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HIV, despite advancements in medical treatment that have transformed it into a manageable chronic condition, still imposes significant psychological burdens. These include stress, depression, and a profound stigma associated with the disease, especially from self-condemnation for the perceived moral failings that led to infection (Dobrakowski & Skalski, 2019; Ayano et al., 2020). Emerging research suggests that self-forgiveness can serve as a crucial coping mechanism, potentially alleviating these burdens and improving psychological adjustment (Peterson et al., 2017; Eaton et al., 2020).

**Methods.** This study involved 60 HIV-positive individuals, all undergoing antiretroviral therapy, who were randomly assigned to either participate in the "Restore" self-forgiveness program (Toussaint et al., 2014) or placed on a waitlist control group. We collected data on psychological factors such as self-forgiveness, mental well-being, and physiological markers like heart rate variability (HRV) before and immediately after the intervention.

**Results.** Statistical Analysis: Participants in the "Restore" program showed significant improvements in self-forgiveness and mental health outcomes, along with increased HRV, as detailed in Table 1. In contrast, the waitlist control group did not exhibit any significant changes in these metrics between the pre- and post-intervention measurements. These findings underscore the substantial therapeutic potential of self-forgiveness interventions in addressing the psychological and physiological challenges associated with HIV.

**Table 1:** Mean Scores by Time and Group with Analysis of Simple Main Effects

Variable	Group	Pre (SD)	Post (SD)	Comparison
<b>Self-forgiveness</b>	Intervention	1.9 (1)	2.5 (1.3)	Pre < Post <sup>***</sup>
SSFS: Wohl et al. (2008), $\alpha = .89$	Control	2.0 (0.9)	1.9 (0.6)	ns
<b>Spirituality</b>	Intervention	1.9 (0.9)	2.3 (0.8)	Pre < Post <sup>*</sup>
IFS: Kira et al. (2021), $\alpha = .94$	Control	1.8 (0.5)	1.8 (0.7)	ns
<b>HIV Status Acceptance</b>	Intervention	2.7 (1.5)	3.4 (1.3)	Pre < Post <sup>**</sup>
ALS: Felton et al. (1984), $\alpha = .91$	Control	2.8 (1.5)	2.7 (1.4)	ns
<b>Mental Well-being</b>	Intervention	3.1 (1.8)	4.1 (1.7)	Pre < Post <sup>**</sup>
WHO-5: Topp et al. (2015), $\alpha = .94$	Control	3.3 (1.9)	3.1 (1.6)	ns
<b>Life Satisfaction</b>	Intervention	2.5 (1.4)	3.1 (1.4)	Pre < Post <sup>***</sup>
SWLS: Diener et al. (1985), $\alpha = .86$	Control	2.6 (1.3)	2.4 (1.4)	ns
<b>Depressiveness</b>	Intervention	1.6 (1.1)	1.1 (1)	Pre > Post <sup>***</sup>
PHQ-9: Kroenke et al. (2001), $\alpha = .88$	Control	1.7 (1.1)	1.6 (1)	ns
<b>Death Anxiety</b>	Intervention	3.9 (0.9)	3.6 (0.8)	Pre > Post <sup>*</sup>
DAP-R : Wong et al. (1994), $\alpha = .83$	Control	3.9 (1)	3.9 (0.9)	ns
<b>HRV (SDNN)</b>	Intervention	42.9 (13.3)	47.6 (13.1)	Pre < Post <sup>*</sup>
	Control	41.7 (13.9)	43.1 (14.1)	ns

Note: HRV = Heart Rate Variability. SDNN = Standard Deviation of the Normal-to-Normal Intervals. SD = Standard Deviation. Statistical significance: \* $p \leq .05$ ; \*\* $p \leq .01$ ; \*\*\* $p \leq .001$ ; ns indicates not significant.

**Discussion.** The intervention not only fostered self-forgiveness but also enhanced mental well-being and physiological health, suggesting that addressing psychological factors like self-condemnation can have comprehensive health benefits. The significant improvements observed directly from the educational program highlight the effectiveness of targeted psychological interventions in chronic conditions management.