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Attachment Theory and Self-Disclosure of HIV Status

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ATTACHMENT THEORY AND SELF-DISCLOSURE OF HIV STATUS

by

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B.A. May 1991, Wake Forest University

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Approved by:

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ABSTRACT

ATTACHMENT THEORY AND SELF-DISCLOSURE OF HIV STATUS

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Old Dominion University, 1995
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This study examined the influence of attachment style on self-disclosure of HIV seropositive status. Subjects were classified according to Bartholomew's model of adult attachment (i.e., secure, preoccupied, fearful, or dismissing). Steps were then taken to assess differences in the subjects' willingness to disclose their HIV seropositive status, the communication style chosen for disclosure, the subjects' perceptions of the importance of disclosing their HIV seropositive status, and the feared negative consequences of disclosure. To increase generalizability subjects were asked to assess their self-disclosure to three types of target persons: lover, same-sex friend, and opposite-sex friend. Attachment style significantly affected perceived importance of disclosure, specific communication directness/indirectness measures, and feared consequences measures. Overall the results reflected the differing stereotypical characteristics of each attachment style. Results also suggested that self-disclosure of one's HIV seropositive status is affected by the intimacy of the relationship. It was concluded that subjects appeared most confident in the relationship with their lover and viewed this particular disclosure with the most importance.

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Table of Contents

	Page
List of Tables.....	vi
List of Figures.....	vii
Chapter	
1. Introduction.....	1
Hypotheses.....	10
Hypothesis 1.....	10
Hypothesis 2.....	11
Hypothesis 3.....	12
Hypothesis 4.....	13
Hypothesis 5.....	13
2. Method.....	16
Subjects.....	16
Questionnaire.....	16
Measures.....	16
Attachment style.....	16
Willingness to self-disclose HIV status.....	17
Communication style.....	19
Importance.....	20
Feared negative consequences.....	20
3. Results.....	22
Willingness to reveal HIV status.....	22
Method of disclosure.....	24
Perceived importance of HIV status disclosure.....	26
Feared consequences of HIV status disclosure.....	27
Gender x Target interaction.....	30
Target-type effects.....	32
4. Discussion.....	38
References.....	43
Appendices.....	47
A. Relationship Questionnaire.....	47
B. Relationship Questionnaire (scaled responses).....	48
C. Willingness and Importance Scales.....	50

D.	Communication Style Scales.....	51
E.	Feared Negative Consequences.....	53

List of Tables

Table		Page
1.	Distribution of Attachment Style by Gender.....	18
2.	Results Associated with Attachment Main Effects on Willingness and Importance of Self-Disclosure.....	23
3.	Results Associated with Attachment Main Effects Composite and Specific Communication Directness/Indirectness Measures.....	25
4.	Results Associated with Attachment Main Effects on Feared Consequences of HIV Status Disclosure.....	29
5.	Target by Gender Interaction on Self-Disclosure Measures.....	31
6.	Results Associated with Target Type Main Effects on Willingness and Importance of Self-Disclosure.....	33
7.	Results Associated with Target Type Main Effects on Composite and Specific Communication Directness/Indirectness Measures.....	35
8.	Results Associated with Target Type Main Effects on Feared Consequences of HIV Status Disclosure.....	36

List of Figures

Figure	Page
1. Model of Adult Attachment.....	8

Introduction

"The days - maybe the hours - of my secret were definitely numbered. I had to announce to the world that I, Arthur Ashe, had AIDS" (Ashe & Rampersad, 1993, p. 5-6). So wrote Ashe in his memoir recounting his decision to disclose his condition to the public.

The revelation of one's HIV/AIDS status is not an easy task. Although health is a very personal subject, people are often wrongly stigmatized by negative stereotypes about an illness which may be held in a society. Walker (1991) stresses that much of the secrecy associated with HIV/AIDS is a reflection of such negative societal views. Many individuals who are HIV seropositive may choose not to self-disclose about the diagnosis in order to avoid these stigmas and the consequences they may bring, such as rejection by peers or even by loved ones. Imber-Black (1992) provided the following examples of HIV seropositive individuals who found it difficult to disclose the diagnosis to significant others:

Cynthia is a law student who is HIV+. She is in a steady relationship, yet, fearing abandonment, refuses to disclose her health status to her boyfriend. Although her boyfriend does not like to use condoms the refusal comes despite the obvious risk to her boyfriend. (p. 356)

Peggy is a single, middle-aged woman who is HIV+. She has a teenage daughter and an elderly mother both of whom she financially supports. She is afraid to disclose her status to them because she has always been the strength of the family. In addition, she doesn't want to tell her employer for fear of losing her health benefits. (p. 368)

HIV/AIDS patients often choose to "buy some time" by avoiding disclosure. The possible rejection accompanying disclosure may not only be the loss of emotional support but the loss of goods, services, and finance as well. Although illegal, this discrimination based on health status is feared by many HIV/AIDS patients. Past discrimination has included loss of employment, right to education, housing, and even medical services (Anderson, 1989).

Choosing not to self-disclose represents an attempt to maintain one's privacy. The U.S. Constitution protects an individual's freedom of speech, but it does not guarantee one's privacy. External factors such as peer pressure may encourage or even force self-disclosure, but internal personality factors, such as high self-confidence, a sense of love, worthiness, and an overall positive self-image, may also be influential.

Attachment theory suggests that early attachment experiences between infant and caregiver shape an individual's personality, which, in turn, later influences his or her adult interpersonal relationships (Hazan & Shaver, 1987). Individuals--as infants and as adults--may be classified into three groups: secure, avoidant and ambivalent (Ainsworth, Blehar, Waters, & Wall, 1978; Hazan & Shaver, 1987). The expectations or mental models about the trustworthiness of relationships formed in childhood are carried into adulthood. Caregivers who are sensitive and

attentive to a child's needs encourage relationships to be viewed as secure. As adults, secure individuals feel safe in trusting and getting close to others. Caregivers who are insensitive to a child's needs produce a negative image of relationships. Children view relationships as lacking trust and develop a fear of intimacy. This fear and distrust continues into adulthood. Caregivers who are inconsistent in their responses to a child's needs encourage anxiety. The amount of love and attention present seems to fluctuate constantly. Relationships are viewed as a struggle between getting too close and losing one's partner (Ainsworth et al., 1978; Hazan & Shaver, 1987).

Research conducted by Mikulincer and Nachson (1991) investigated how attachment style related to self-disclosure patterns. Their findings indicate that secure and ambivalent people show more self-disclosure than avoidant individuals. Mikulincer and Nachson (1991) also examined how the disclosure pattern of a stimulus person affected the self-disclosure of individuals as a function of their attachment style. The manipulation of the disclosure pattern included "high-disclosure" and "low-disclosure". In the "high-disclosure" condition subjects were told that their partner liked to talk about themselves, sharing personal thoughts and feelings. In the "low-disclosure" condition subjects were told that their partner did not like to speak about themselves or share personal thoughts or

feelings. It was found that secure and ambivalent individuals revealed more personal information to, felt more comfortable interacting with, and were more attracted to a high-disclosing than a low-disclosing partner. Avoidant persons, in contrast, were not affected by the partner's pattern of disclosure.

The pattern of self-disclosure displayed by secure individuals is in line with the positive relationship expectations and goals they are thought to uphold. Secure persons value intimacy, desiring to be emotionally close to others (Hazan & Shaver, 1987). Revealing personal information and responding to the disclosure style of another would help to achieve these goals.

Ambivalent persons experience uncertainty in regard to relationships (Hazan & Shaver, 1987). As a result they may be constantly seeking cues signalling love and acceptance. Disclosing personal information may be a ploy to "buy" intimacy. In addition an ambivalent individual may interpret the response pattern of a high disclosing partner as a sign of affection and therefore respond more favorably.

Avoidant individuals distrust and fear relationships and thus avoid intimacy (Hazan & Shaver, 1987). Making few personal disclosures helps avoidant individuals to maintain a "safe" distance from others. This distance seems to be desired despite the disclosure rate of another.

Bartholomew (1990) has more recently developed a four-

celled model of adult attachment styles. This model proposes that an individual's attachment style emerges based on one's self-image and the image one has of another. A person's self-image may be positive, viewing the self as worthy of love and attention, or negative, viewing the self as unworthy of love and attention. Similarly, a person's image of another may be positive, in which others are viewed as trustworthy, caring, and available, or negative, in which others are viewed as rejecting, uncaring, and unavailable. The four styles created by this interaction are secure, preoccupied, fearful, and dismissing (Bartholomew, 1990; Bartholomew & Horowitz, 1991).

Secure individuals are comparable to Hazan and Shaver's (1987) secure adults. As children, these individuals experienced warm and responsive parenting helping to create positive images of the self and others. Secure adults have a high sense of lovability and expectation that others are trustworthy and reliable. These positive images result in adult relationships that are both secure and fulfilling (Bartholomew, 1990; Bartholomew & Horowitz, 1991).

The preoccupied attachment style pertains to individuals who have a positive image of others but a negative image of the self. This style corresponds to the ambivalent style described by Hazan and Shaver (1987). As children, the preoccupied individuals may have determined their own unworthiness to be the cause for any inconsistency

or lack of love on the parent's part. Thus preoccupied adults are constantly striving to gain the acceptance of others in order to produce a sense of self-worth (Bartholomew, 1990; Bartholomew & Horowitz, 1991).

A notable difference between the models by Bartholomew (1990) and Hazan and Shaver (1987) is the representation of adult avoidance. Hazan and Shaver (1987) describe only one category of avoidance while Bartholomew (1990) presents two distinct forms of avoidance, fearful and dismissing.

Individuals described as fearful (Bartholomew, 1990; Bartholomew & Horowitz, 1991) are similar to those described as avoidant by Hazan and Shaver (1987). As children these individuals were rejected by their parents. Consequently, they developed a negative self-image and a negative image of others. As adults, fearful individuals are aware of their unfulfilled attachment needs. They desire intimacy, but they fear rejection. This fear causes them to avoid social situations and relationships in which they feel vulnerable to rejection (Bartholomew, 1990; Bartholomew & Horowitz, 1991).

The dismissing category represents a second type of avoidance which may be present among adults. Adults placed in this category have a negative attitude toward others but view themselves as worthy of love. Dismissing adults deny their attachment needs by asserting that relationships are unimportant. A great deal of value is, instead, placed on

independence. The self is viewed as fully adequate and invulnerable to rejection. Close relationships are passively avoided as the dismissing individual detaches the self from others (Bartholomew, 1990; Bartholomew and Horowitz, 1991). See Figure 1 for a summary of Bartholomew's model.

In the present study Bartholomew's model was utilized to investigate the possible impact of attachment style on self-disclosure of HIV status. It was assumed that attachment styles affect whether or not HIV seropositive individuals are willing to disclose information about their diagnosis to others and how they might disclose this information. Subjects were first classified according to attachment style: secure, preoccupied, fearful, or dismissing. Steps were then taken to assess differences in the subjects' willingness to disclose their HIV status, the communication style chosen for disclosure, the subjects' perceptions of the importance of disclosing their HIV status, and the feared negative consequences of disclosure. To increase generalizability, three target persons were included: same-sex friend, opposite-sex friend, and lover/significant other. These targets were selected to represent relationships formed in adulthood. Subjects were asked to assess their self-disclosure to each target person. It was expected that differences in self-disclosure among the various attachment types would be observed.

		MODEL OF SELF (Dependence)	
		Positive (Low)	Negative (High)
MODEL OF OTHER (Avoidance)	Positive (Low)	CELL I SECURE Comfortable with intimacy and autonomy	CELL II PREOCCUPIED Preoccupied with relationships
	Negative (High)	CELL IV DISMISSING Dismissing of intimacy Counter-dependent	CELL III FEARFUL Fearful of intimacy Socially avoidant

Note. From "Attachment Styles Among Young Adults: A Test of a Four-Category Model" by K. Bartholomew and L. M. Horowitz, 1991, Journal of Personality and Social Psychology, 61, p. 227.

Figure 1
Model of Adult Attachment

In addition to attachment style differences in self-disclosure based on target type and gender were also investigated. Research suggests that females are more self-disclosing in their same-sex friendships than are males (Reisman, 1990). Males, however, do not seem to lack the capability of disclosing. Under certain circumstances, such as when men meet with women for the first time, males may actually self-disclose more than women (Derlega, Winstead, Wong, & Hunter, 1985). Reisman (1990) found that men did indeed have the capability for high self-disclosure, but they usually disclosed to their female friends more than they did to their male friends.

Self-disclosure may also be affected by the intimacy of the relationship. An individual's primary allegiance is most likely to be to his or her significant other. Although an individual, fearing rejection, may view the disclosure of HIV status as risky, a sense of obligation to share this information with his or her significant other may be felt. This obligation may stem not only from the perceived health risk but also from the desire to maintain honesty. Individuals in close relationships have high expectations that there will be little deception in their relationships. They believe their partners will be honest (McCornack & Parks, 1986; Miller, Mongeau, & Sleight, 1986; Rubin, Hill, Peplau, & Dunkel-Schetter, 1980). Refusal to self-disclose one's HIV status would violate these expectations.

The major purpose of this study was to assess how attachment style affects an individual's self-disclosure of his or her HIV status to various target persons. A second purpose was to assess how gender and target type affect the individual's self-disclosure.

Hypotheses

Hypothesis 1. Secure individuals would be most willing to reveal their HIV status followed by preoccupied individuals, then fearful individuals, and finally by dismissing individuals (secure > preoccupied > fearful > dismissing). Secure individuals have a high sense of lovability and view others as accepting and responsive (Bartholomew, 1990; Bartholomew & Horowitz, 1991). Secure individuals on the basis of these characteristics would be the most willing to reveal their HIV status. The other attachment types would be much less willing to disclose the information. Ordinarily it would seem logical for a preoccupied person to want to disclose personal information in order to "gain intimacy", but this eagerness probably only accompanies positive information. In regard to HIV status the preoccupied individual may not want to disclose in order to avoid any accompanying stigmas. As for the fearful individual, he or she is likely to assume that, based on the stigma of HIV, he or she will be rejected. Therefore, in order to avoid rejection he or she would be less willing to disclose his or her status and more willing

to end the relationship. The least willing to disclose would be the dismissing individual. Declining disclosure may be viewed by dismissing individuals as a way to maintain their independence.

Hypothesis 2. If disclosure were to occur, dismissing individuals would be the most direct, followed by secure individuals, then fearful individuals, and finally by preoccupied individuals (dismissing > secure > fearful > preoccupied). Choosing a direct method of disclosure would help dismissing individuals to avoid displaying need for others or fear of rejection. Secure individuals would also be direct, confident that others would accept their HIV status. The secure individual, however, might be somewhat less direct than the dismissing individual in an attempt to protect the target person from the shock of the news. Fearful individuals would use a more indirect style of communication to disclose their HIV status. Although expecting rejection, this method would allow the fearful individual to "test" for it. Preoccupied individuals would be the most indirect in disclosure. These individuals have a high sense of unworthiness and are preoccupied with being accepted by others (Bartholomew, 1990; Bartholomew & Horowitz, 1991). As a result the preoccupied individual would want to be certain of the target person's reaction before actually revealing his or her HIV status. An indirect method of disclosure would help provide this

information.

Hypothesis 3. Secure individuals would perceive the disclosure of their HIV status as most important, followed by preoccupied individuals, then fearful individuals, and finally by dismissing individuals (secure > preoccupied > fearful > dismissing). It was reasoned that since secure individuals hold a positive model of others and view their relationships as stable and fulfilling (Bartholomew, 1990; Bartholomew & Horowitz, 1991), they would find the most importance in disclosing an item, such as HIV status, which could easily impact the target persons' lives. Preoccupied individuals also have a positive image of others, but they have a negative self-image (Bartholomew, 1990; Bartholomew & Horowitz, 1991). The positive image of others would allow the preoccupied individual to recognize the importance of revealing one's HIV status. The negative self-image held by the preoccupied individual, however, somewhat lowers the individual's perceived significance of the revelation. Fearful individuals have a negative model of others as well as of the self (Bartholomew, 1990; Bartholomew & Horowitz, 1991). One can infer that fearful individuals are likely to have few close relationships. To avoid rejection many relationships are ended by the fearful individual before they can begin. It would seem that a fearful individual would view the revelation of his or her HIV status as being of little importance. Fearful individuals would be likely

to choose to avoid rejection by ending the relationship themselves. The dismissing individual also has few close relationships. This individual asserts his or her independence. It seems likely that the dismissing individual would view the revelation of his or her HIV status with the least importance--essentially claiming "it's none of their business".

Hypothesis 4. Preoccupied individuals would be most concerned with the possibility of negative consequences accompanying the disclosure of their HIV status, followed by fearful individuals, then secure individuals, and finally by dismissing individuals (preoccupied > fearful > secure > dismissing). Preoccupied individuals would be most concerned with negative consequences. They would probably view these consequences as being likely to increase their unlovability and cause rejection. Fearful individuals would also be concerned with negative consequences. Being close to so few, they may fear that the stigma of HIV will impair these relationships. Secure individuals, feeling confident about their relationships, would be much less likely to be concerned with the possible negative consequences of disclosure. Dismissing individuals, viewing relationships as unimportant, should be the least concerned with negative consequences.

Hypothesis 5. Given the findings of previous studies, male subjects will be most willing to disclose to their

lover/significant other, followed by opposite-sex friend, and then by same-sex friend (lover/significant other > opposite-sex friend > same-sex friend). In addition female subjects will be most willing to disclose to their lover/significant other, followed by their same-sex friend, and then by their opposite-sex friend (lover/significant other > same-sex friend > opposite-sex friend).

Although previous studies have been conducted examining the relationship between self-disclosure and attachment style (Mikulincer & Nachson, 1991) none have employed Bartholomew's four-celled model of attachment (Bartholomew, 1990; Bartholomew & Horowitz, 1991). This model is still relatively new thus allowing for many research opportunities.

In addition, the previous research examining the relationship between Hazan and Shaver's (1987) attachment-style model and self-disclosure (Mikulincer & Nachson, 1991) did not focus on the disclosure of one's HIV status. Many studies which have investigated the disclosure of HIV/AIDS status have focused on privacy and the creation and/or perception of boundaries based on the desire to disclose information (Serovich & Greene, 1993; Serovich, Greene, & Parrott, 1992). Unfortunately, HIV/AIDS still carries with it a stigma in much of society. This study, in addition to examining the basic relationship between attachment style and self-disclosure, also investigates how self-disclosure

is affected by the negative stigma of HIV.

Method

Subjects

Three hundred sixteen subjects participated in this study. The subjects consisted of 163 males and 153 females who were recruited from Old Dominion University's psychology subject pool. The students received extra course credit for their voluntary participation in this study.

Questionnaire

For this experiment a two part questionnaire was used. The first part measured attachment style using the Relationship Questionnaire (RQ) (Bartholomew & Horowitz, 1991; Griffin & Bartholomew, 1994). See Appendices A and B.

The second part contained a scenario which instructed the subject that he/she just found out that he/she was HIV seropositive (see Appendix C). Questions which followed were based on the subject's self-disclosure of the newly discovered HIV status to the following target persons: same-sex friend, opposite-sex friend, and lover/significant other. The information about the various target persons was presented in a counterbalanced manner across the subjects run in the study.

Measures

Attachment style. To assess attachment style the subjects were asked to complete the Relationship Questionnaire (RQ) (Bartholomew & Horowitz, 1991; Griffin & Bartholomew, 1994). The RQ is made up of four short

paragraphs. Each paragraph describes one of the four attachment styles (secure, preoccupied, fearful, dismissing). The paragraphs are worded to apply to close relationships in general. Subjects were asked to make a forced choice, selecting the paragraph which best described themselves. In addition, subjects were asked to rate on a seven-point scale, ranging from "Not at all like me" (1) to "Very much like me" (7), their degree of endorsement of each described attachment style. For example, the secure attachment style is described as follows: "It is easy for me to become emotionally close to others. I am comfortable depending on them and having them depend on me. I don't worry about being alone or having others not accept me." The forced choice responses determined in which attachment style category the subjects were placed. Previous research indicated the percentages per category would be approximately: 47% secure, 14% preoccupied, 21% fearful, 18% dismissing (Bartholomew and Horowitz, 1991). In the present study the attachment styles of the 163 male subjects were distributed as follows: 78 secure (48%), 16 preoccupied (10%), 35 fearful (21%), 34 dismissing (21%). The attachment style distribution for the 153 female subjects was: 56 secure (37%), 22 preoccupied (14%), 54 fearful (35%), 21 dismissing (14%). See Table 1.

Willingness to self-disclose HIV status. To assess willingness to disclose about being HIV seropositive a

Table 1

Distribution of Attachment Style by Gender.

Gender	<u>Attachment Style</u>			
	Secure	Preoccupied	Fearful	Dismissing
Male	78 (48%)	16 (10%)	35 (21%)	34 (21%)
Female	56 (37%)	22 (14%)	54 (35%)	21 (14%)

seven-point Likert scale was used (see Appendix C). Responses ranged from "strongly disagree" (1) to "strongly agree" (7). The stimulus statements were items such as "I would be willing to reveal my HIV status to my lover/significant other". The statements were manipulated by changing the target person. Targets included: same-sex friend, opposite-sex friend, lover/significant other.

Communication style. To assess communication style seven-point Likert scales were used (see Appendix D). Five separate statements were presented, each describing a particular communication style. These styles ranged from indirect to direct. The subject was asked to rank each statement according to how well it represented how he or she would disclose his or her HIV status to a particular target person. Responses ranged from "not at all" (1) to "very much" (7).

In order to ensure the validity of the statements representing the various communication styles a pretest was given to 30 undergraduate students. They were asked to place the items in rank order, from one to five, according to the "directness" of each approach described (1 = least direct, 5 = most direct). Examples of each communication style were also included. Five sets of scores were thrown out due to failure to follow instructions. The resulting average rank per statement was as follows:

- Speak (in general) about the issue of HIV/AIDS (1.66)

- Speak about a third person who is HIV+ but is not known by your conversation partner. (Third person may be imaginary if necessary) (2.17)
- Speak hypothetically about being HIV+ (2.63)
- State fears--weaken resistance--ensure sympathy (3.79)
- Direct revelation (4.3)

The statements were manipulated by changing the target person. Targets included: same-sex friend, opposite-sex friend, and lover/significant other.

Importance. To assess the importance of disclosure a seven-point Likert scale was used (see Appendix C). Responses ranged from "strongly disagree" (1) to "strongly agree" (7). The stimulus statements were items such as "I feel it is important to reveal my HIV status to my lover/significant other". The statements were manipulated by changing the target person. Targets included: same-sex friend, opposite-sex friend, lover/significant other.

Feared negative consequences. To assess the subject's concern that a particular negative consequence would accompany the disclosure of his or her HIV status, seven-point Likert scales were used (see Appendix E). Five different negative consequences were presented, and the subject was asked to rank each one separately. Responses ranged from "not at all concerned" (1) to "very concerned" (7). The statements were manipulated by changing the target

person. Targets included: same-sex friend, opposite-sex friend, lover/significant other.

Results

Based on results obtained on the Relationship Questionnaire (RQ) (Bartholomew & Horowitz, 1991; Griffin & Bartholomew, 1994), subjects were classified according to attachment style. For statistical analysis of self-disclosure a 4x2x3 (attachment style x subject gender x target) mixed design ANOVA was performed for the various dependent measures (willingness, communication style, importance, feared negative consequences). The between-subjects independent variables were attachment style (secure, preoccupied, dismissing, fearful) and subjects' gender (male, female). The within-subjects independent variable was the type of relationship with the target person (same-sex friend, opposite-sex friend, lover/significant other). A comparison of mean scores obtained for each attachment style on each dependent measure was also conducted.

The Tukey test was used for post hoc comparisons where there were significant main effects involving attachment or target type.

Willingness to reveal HIV status. Hypothesis one stated: Secure individuals would be most willing to reveal their HIV status followed by preoccupied individuals, then fearful individuals, and finally by dismissing individuals (secure > preoccupied > fearful > dismissing). Although an attachment main effect on the subject's willingness to

Table 2

Results Associated with Attachment Main Effects on
Willingness and Importance of Self-Disclosure

DV	<u>Attachment Style</u>				<u>F</u>	<u>p</u>
	Secure	Preoccupied	Fearful	Dismissing		
Willingness	5.478	5.088	5.097	5.085	2.50	.06
Importance	5.56 _b	5.36 _{ab}	5.255 _{ab}	5.061 _a	2.73	.05

Note: $df = (3, 308)$

Means with different subscripts for a particular measure differ from one another at the .05 level of significance by the Tukey test. The higher the score the higher the rating of the dependent variable.

disclose his or her HIV status was not found, $F(3,308) = 2.5$, $p < .06$, slight differences were present between each attachment style's rating of willingness to disclose their HIV status. As predicted, there was a trend for members of the secure group to be most willing to disclose their HIV status ($M = 5.478$) while the dismissing group was the least willing to disclose ($M = 5.085$) (see Table 2).

Method of disclosure. Hypothesis two stated: If disclosure were to occur, dismissing individuals would be the most direct, followed by secure individuals, then fearful individuals, and finally by preoccupied individuals (dismissing > secure > fearful > preoccupied). A composite score was derived from each subject's ratings of the five communication styles:

Composite Score = $\text{Sum}(\text{Response} \times \text{Question Number}) / (\text{Sum of Responses to Five Questions})$. Question Number represents level of directness. An analysis of this score did not yield an attachment main effect. Though lacking significance, as seen in Table 3, the pattern of means among the composite communication scores were consistent with predictions. There was a trend for dismissing subjects to be the most direct when revealing their HIV status ($M = 3.262$), whereas preoccupied subjects were more indirect ($M = 3.08$).

To further analyze this dependent variable, separate analyses of each communication style were also performed.

Table 3

Results Associated with Attachment Main Effects on Composite
and Specific Communication Directness/Indirectness Measures

DV	<u>Attachment Style</u>				<u>F</u>	<u>p</u>
	Secure	Preoccupied	Fearful	Dismissing		
Composite	3.165	3.08	3.233	3.262	1.98	.12
Least Direct	3.873	4.105	3.528	3.224	3.06	.05
3rd Person	2.96 _a	3.807 _b	3.09 _{ab}	2.721 _a	3.54	.05
Hypothetical	3.458	3.86	3.626	3.346	.94	.42
State Fears	3.632	3.728	3.633	3.224	.96	.41
Most Direct	4.711	4.614	4.933	4.758	.40	.76

Note: df = (3,308)

Means with different subscripts for a particular measure differ from one another at the .05 level of significance by the Tukey test. The higher the score the higher the rating of the dependent variable.

There was an attachment main effect on the least direct method of disclosure (speaking in general about the issue of HIV/AIDS), $F(3,308) = 3.06$, $p < .05$. There were no significant differences among the means based on the Tukey test ($p > .05$) but the pattern indicates that of the four attachment styles, preoccupied individuals most favored this method ($M = 4.105$) while dismissing individuals least favored it ($M = 3.224$).

There was also a significant attachment main effect in the analysis of the second least direct method of disclosure (speaking about a 3rd person (HIV+) who is unknown to the target person), $F(3,308) = 3.54$, $p < .05$. A post hoc analysis using the Tukey test ($p < .05$) indicated the rating of the second least direct method of disclosure to be significantly higher in the preoccupied group ($M = 3.807$) than in either the secure group ($M = 2.96$) or the dismissing group ($M = 2.721$). There was no rating difference indicated between subjects in the fearful group ($M = 3.09$) and the other groups. An attachment style main effect was not found among the three remaining styles, ranging from moderate to most direct, $F(3,308) = .94$, $p < .42$; $F(3,308) = .96$, $p < .41$; $F(3,308) = .4$, $p < .76$.

Perceived importance of HIV status disclosure.

Hypothesis three stated: Secure individuals would perceive the disclosure of their HIV status as most important, followed by preoccupied individuals, then fearful

individuals, and finally by dismissing individuals (secure > preoccupied > fearful > dismissing). There was an attachment main effect on the perceived importance of disclosing one's HIV status, $F(3, 308) = 2.73, p < .05$. As predicted, secure individuals perceived the disclosure of their HIV status to be most important ($M = 5.56$), followed by preoccupied individuals ($M = 5.36$), fearful individuals ($M = 5.255$), and lastly by dismissing individuals ($M = 5.061$) (see Table 2). Post hoc analysis (based on the Tukey test) indicated that the rating of importance of self-disclosure was significantly higher ($p < .05$) in the secure ($M = 5.56$) than in the dismissing ($M = 5.061$) group. There was no significant difference between subjects in the preoccupied ($M = 5.36$) and fearful ($M = 5.255$) groups and the other groups on the importance of self-disclosure measure.

Feared consequences of HIV status disclosure.

Hypothesis four stated: Preoccupied individuals would be most concerned with the possibility of negative consequences accompanying the disclosure of their HIV status, followed by fearful individuals, then secure individuals, and finally by dismissing individuals (preoccupied > fearful > secure > dismissing). Six possible negative consequences of disclosing one's HIV status were analyzed individually. Significant attachment main effects were found on five of the feared consequence measures: Feared revelation, $F(3,$

308) = 3, $p < .05$, relationship difficulties, $F(3, 308) = 4.39$, $p < .01$, feared rejection, $F(3, 308) = 2.64$, $p < .05$, feared treatment as "sick", $F(3, 308) = 3.97$, $p < .01$, feared treatment as if contagious, $F(3, 308) = 5.38$, $p < .01$ (see Table 4). The possible revelation of one's HIV status by the target person was most feared by fearful individuals ($M = 4.738$) and least feared by dismissing individuals ($M = 3.824$). A post hoc analysis using the Tukey test (with the level of significance set at .05) indicated the difference between these means to be significant. Although there were no significant differences between means based on the Tukey test ($p < .05$) a similar response pattern appeared for the measure of possible rejection. The pattern indicated rejection was most feared by fearful individuals ($M = 4.768$) and least feared by dismissing individuals ($M = 4.133$). As predicted, possible relationship difficulties were feared most by preoccupied individuals, followed by fearful individuals, secure individuals, and finally dismissing individuals ($M_s = 5.053, 4.884, 4.48, 4.164$ respectively). This same pattern was also evident in the dependent variables measuring the fear of being treated as "sick" ($M_s = 4.851, 4.813, 4.386, 3.964$ respectively) and the fear of being treated as contagious ($M_s = 5.07, 5.034, 4.649, 3.988$ respectively). A post hoc analysis using the Tukey test ($p < .05$) revealed the fear of relationship difficulties, the fear of being treated as "sick", and the fear of being

Table 4

Results Associated with Attachment Main Effects on Feared
Consequences of HIV Status Disclosure

DV	<u>Attachment Style</u>				<u>F</u>	<u>p</u>
	Secure	Preoccupied	Fearful	Dismissing		
Revelation to Others	4.398 _{ab}	4.614 _{ab}	4.738 _b	3.824 _a	3.00	.05
Relationship Problems	4.48 _{ab}	5.053 _b	4.884 _b	4.164 _a	4.39	.01
Experience Guilt	4.391	5.07	4.539	4.346	2.14	.10
Rejection by Target	4.306	4.728	4.768	4.133	2.64	.05
Treated as "Sick"	4.386 _{ab}	4.851 _b	4.813 _b	3.964 _a	3.97	.01
Treated as Contagious	4.649 _{ab}	5.07 _b	5.034 _b	3.988 _a	5.38	.01

Note: df = (3,308)

Means with different subscripts for a particular measure differ from one another at the .05 level of significance by the Tukey test. The higher the score the higher the rating of the dependent variable.

treated as contagious to have been rated significantly lower by the dismissing group than either the fearful or preoccupied groups. (See Table 4.)

Gender x Target interaction. Hypothesis five stated: Male subjects would be most willing to disclose their HIV status to their lover/significant other, followed by opposite-sex friend, and then by same-sex friend (lover/significant other > opposite-sex friend > same-sex friend). In addition female subjects would be most willing to disclose their HIV status to their lover/significant other, followed by their same-sex friend, and then by their opposite-sex friend (lover/significant other > same-sex friend > opposite-sex friend). A significant gender x target composition was not found on the willingness to disclose, $F(2, 616) = 2.41$, $p < .09$, but it was found on the perceived importance of disclosure, $F(2, 616) = 3.34$, $p < .05$. Based on post hoc analyses using the Tukey test (with significance level set at .05) the males' perceived importance of disclosure varied as a function of the target, that is it was perceived as most important to disclose one's HIV status to one's lover/significant other ($M = 6.325$), followed by opposite-sex friend ($M = 5.11$), and then by same-sex friend ($M = 4.178$). The perceived importance of disclosure followed a similar pattern for female subjects. Once again disclosure to one's lover significant other was rated as most important ($M = 6.712$) followed by opposite-sex

Table 5

Target by Gender Interaction on Self-Disclosure Measures

Gender	DV	Lover	<u>Target Type</u>	
			Same-Sex Friend	Opposite-Sex Friend
Male	Willingness	6.049	4.994	4.994
	Importance	6.325 _c	4.178 _a	5.11 _b
Female	Willingness	6.314	4.856	4.954
	Importance	6.712 _b	4.778 _a	5.105 _a

Note: df = (2,616)

Means with different subscripts for a particular measure differ from one another at the .05 level of significance by the Tukey test. The higher the score the higher the rating of the dependent variable.

friend ($\underline{M} = 5.105$), and then by same-sex friend ($\underline{M} = 4.778$). See Table 5 for a summary of the means.

Target-type effects. Target-type also significantly affected a number of the dependent measures. Significant main effects were found on willingness to disclose one's HIV status, $\underline{F}(2, 616) = 98.27$, $p < .0001$, and the perceived importance of disclosure, $\underline{F}(2, 616) = 154.88$, $p < .0001$. Post hoc analyses (based on the Tukey test) indicated that the rating of willingness was significantly higher ($p < .05$) for lover/significant other ($\underline{M} = 6.177$) than opposite-sex friend ($\underline{M} = 4.975$) or same-sex friend. The post hoc analysis also showed the perceived importance ratings as significantly differing among the three target types. It was viewed as most important to disclose one's HIV status to a lover/significant other ($\underline{M} = 6.513$), followed by opposite-sex friend ($\underline{M} = 5.108$), then by same-sex friend ($\underline{M} = 4.468$). See Table 6.

There was also a significant target main effect on the composite measure of communication directness/indirectness, $\underline{F}(2, 616) = 29.92$, $p < .0001$. Post hoc analysis results indicated subjects would be most direct when disclosing their HIV status to a lover/significant other ($\underline{M} = 3.296$) and least direct to a same-sex friend ($\underline{M} = 3.129$). Individual analyses of the five communication styles revealed a target-type main effect on two of the styles. These styles were the indirect method in which the subject

Table 6

Results Associated with Target Type Main Effects on
Willingness and Importance of Self-Disclosure

DV	<u>Target Type</u>			<u>F</u>	<u>p</u>
	Lover	Same-Sex Friend	Opposite-Sex Friend		
Willingness	6.177 _c	4.614 _a	4.975 _b	98.27	.0001
Importance	6.513 _c	4.468 _a	5.108 _b	154.88	.0001

Note: $df = (2, 616)$

Means with different subscripts for a particular measure differ from one another at the .05 level of significance by the Tukey test. The higher the score the higher the rating of the dependent variable.

would speak about a 3rd person (HIV+) who is unknown to the target, $F(2, 616) = 16.44$, $p < .0001$, and the most direct method in which the subject would directly reveal his or her HIV+ status, $F(2, 616) = 34.01$, $p < .0001$. A post hoc analysis using the Tukey test (with the level of significance set at .05) indicated subjects would be more likely to use a direct method of disclosure with a lover/significant other. Of the three target types, lover/significant other received the lowest rating for the indirect method variable ($M = 3.57$) and the highest for the direct method variable ($M = 5.316$). See Table 7 for a summary of the means associated with the communication style measures.

Target-type main effects were also found on four of the feared consequence measures. These measures were: Feared revelation, $F(2, 616) = 13.03$, $p < .0001$, feared relationship difficulties, $F(2, 616) = 36.57$, $p < .0001$, feared feelings of guilt, $F(2, 616) = 48.81$, $p < .0001$, and feared rejection by target, $F(2, 616) = 22.30$, $p < .0001$. A post hoc analysis using the Tukey test ($p < .05$) found that for each variable (feared revelation, feared relationship difficulties, feared feelings of guilt, feared rejection by target) the fear ratings differed significantly among each of the three target types. It was feared that same-sex friends ($M = 4.563$) and opposite-sex friends ($M = 4.604$) would reveal the subject's HIV seropositive status more than

Table 7

Results Associated with Target Type Main Effects on
Composite and Specific Communication Directness/Indirectness
Measures

DV	<u>Target Type</u>			<u>F</u>	<u>p</u>
	Lover	Same-Sex Friend	Opposite-Sex Friend		
Composite	3.296 _b	3.129 _a	3.147 _a	29.92	.0001
Least Direct	3.57	3.763	3.741	2.32	.10
3rd Person	2.807 _a	3.298 _c	3.067 _b	16.44	.0001
Hypothetical	3.437	3.658	3.506	2.71	.07
State Fears	3.703	3.497	3.519	2.45	.09
Most Direct	5.316 _b	4.497 _a	4.497 _a	34.01	.0001

Note: $df = (2, 616)$

Means with different subscripts for a particular measure differ from one another at the .05 level of significance by the Tukey test. The higher the score the higher the rating of the dependent variable.

Table 8

Results Associated with Target Type Main Effects on Feared
Consequences of HIV Status Disclosure

DV	<u>Target Type</u>			<u>F</u>	<u>p</u>
	Lover	Same-Sex Friend	Opposite-Sex Friend		
Revelation to Others	4.092 _a	4.563 _b	4.604 _b	13.03	.0001
Relationship Problems	5.073 _c	4.165 _a	4.585 _b	36.57	.0001
Experience Guilt	5.006 _c	4.057 _a	4.456 _b	48.81	.0001
Rejection by Target	4.817 _c	4.067 _a	4.487 _b	22.30	.0001
Treated as "Sick"	4.529	4.421	4.516	.77	.46
Treated as Contagious	4.684	4.655	4.741	.35	.7

Note: df = (2,616)

Means with different subscripts for a particular measure differ from one another at the .05 level of significance by the Tukey test. The higher the score the higher the rating of the dependent variable.

a lover/significant other would ($\underline{M} = 4.092$). Relationship difficulties were feared most with one's lover/significant other ($\underline{M} = 5.073$) than with same-sex ($\underline{M} = 4.165$) or opposite-sex ($\underline{M} = 4.585$) friends. Feelings of guilt were also feared more as a consequence with a lover/significant other ($\underline{M} = 5.006$) than with same-sex ($\underline{M} = 4.057$) and opposite-sex ($\underline{M} = 4.456$) friends. Lastly, subjects feared rejection by a lover/significant other ($\underline{M} = 4.817$) more than rejection by either a same-sex ($\underline{M} = 4.067$) or opposite-sex friend ($\underline{M} = 4.487$) (see Table 8).

Discussion

Bartholomew's theory suggests that varying levels of relationship comfort, security, and trust are felt among the four attachment styles (secure, preoccupied, fearful, and dismissing). As a result, the differing attachment styles seem to produce differing perceptions of relationships. The present study indicates that an individual's attachment style does in fact influence the self-disclosure of his or her HIV seropositive status. The stereotypical characteristics of each attachment style were frequently evident in the results. Secure individuals displayed relationship security by recognizing the importance of disclosure despite the negativism often associated with HIV/AIDS. Dismissing individuals in contrast often displayed a disinterest in relationships. Of the four attachment types, dismissing individuals viewed disclosure as least important and least feared negative disclosure consequences. Relationship insecurities held by fearful and preoccupied individuals were also evident in the results, particularly in the measure of feared negative consequences. These consequences were most feared by preoccupied and fearful individuals.

The results of the gender by target interaction for the importance measure occurred similarly for both male and female subjects. The disclosure of one's HIV seropositive status to one's lover/significant other was viewed as most

important by each gender. Results also suggested that both male and female subjects were most willing to disclose their HIV seropositive status to their lover/significant other. The results also appear to be consistent with the findings of Derlega et al. (1985) indicating that males tend to disclose more to female than to male friends. In the present study, it was viewed by male subjects as more important to disclose their HIV seropositive status to female friends than to male friends. Male subjects also appeared to be more willing to make a female friend disclosure than a male friend disclosure.

Self-disclosure of one's HIV seropositive status also appears to be affected by the intimacy of the relationship. Of the three target persons it is likely that one's lover/significant other would be most greatly affected by the disclosure. As a result subjects viewed disclosure to one's lover/significant other with the most willingness and importance. In addition subjects indicated they would use a greater amount of directness when telling of their status to their lover/significant other than when telling either of the other two target persons. Individuals also appeared to be most secure in their relationships with their lover/significant other. This was indicated by the lesser amount of concern shown that negative consequences would result from this disclosure than from the friend disclosures.

The findings of the present study support the concept that adult attachment differs from infant attachment. Bartholomew's model recognizes an adult's ability to feel independent and assert that relationships are unnecessary. This distinction is evident in the frequently different responses made by the dismissing and fearful groups. These differences seem to indicate that a single category of avoidance, such as Hazan and Shaver's (1987) avoidant style, is insufficient for the adult population.

One issue which does need to be addressed, however, is the permanence of one's attachment style. Is attachment style a stable personality trait or is it affected by the introduction of new situations or information? Future research should investigate this question. First the effect of the negativism of the information may be examined. The self-disclosure of each adult attachment style may in fact be dependent on the information being disclosed. For example, fewer significant differences might exist if neutral information were being disclosed.

Disclosure of one's HIV seropositive status might also be affected by the subject's marital status and/or sexual preference. The subject pool used in this study was taken from a university population. Thus, it may be assumed that the sample was composed mainly of heterosexual, single people. A study by Tschann (1988) suggests that gender

differences in disclosure in adult friendships depends on marital status. Married men were found to disclose less than unmarried men to their friends about intimate topics. Sexual preference might also affect disclosure. In one study gay men were found to be more likely to disclose their HIV status to their gay friends and lovers than to heterosexual friends (Hays, McKusick, Pollack, Hilliard, Hoff, & Coates, 1993).

Finally, attachment style and disclosure might also be affected by the actual presence of HIV/AIDS and whether the subject is asymptomatic or symptomatic. The primary limitation to this study is the use of role-playing. Subjects are asked to imagine or anticipate their reactions to being HIV seropositive. The issue of HIV/AIDS, however, is not foreign to the subject pool employed by this study. Teens and young adults comprise a new high-risk group. The number of AIDS cases in this age-group alone climbed 77% between 1989 and 1990 (Baum & Temoshok, 1990). In addition many studies have shown that college students are indeed knowledgeable about the threat of AIDS (Dommeyer, Marquard, Gibson, & Taylor, 1989; Manning, Balson, Barenberg, & Moore, 1989; Manning, Barenberg, Gallese, & Rice, 1989; McDermott, Hawkins, Moore, & Cittadino, 1987) including facts about transmission, lethality, susceptibility, warning signs, and other general facts. The results of the study suggest the

value of using attachment theory in understanding how individuals might cope with information about a stigmatizing disease, such as HIV or AIDS. Yet, because this study uses role playing it is limited in its generalizability. Future research should investigate how disclosure differs among the attachment styles of persons who are actually HIV seropositive. Disclosure patterns of persons of differing stages of HIV/AIDS might also be contrasted. It is possible that as a person becomes symptomatic the likelihood of disclosure may increase, despite attachment style, as support needs increase. Attachment style, could, however, be affected by the increase of symptoms. Individuals may begin to feel less secure and independent while becoming more dependent on others.

If attachment style may in fact be influenced it could prove beneficial to AIDS policy and intervention. Helping to raise one's self-image as well as the image one has of others could help to "create" more secure persons. Based on the results of this study a larger secure population would lead to greater disclosure of HIV seropositive status. A large problem with HIV/AIDS today is many persons' feelings of denial and unwarranted safety. Just knowing that a friend or loved one is infected would help to increase awareness of HIV/AIDS as well as, hopefully, provide the infected individual with the support he or she may need.

References

- Ainsworth, M. D. S., Blehar, M. C., Walters, E., & Wall, S. (1978). Patterns of attachment: A psychological study of the strange situation. Hillsdale, NJ: Lawrence Erlbaum.
- Anderson, E. A. (1989). Implications for public policy: Towards a pro-family AIDS social policy. In E. Macklin (Ed.), AIDS and families (pp. 187-228). New York: Harrington Park Press.
- Ashe, A., & Rampersad, A. (1993). Days of grace: A Memoir. New York: Ballantine Books.
- Bartholomew, K. (1990). Avoidance of intimacy: An attachment perspective. Journal of Social and Personal Relationships, 7, 147-178.
- Bartholomew, K., & Horowitz, L. M. (1991). Attachment styles among young adults: A test of a four category model. Journal of Personality and Social Psychology, 61, 226-244.
- Baum, A., & Temoshok, L. (1990). Psychosocial aspects of the acquired immunodeficiency syndrome. In L. Temoshok & A. Baum (Eds.), Psychological perspectives on AIDS: Etiology, prevention, and treatment (pp. 1-16). Hillsdale, NJ: Lawrence Erlbaum.

- Derlega, V. J., Winstead, B. A., Wong, P. T. P., & Hunter, S. (1985). Gender effects in an initial encounter: A case where men exceed women in disclosure. Journal of Social and Personal Relationships, 2, 25-44.
- Dommeier, C. J., Marquard, J. L., Gibson, J. E. & Taylor, R. L. (1989). The effectiveness of an AIDS campaign on a college campus. Journal of American College Health, 38, 131-135.
- Griffin, D. W., & Bartholomew, K. (1994). The metaphysics of measurement: The case of adult attachment. In K. Bartholomew & D. Perlman (Eds.), Advances in personal relationships, (Vol. 5, pp. 17-52). London: Jessica Kingsley Publishers.
- Hays, R. B., McKusick, L., Pollack, L., Hilliard, R., Hoff, C., & Coates T. J. (1993). Disclosing HIV seropositivity to significant others. AIDS, 7, 1-7.
- Hazan, C., & Shaver, P. (1987). Conceptualizing romantic love as an attachment process. Journal of Personality and Social Psychology, 52, 511-524.
- Imber-Black, E. (1993). Secrets in families and family therapy. New York: W.W. Norton & Company.
- Manning, D., Balson, P. M., Barenberg, N., & Moore, T. M. (1989). Susceptibility to AIDS: What college students do and don't believe. Journal of American College Health, 38, 67-73.

- Manning, D. T., Barenberg, N., Gallese, L., & Rice, J. C. (1989). College students' knowledge and health beliefs about AIDS: Implications for education and prevention. Journal of American College Health, 37, 254-259.
- McCornack, S. A., & Parks, M. R. (1986). Deception, detection, and relationship development: The other side of trust. In M. L. McLaughlin (Ed.), Communication yearbook 9 (pp. 377-389). Beverly Hills, CA: Sage.
- McDermott, R. J., Hawkins, M. J., Moore, J. R., & Cittadino, S. K. (1987). AIDS awareness and information sources among selected university students, Journal of American College Health, 35, 222-226.
- Mikulincer, M., & Nachson, O. (1991). Attachment styles and patterns of self-disclosure. Journal of Personality and Social Psychology, 61, 321-331.
- Miller, G. R., Mongeau, P. A., & Sleight, C. (1986). Fudging with friends and lying to lovers: Deceptive communication in personal relationships. Journal of Social and Personal Relationships, 3, 495-512.
- Reisman, J. (1990). Intimacy in same-sex friendships. Sex Roles, 23, 65-82.

- Rubin, Z., Hill, C. T., Peplau, L. A., & Dunkel-Schetter, C. (1980). Self-disclosure in dating couples: Sex roles and the ethic of openness. Journal of Marriage and the Family, 42, 305-317.
- Serovich, J. M., & Greene, K. (1993). Perceptions of boundaries: The case of disclosure of HIV testing information. Family Relations, 42, 193-197.
- Serovich, J. M., Greene, K., & Parrott, R. (1992). Boundaries and AIDS testing: Privacy and the family system. Family Relations, 41, 104-109.
- Tschann, J. M. (1988). Self-disclosure in adult friendship: Gender and marital status differences. Journal of Social and Personal Relationships, 5, 65-81.
- Walker, G. (1993). In the midst of winter: Systemic therapy with families, couples, and individuals with AIDS infection. New York: Pergamon Press.

Appendix A

1. Please select the paragraph which **best** describes you.

- 1 It is easy for me to become emotionally close to others. I am comfortable depending on them and having them depend on me. I don't worry about being alone or having others not accept me.
- 2 I am uncomfortable getting close to others. I want emotionally close relationships, but I find it difficult to trust others completely, or to depend on them. I worry that I will be hurt if I allow myself to become too close to others.
- 3 I want to be completely emotionally intimate with others, but I often find that others are reluctant to get as close as I would like. I am uncomfortable being without close relationships, but I sometimes worry that others don't value me as much as I value them.
- 4 I am comfortable without close emotional relationships. It is very important to me to feel independent and self-sufficient, and I prefer not to depend on others or have others depend on me.

Appendix B

Please use a 7-point scale to rate how accurately **each** of the following paragraphs describes you.

1 = Not at all like me 7 = Very much like me

2. It is easy for me to become emotionally close to others. I am comfortable depending on them and having them depend on me. I don't worry about being alone or having others not accept me.

1	2	3	4	5	6	7
Not at						Very
all like						much
me						like me

3. I am uncomfortable getting close to others. I want emotionally close relationships, but I find it difficult to trust others completely, or to depend on them. I worry that I will be hurt if I allow myself to become too close to others.

1	2	3	4	5	6	7
Not at						Very
all like						much
me						like me

4. I want to be completely emotionally intimate with others, but I often find that others are reluctant to get as close as I would like. I am uncomfortable being without close relationships, but I sometimes worry that others don't value me as much as I value them.

1	2	3	4	5	6	7
Not at						Very
all like						much
me						like me

5. I am comfortable without close emotional relationships. It is very important to me to feel independent and self-sufficient, and I prefer not to depend on others or have others depend on me.

1	2	3	4	5	6	7
Not at						Very
all like						much
me						like me

Appendix C

You have just learned that you are HIV positive. Now you are trying to decide who you should tell. You are considering various people in your life. Please answer the following questions regarding your decision to reveal this information.

6. I would be willing to reveal my HIV status to my lover/significant other.

1	2	3	4	5	6	7
Strongly Disagree			Somewhat Agree			Strongly Agree

7. I feel it is important to reveal my HIV status to my lover/significant other.

1	2	3	4	5	6	7
Strongly Disagree			Somewhat Agree			Strongly Agree

Appendix D

Please rank each statement according to how well it represents how you would reveal your HIV+ status to your lover/significant other.

8. speak (in general) about the issue of HIV/AIDs

e.g. "HIV/AIDs is such an issue. There's so much controversy. What are your feelings?"

1	2	3	4	5	6	7
Not at All			Moderately		Very Much	

9. speak about a 3rd person (HIV+) who is unknown to your lover/significant other. (3rd person may be imaginary if necessary)

e.g. "I found out Bill is HIV+."

1	2	3	4	5	6	7
Not at All			Moderately		Very Much	

10. speak hypothetically about being HIV+

e.g. "I feel as though I could be HIV+, but I'm not sure. I've been thinking about getting tested."

1	2	3	4	5	6	7
Not at All			Moderately		Very Much	

11. state fears--weaken resistance--ensure sympathy

e.g. "I am afraid of dying. I know we all will, but I'm afraid of my health deteriorating slowly. I don't want to be weak and helpless, but I'm afraid it could happen. You see I'm HIV+."

1	2	3	4	5	6	7
Not at All			Moderately		Very Much	

12. direct revelation

e.g. I'm HIV+

1	2	3	4	5	6	7
Not at All			Moderately		Very Much	

Appendix E

Below are statements which represent possible reactions to the disclosure of HIV status. Please rank each statement according to your concern that this reaction would occur if you were to reveal your HIV status to your lover/significant other.

13. Your lover/significant other would reveal your HIV status to others (without your consent).

1	2	3	4	5	6	7
Not at All			Moderately		Very Much	

14. There would be difficulties in your relationship.

e.g. increased fights/anger
inability to communicate
feelings of tension and discomfort

1	2	3	4	5	6	7
Not at All			Moderately		Very Much	

15. You would experience feelings of guilt or regret.

1	2	3	4	5	6	7
Not at All			Moderately		Very Much	

16. Rejection by your lover/significant other.

1	2	3	4	5	6	7
Not at All			Moderately		Very Much	

17. You would be treated as "sick".

e.g. treated as weak or as an invalid

1	2	3	4	5	6	7
Not at All			Moderately		Very Much	

18. You would be treated as "contaminated/contagious".

e.g. your lover/significant other would avoid physical contact
your lover/significant other would do overextensive cleaning

1	2	3	4	5	6	7
Not at All			Moderately		Very Much	