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The Relationship Between Variables of Spirituality, Attitude Toward the Disease and Suffering in AIDS Cases

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ABSTRACT

Background: The objective of the present study is to investigate the relationship of variables of spirituality, attitude toward the disease and suffering in HIV/AIDS cases. In this descriptive-correlation study, 43 cases out of all HIV/AIDS cases of the three cities of Zahedan, Iranshahr and Saravan in Sistan-Balouchestan Province were selected using convenience sampling. **Objective:** The variables were investigated using Spirituality Questionnaire (SQ) and the scales of experience, suffering, awareness and attitude toward AIDS. The data was analyzed using Pearson Correlation and Stepwise Regression.. **Results:** The results showed that there is a significant relationship between physical suffering and the attitude toward the disease. Mental suffering had negative significant relationship with spirituality and was positively correlated with attitude toward the disease. The spiritual/existential suffering was positively correlated with spirituality and negatively correlated with the patient's attitude. **Conclusion:** The regression analysis revealed that attitude toward the disease was the best predictor for mental suffering. Also, self-consciousness and attitude toward the disease were the best predictors of spiritual/existential suffering, respectively. According to the results, it can be inferred that spirituality and attitude toward the disease influence an HIV/AIDS patient's suffering and teaching spirituality and positive attitude toward the disease can be incorporated into approaches to ease the suffering of cases.

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INTRODUCTION

AIDS is an immunodeficiency disease that is a result of a person being infected with the HIV virus. Contracting HIV can weaken the immune system of an individual so far as to disable him in confronting some infections [13]. This disease has caused significant suffering for millions the world over and confronting it is a challenge facing mankind. AIDS affects one's life in predictable and unpredictable fashions [14].

In addition to physical symptoms like rapid loss of weight, dry coughs, recurring fever, digestive complications and muscle pains, this disease comes with psychological complications like depression, isolation, feeling of guilt, shame, despair and anger that will inflict severe pain and suffering in its cases [14]. In studies related to chronic diseases, suffering is indicated by chaotic daily life and loss of regulated family life [23]. Suffering, is a feeling of appreciation, anxiety and a thought present in all mankind [1]. and is usually accompanied by mental health issues experienced both physically (pain, sickness, injury and ultimately death) and mentally (sorrow, fear, anxiety and despair) [5]. People usually try to find the reason for their pain and suffering [6]. In order to adapt with suffering, people usually try to understand, interpret and describe it, overcome it and assign meaning to it. Spiritual appreciation of suffering is quite significant in grasping how patients cope with pain, anxiety, disability, death, deficiencies and hardships. Thus, spirituality is one of the main sources of alleviating the suffering of the sick [3].

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In all, it seems that spirituality is one of the main factors of promoting mental health. Nowadays, there is growing tendency in HIV cases to study religions, hold religious beliefs, and believe in spirituality and its relationship with physical and mental health [10]. So, many studies [8,9,21,15,18,7,4].have suggested that religion/spirituality will result in psychological adaptation, coping with the disease and decrease the dangers of anxiety and other behavioral disorders in cases with chronic diseases such as AIDS.

On the other hand, attitude toward AIDS is among factors that can influence mental health and suffering in HIV/AIDS cases. Several studies have shown that appropriate attitudes and behaviors regarding AIDS will promote healthy coitus and mentally improve the cases [12]. Furthermore, the public's attitude toward HIV/AIDS cases is mainly negative and they must always carry the shame and infamy of a contagious and untreatable disease. The cases, just like the public, will develop negative attitudes toward the disease and themselves when labeled like this by the public and this will cause sadness, suffering and many mental diseases in them. According to the presented argument, it seems that spirituality, awareness and attitude toward the disease can play a constructive role in alleviating the suffering of HIV/AIDS cases. Thus, the researcher aims to address the question that 'is there a significant relationship between spirituality and attitude toward disease on one hand and the patient's suffering on the other?' and 'which variables in spirituality and attitude toward the disease is a better predictor of suffering in AIDS cases?'

MATERIALS AND METHODS

The current study titled 'investigation of relationship between variables of spirituality, attitude toward the disease and suffering in AIDS cases' is correlational to predict the independent variable. The predictive variables are spirituality and attitude toward the disease and the independent variable is suffering. The sample population includes all cases of HIV/AIDS in three cities of Zahedan, Iranshahr and Saravan in Sistan-Balouchestan Province. Those with HIV+ tests or diagnosed with AIDS were under intensive care. The participants were 43 cases selected via convenience sampling from patients referring to Zahedan, Iranshahr and Saravan consultation centers, all of whom answered the questionnaire items completely. The instruments used in this study were Scale of Experience and Perception of Suffering, Spirituality Questionnaire (SQ) and Questionnaire of Awareness and Attitude toward AIDS Disease.

A. Scale of Experience and Perception of Suffering: this questionnaire was developed by Schulz, et.al. (2010) and can be used to measure experience and perception of suffering. This scale measures three factors: physical suffering, psychological suffering and existential/spiritual suffering. The physical aspect includes 9 items with a 4-level Likert scale being used by the researcher ranging from never=0 to always=3. The psychological aspect has 15 items.the researcher uses a 4-level Likert scale ranging from very little=0 to very much=3. The existential/spiritual suffering includes 9 items with a 5-level Likert scale being used by the researcher ranging from very little=0 to very much=3. The reliability of this test and its different sections has been approved by Schulz, *et al*. in three groups of African-American (physical suffering 0.63, psychological suffering 0.90 and existential/spiritual suffering 0.86), Caucasian (physical suffering 0.43, psychological suffering 0.87 and existential/spiritual suffering 0.84) and Hispanic (physical suffering 0.60, psychological suffering 0.85 and existential/spiritual suffering 0.83) [20]. The Cronbach Alpha coefficient of physical suffering, psychological suffering and existential/spiritual suffering aspects was calculated in Pirastehmotlagh and Nikmanesh at 0.71, 0.84 and 0.81, respectively[17].

B. Spirituality Questionnaire (SQ): this questionnaire was developed by Parsian and Dunning (2010) to measure the significance of spirituality in daily lives of people. This scale is a self-report instrument and the testee must express the degree of agreement and disagreement in a 4-level Likert scale (completely agree=1 to completely disagree=4). The SQ contains 29 statements and measures 4 sub-scales: self-consciousness (10 statements), the significance of spiritual beliefs in life (4 statements), spiritual activities (6 statements) and spiritual needs (9 statements). The Cronbach alpha coefficient is reported at the following: the whole test 0.94, self-consciousness 0.91, the significance of spiritual beliefs in life 0.91, spiritual activities 0.80 and spiritual needs 0.89. the results of test-retest in 10 weeks revealed no significant difference between scores of stage 1 and 2 that is indicative of appropriate reliability in the SQ [16]. In the current study, Cronbach Alpha coefficient of the questionnaire was 0.93.

C. Questionnaire of Awareness and Attitude toward AIDS Disease: this questionnaire included 10 statements based on a 3-level Likert scale (agree, disagree and no idea). The total score ranges between 10 and 30, assessing positive and negative attitudes to AIDS with high scores indicative of negative attitudes and vice versa [2]. In order to assess the validity of the questionnaire content validity was used and its reliability was calculated using test-retest at r=%94 and p=0.0001 [11].

Data collection procedure included compiling questionnaires after referring to Zahedan Medical University and other medical institutes throughout the province to get their approval for cooperation. Due to the significance of discretion in diagnosis and treatment of AIDS cases, it was not possible for the researchers to directly access the cases and the staff at these medical centers accepted the responsibility receiving necessary

instructions and training. Indeed, the patients were allowed to complete the questionnaires after confirming their readiness and ability to answer and after giving them the necessary instructions on how to answer. They answered the questions in SQ, Scale of Experience and Perception of Suffering and Questionnaire of Awareness and Attitude toward AIDS Disease, respectively. Also, the questions were read aloud for the illiterate patients marking their selected option. Statistical data analysis was done in descriptive and deductive levels. For the descriptive level, frequency, percentage, mean and SD were reported and at a deductive level correlation test and stepwise regression analysis was used.

Findings:

Demographic features of participants showed 55.8% (24 cases) male, 44.2% (19 cases) female, 14% single (6 cases), 65.1% married (28 cases), 20.9% divorced or dead spouse (9 cases). 9.3% (4 cases) were between 1 and 15 year of age, 51.2% (22 cases) were between 16 and 30 year of age and 39.5% (17 cases) were between 31 and 50 year of age. Investigation of their education level indicated 41.9% (18 cases) were illiterate, 44.2% (19 cases) had unfinished diploma and 14% (6 cases) had diploma. Also descriptive data (mean and standard deviation) can be found in table 1.

Table 1: The mean and SD for sub-scales of suffering, spirituality and attitude toward AIDS in its cases.

Variables	Sub-scales	Mean	SD
Suffering	suffering	66/90	10/81
	Physical suffering	27/16	8/34
	Mental suffering	21/95	8/83
	Spiritual/Existential suffering	17/79	7/35
Spirituality	Self-consciousness	27/69	6/94
	The significance of spiritual beliefs in life	12/27	2/96
	Spiritual activities	17/55	3/72
	Spiritual needs	26/06	5/53
Attitude toward disease	Attitude toward disease	20/48	2/55

In order to evaluate the hypothesis that there is a significant relationship between aspects of suffering and spirituality, Pearson Correlation test was used and its results are given in table 2.

Table 2: The results of correlation test between spirituality and its aspects in AIDS cases.

Variables	Spirituality and its aspects				
	Total spirituality	Self-consciousness	The significance of spiritual beliefs in life	Spiritual activities	Spiritual needs
Physical suffering	-0/24	-0/33*	-0/19	-0/07	-0/10
Mental suffering	-0/30*	-0/38*	-0/33*	-0/11	-0/11
Spiritual/existential suffering	0/69**	0/74**	0/46**	0/42**	0/47**

As can be seen in table 2, the relationship between emotional aspects of suffering and spirituality aspects shows that there is a negative significant relationship between physical suffering and self-consciousness ness at 95% certainty ($p<0.05$, $r=-0.33$) but no relationship was witnessed between physical suffering and aspects of spiritual belief, spiritual activities and needs. Mental suffering and self-consciousness ($p<0.05$, $r=-0.38$) and importance of religious beliefs in life ($p<0.05$, $r=-0.33$) have negative significant relationships at 95% certainty but is not correlated with spiritual activities and spiritual needs. The relationship between spiritual/existential suffering and self-consciousness ($p<0.01$, $r=0.74$), the importance of religious beliefs in life ($p<0.01$, $r=0.46$), spiritual activities ($p<0.01$, $r=0.42$) and spiritual needs ($p<0.01$, $r=0.47$) is significant at 99% certainty. In order to investigate the hypothesis that there is a significant relationship between attitudes toward AIDS and suffering aspects, Pearson Correlation test was used with its results in table 3.

Table 3: Correlation coefficient of suffering aspects and attitudes toward disease in AIDS cases.

Variables	attitudes toward disease
Physical suffering	0/38 *
Mental suffering	0/40**
Spiritual/existential suffering	- 0/53**

*(05/0P<)** (01/0P<)

According to table 3, the results of Pearson Correlation for analyzing the relationship of suffering aspects and attitude toward the disease shows a positive significant relationship between the two at 95% certainty ($p<0.05$, $r=0.38$). There is a positive significant relationship between the psychological suffering and attitude toward the disease at 99% certainty ($p<0.01$, $r=0.40$). There is a negative significant relationship between the spiritual/existential suffering and attitude toward the disease at 99% certainty ($p<0.01$, $r=0.40$).In order to

predict the physical suffering according to spirituality aspects and attitude toward the disease, stepwise regression was used with its results in table 4.

Table 4: The results of stepwise regression test to predict physical suffering.

Variable	SD	Beta	T	R	R Adjusted	P
attitude toward the AIDS disease	2/55	0/38	2/66*	0/384	0/12	0/011

Independent variable: physical pain p<0.05*

The results of stepwise regression to predict physical suffering showed that only the variable of attitude toward disease has entered the regression equation with 0.12% variance for physical suffering. Other variables (self-consciousness, the importance of spiritual belief in life, spiritual activities and spiritual needs) did not quality to enter the regression equation and were dropped. Attitude toward the AIDS disease is significantly correlated with physical pain (beta=0.38 and p<0.011) and is a positive and unique predictor of this aspect of suffering. In other words, the standardized beta coefficient showed that if the physical suffering score changes by 1 points, the variance of attitude toward the AIDS disease would change by 0.38 (table 4).

In order to predict the mental suffering according to spirituality aspects and attitude toward the disease, stepwise regression was used with its results in table 5.

Table 5: The results of stepwise regression test for predicting mental suffering.

Variable	B	SD	Beta	T	R	R Adjusted	p
attitude toward the AIDS disease	1/41	2/55	0/40	**2/87	0/409	0/14	0/006

Independent variable: mental pain p<0.01**

The results of stepwise regression to predict mental suffering showed that only the variable of attitude toward disease has entered the regression equation with 0.14% variance for mental suffering. Other variables (self-consciousness, the importance of spiritual belief in life, spiritual activities and spiritual needs) did not quality to enter the regression equation and were dropped. Attitude toward the AIDS disease is significantly correlated with mental suffering (beta=0.40 and p<0.006) and is a positive and unique predictor of this aspect of suffering. In other words, the standardized beta coefficient showed that if the physical suffering score changes by 1 points, the variance of attitude toward the AIDS disease would change by 0.40 (table 5).

In order to predict the spiritual/existential suffering according to spirituality aspects and attitude toward the disease, stepwise regression was used with its results in table 6.

Table 6: Results of stepwise regression for predicting spiritual/existential suffering.

variable	B	SD	Beta	T	R	R Adjusted	p
Self-consciousness	0/78	6/94	0/74	7/10**	0/743	0/54	0/000
attitude toward the AIDS disease	-1/53	2/55	-0/53	-4/05**	/535	0/57	/000

Independent variable: mental pain p<0.01**

The results of stepwise regression to predict spiritual/existential suffering showed that in the first step, self-consciousness entered the equation with 0.54% variance for spiritual/existential suffering. The variable of attitude toward disease has entered the regression equation in the second step with 0.57% variance for spiritual/existential suffering. Other variables (the importance of spiritual belief in life, spiritual activities and spiritual needs) did not quality to enter the regression equation and were dropped. Self-consciousness variable had a significant positive relationship with spiritual/existential suffering and was a unique positive predictor for this aspect of suffering (beta=0.74 and p<0.000) and attitude toward the AIDS disease is significantly correlated with spiritual/existential suffering (beta=-0.53 and p<0.000) and is a positive and unique predictor of this aspect of suffering. In other words, the standardized beta coefficient showed that if the spiritual/existential suffering score changes by 1 point, the variance of self-consciousness would change by 0.74 and that of attitude toward the AIDS disease will change by -0.53 (table 5).

Discussion:

The objective of the present study was to investigate the relationship of variables of spirituality, attitude toward the disease and suffering in HIV/AIDS cases. The results indicated that at 95% certainty, there is a negative significant relationship between physical suffering and self-consciousness. Mental suffering is negatively correlated with self-consciousness and the significance of spiritual beliefs in life, yet is not correlated with variables of spiritual activities and spiritual needs. There was a significant correlation between spiritual/existential suffering and self-consciousness, the significance of spiritual beliefs in life, spiritual activities and spiritual needs. Also, spiritual self-consciousness was the best predictor of spiritual/existential suffering. These findings are confirmed by [8, 9, 22, 21, 15, 18, 7, 5, 4].These researchers showed how

HIV/AIDS cases often use religious/spiritual adaptations (which is defined as the way a person uses his religion/spirituality to cope with difficult circumstances) to find aim/meaning in life, to cope with notions of feeling guilty and ashamed and to encounter the loss of a loved one to a disease. As an instance, Coleman &Holzemar, (2006) suggested that optimal existence, spirituality indicators (meaning and aim) and spiritual welfare in HIV cases are the best predictors of psychological welfare. Results of Krause and Jane (2009) were indicative of the fact that most cases consider spiritual suffering an inseparable part of life[4,7]. They are of the opinion that spiritual suffering familiarizes man with God, makes people more grateful to God and controls social performance. While interpreting significant correlations between variables of spirituality and spiritual/existential suffering, it can be proclaimed that those with higher levels of spirituality better appreciate the enormity of God with more serious reactions to their sins and ignorance. They consider their disease to be the outcome of a huge sin and think they deserve punishment and that is why they are experiencing great suffering. In order to rid themselves of this suffering and disease, they commit spiritual deeds to boost their spirituality and strengthen their bond with God so that God would eventually accept them repentance [17].Also, results have illustrated that attitudes toward AIDS are positively correlated with physical and mental suffering yet negatively so with spiritual/existential suffering. Furthermore, results suggest that attitudes toward AIDS are the best predictors of mental and physical suffering aspects. Also after spiritual self-consciousness, the variable of attitudes toward AIDS was the best predictor of spiritual/existential suffering. This is in agreement with the findings of [12, 4, 9, 21].They have illustrated in their studies that one predictor that can promote healthy sexual activities, reduce anxiety and fear and also improve mental health in HIV/AIDS cases, is awareness and attitude toward AIDS or behaviors suitable for it. Results of Salati (2004) asserted that the more people exhibit positive attitudes to AIDS cases, the more mental health and the less mental complications they will have. He believes that public's attitude to AIDS cases is mainly negative and they must always carry the shame and infamy ofcontagious and untreatable disease. The cases, just like the public, will develop negative attitudes toward the disease and themselves when labeled like this by the public and this will cause sadness, suffering and many mental diseases in them [19]. In this regard, Okren and Dansu (2009) have suggested that awareness, attitude or appropriate behavior in AIDS cases will promote healthy sexual activities, reduce anxiety and fear and also improve mental health in HIV/AIDS cases. Morgan (1994) claimed that teaching awareness and desirable attitudes will have benefits including increasing knowledge and improving skills, reducing anxiety, reducing drug use and risk taking in cases[12, 14].

Conclusion:

In light of the aforementioned results and quotations, it can be said that spirituality is one of the most important sources of reducing suffering in cases with HIV/AIDS which clarifies the importance of attending this matter to cope with mental and spiritual issues resulting from the disease. Also with planning and correct instructional approaches via available sources, not only negative attitudes can be removed from HIV/AIDS cases but they can be helped to develop preventive behaviors and to live normally in the society. Finally, spiritual-religious instructions and turning the negative attitudes of cases toward the disease to positive ones by cultural, educational and medical authorities is suggested in order to improve the mental-social health of AIDS cases and reduce their suffering.

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