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Coping with HIV+: Conserving the Resources to Survive

Introduction and significance:

People infected with HIV / AIDS nowadays face rising life expectancies and can live more than 20 years with there illness. This is due to the successful new antiretroviral therapy (ART). This new therapy, however, still requires numerous resources which ensure an uninterrupted supply of drugs since the ART solely unfolds its full effectiveness within an adherence rate of 95% (Paterson et al., 2000).

In addition, people living with HIV are mostly men who have sex with men (MSM) and are a marginalized, disadvantaged group confronted with a double stigma due to their HIV status and their sexual orientation. Both stigmata are expressed in terms of negative and morally demeaning descriptions of HIV-infected MSM as well as by a resistance to relate sexually, romantically or as friends to them.

Not surprisingly, many HIV+ individuals report having been treated unfairly and believe that they had to hide their status to find acceptance and support from their families and friends. Thus, HIV stigmatization is strongly related to social isolation, social exclusion, low self-esteem and psychological symptoms, including suicidal ideation. Against the background of these stressful conditions 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 HIV+ MSM were studied to obtain the most accurate and realistic picture of their resources. COR theory argues that resources are the key components to determining individuals' appraisals of events as stressful, and resources define how individuals are able to cope with the situation.

COR defines *resources* as objects, personal characteristics, conditions, or energies.

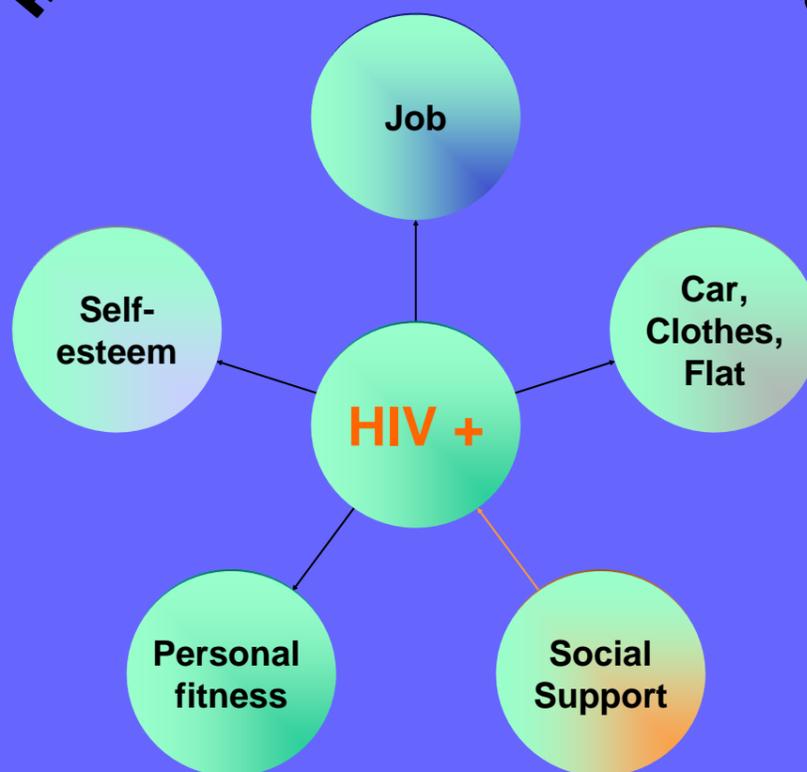
➤ **Object resources** are valued because of their physical nature or because of their acquiring secondary status. Examples are clothes, a car or a flat.

➤ **Conditions** are resources that valued and sought after. Marriage and tenure are examples of these.

➤ **Personal and interpersonal characteristics** are **resources** in that they generally aid stress resistance. Self-esteem and social support are examples for both. Personally held skills are a second type of personal resource (e.g. personal fitness).

➤ **Energy resources** aid to the acquisition of other resources (e.g. time, money, knowledge).

HIV and resource losses vs. gains



Sample and Method:

24 HIV+ MSM were questioned in half-structured, problem-focused in-depth interviews.

30-40 years	41-50 y.	51-60 y.
8 Pn	11 Pn	5 Pn

Research Questions:

- Is living with an HIV infection for MSM associated with losses or gains of personal and interpersonal resources?
- Is it associated with losses or gains of object and condition resources?

Discussion:

The in-depth interviews revealed that HIV+ MSM experienced multiple resource losses. In line with the assumption of the COR theory, different kinds of resources seem to be interrelated and changes in one or more types of resources affect the availability of other resources. In particular, a lowered self-concept, and reduced personal fitness were combined with multiple losses of object and condition resources such as loss of car, flat, clothing and job. However, the entire sample excepting two men benefited from interpersonal resources. They perceived a stable social network and a satisfying amount of social support (Buchwald & Perez, in prep.). This is again in line with the assumption of COR theory. Whereas resource gain is less salient than resource loss its importance is defined in term of loss's critical nature. That is, resource gain is important because it is intertwined with loss. Although loss is more impactful, it may be prevented, offset ore forestalled through resource gain as the current study suggests.

Conclusion:

Information gained by this pre-study contributes to a training program for HIV+ patients which is based on COR theory as a key intervention strategy.

Through the new training program the predominant medical therapy (ART) is supplemented by the necessary psychosocial components. It shall be achieved that the main objective of the therapy is no more exclusively aiming at a longer duration of life, but is also involving qualitative factors to improve living which should vice versa help the medical side of the therapy (Buchwald et al., 2004).

The program was developed by a multidisciplinary team of physicians, psychologists, and pedagogues. For more information visit (www.team-isi.de).

