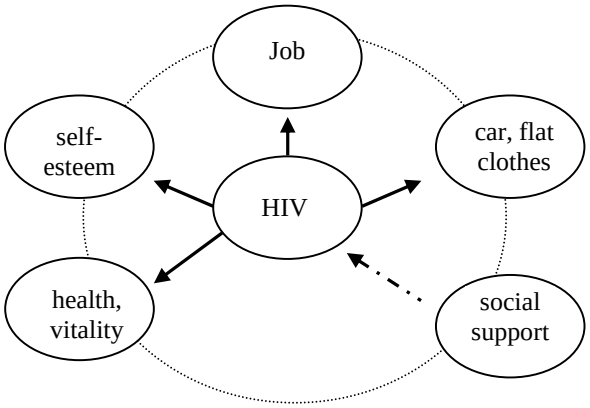

Figure 4. *HIV and Resource Loss versus Resource Gain (---)*

Discussion

In sum, the in-depth interviews revealed that our group of HIV+ MSM experienced resource loss in multiple areas. In accordance with the assumptions of COR theory, different resource types were interrelated, changes in one or more types affected the availability of other resources. In particular, losses of health in combination with a lowered self-concept were related to multiple losses of object and condition resources such as loss of car, flat, clothing, job.

In contrast, nearly the entire sample benefited from interpersonal resources, reporting the presence of a stable social network that provided participants with social support. Following the assumptions of COR theory, gain of support may be perceived as less salient than resource loss. However, its importance is defined in terms of the critical nature of loss. That is, gain of support is important because it is interwoven with loss. Although loss is more impactful, it may be prevented, offset, or forestalled through resource gain as demonstrated in the current study. In order to gain social support by mobilizing their support networks, HIV+ MSM were even willing to eventually disclose their HIV status to their families, and many received even more support.

Our results demonstrate the social exclusion often felt by this group as more than half of our participants described feelings of loneliness and social isolation. They claimed not only to search for informal support from their friends and families, but also desired formal social support in the self-help groups and formal community service. In a self-help group setting, seeing others improve can be a source of hope and motivation (Schwarzer & Buchwald, 2004). Since self-help group members typically have comparable problems, they can learn from each other's mistakes

and share insights. Furthermore, when a group member receives similar comments about his or her behavior from several group members, the message may be more convincing than coming from a single friend, family, or therapist. However, social support is often not only appreciated but also can be seen as a source of stress. In our group of HIV+ MSM, one-third felt threatened by the offering of support in a self-help group, and was particularly concerned about stress contagion. Some people might be perceived as efficient in managing a stressor whereas others may not. Moreover, communal coping strategies are more strongly related to socially based norms and standards (Hobfoll, 1998). As our research showed, communal coping responses reflect the interplay of the social context in a coping situation more intensely than individual coping responses do (Buchwald, 2003). COR theory not only provides us with a framework in which we can begin to understand the stress and coping of this population, but also provides guidance for future research questions. HIV+ MSM continue to be an undeserved and understudied minority group.

References

Buchwald, P. (2003). The Relationship of Individual versus Communal State-Trait Coping and Trust, Empathy, and Responsibility. *Anxiety, Stress, and Coping, 16*, 307-320.

Buchwald, P., & Perez, S. (2006). Coping, Personality and Sexual Behavior of HIV+ Men who have Sex with Men. In P. Buchwald (Ed.), *Stress and Anxiety – Application to Health, Work Place, Community, and Education* (pp. 2-35). Newcastle: Cambridge Scholars Press.

Fisher, L., Goldschmidt, R.H., Hays, R.B., & Catania, J.A. (1993*).* Families of Homosexual Men: Their Knowledge and Support Regarding Sexual Orientation and HIV Disease. *Journal of the American Board of Family Practice, 6*(1), 25-32.

Fleishman, J.A. (1998). Transitions in insurance and employment among people with HIV infection. *Inquiry, 35*, 36-48.

Fleishman, J.A., Sherbourne, C.D., Crystal, S., Collins, R.L., Marshall, G.N., Kelly, M., Bozzette, S.A., Shapiro, M.F., & Hays, R.D. (2000). Coping, conflictual social interactions, social support, and mood among HIV-infected persons. *American Journal of Community Psychology, 28*, 421-453.

Hays, R.B., Catania, J.A., McKusick, L., & Coates, T.J. (1990). Help-seeking for AIDS-related concerns: A comparison of gay men with various HIV diagnoses. *American Journal of Community Psychology, 18*, 743-755.

Hays, R.B., Paul, J., Ekstrand, M., Kegeles, S.M., Stall, R., & Coates, T.J. (1997). Actual versus perceived HIV status, sexual behaviors and predictors of unprotected sex among young gay and bisexual men who identify as HIVnegative, HIV-positive and untested. *AIDS, 11*, 1495-1502.

Hobfoll, S.E. (1988). *The ecology of stress*. Washington: Hemisphere.

Hobfoll, S.E. (1989). Conservation of resources: A new attempt at conceptualizing stress. *American Psychologist, 44,* 513-524.

Hobfoll, S.E. (1998). *Stress, culture and community*. Plenum Press: New York.

Johnston, D., Stall, R., & Smith, K. (1995). Reliance by Gay Men and Intravenous Drug Users on Friends and Family for AIDS-Related Care. *AIDS Care, 7,* 307-19.

Mosack, K.E., Weinhardt, L., Kelly, J.A., Gore-Felton, C., McAuliffe, T., Rotheram-Borus, M.J., Ehrhardt, A.A., Chesney, M., & Morin, S. (2005). Influence of social support, coping, and depression on HIV health status. Presentation at the 133rd *Annual Meeting & Exposition of the American Public Health Association*, December 10-14, 2005 Philadelphia, PA.

Norris, F.H., & Kaniasty, K. (1996). Received and perceived social support in times of stress: A test of the social support deterioration deterrence model. *Journal of Personality & Social Psychology, 71,* 498-511.

Nott, K.H., Vedhara, K., & Power, M.J. (1995). The role of social support in HIV infection. *Psychological Medicine, 25*, 971-983.

Schwarzer, C., & Buchwald, P. (2004). Social Support. In C. Spielberger (Ed.), *Encyclopedia of Applied Psychology* (Vol. 10, p. X-Y). San Diego: Elsevier Academic Press.

Serovich, J.M., Brucker, P.S., & Kimberly, J.A. (2000). Barriers to social support for persons living with HIV/AIDS. *Aids Care, 12,* 651-662.

Serovich, J.M., Esbensen, A.J., & Mason, T.L. (2005). HIV disclosure to immediate family: A 20-year perspective. *AIDS Patient Care & STD's, 19*, 506-517.

Vosvick, M., Ranucci, M., Chng, C., & Stephen, V.E. (2005). Stigma and HIV: A Review of Quantitative Empirical Literature. *Annals of Behavioral Medicine, Vol. 29,* Supplement, S107.

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