Fall 1995

Affective Reactions, Social Support and Willingness to Self-Disclose to HIV Seropositive Individuals: Impact of Sexual Orientation and Responsibility for the Infection

Susan Paige Sherburne
Old Dominion University

AFFECTIVE REACTIONS, SOCIAL SUPPORT AND WILLINGNESS TO SELF-DISCLOSE TO HIV SEROPOSITIVE INDIVIDUALS: IMPACT OF SEXUAL ORIENTATION AND RESPONSIBILITY FOR THE INFECTION

by
Susan Paige Sherburne
B.S. May 1993, Mary Washington College

A thesis submitted to the Faculty of
Old Dominion University in Partial Fulfillment of the
Requirement for the Degree of

MASTER OF SCIENCE

GENERAL PSYCHOLOGY

OLD DOMINION UNIVERSITY
November, 1995

Approved by:

Valerian J. Derlega (Chairperson)

ABSTRACT

AFFECTIVE REACTIONS, SOCIAL SUPPORT AND WILLINGNESS TO SELF-DISCLOSE TO HIV SEROPOSITIVE INDIVIDUALS: IMPACT OF SEXUAL ORIENTATION AND RESPONSIBILITY FOR THE INFECTION

Susan Paige Sherburne
Old Dominion University, 1995
Chairperson: Valerian J. Derlega, Ph.D.

An attributional model of controllability suggests that perceptions of someone's controllability of an event lead to anger and rejection, whereas perceptions of uncontrollability lead to pity and helping. This study examined the impact of an HIV victim's sexual orientation and "responsibility" for infection on subjects' affective responses, self-disclosure to the person, social support, and liking and trust for the person. Subjects received messages from their "partner" (a confederate) stating that he had just learned he was HIV positive. The message either stated that he was heterosexual or homosexual, and that he had either only one partner or many partners. Subjects responded to this message, and were also given the opportunity to self-disclose. Subjects were then measured on their affective responses, liking and trust for their partner, and other measures. Overall, subjects reported more negative affect and less trust for a homosexual versus heterosexual HIV positive individual. Subjects also

responded more intimately to a heterosexual HIV positive person than to a homosexual HIV positive individual. Subjects reported feeling more negative with a homosexual/irresponsible HIV positive person than anyone else, and dismissed (ignored or attempted to explain away) the problem less with someone who was homosexual/irresponsible than anyone else. Subjects also responded with more factually intimate statements and self-disclosed with more non-intimate statements with a homosexual/irresponsible person than anyone else. These results indicate a negative bias toward homosexuals, and that the negative bias is compounded when paired with a perception of irresponsibility.

DEDICATION

I dedicate this to my parents, Doug and Jan Sherburne, who have never wavered in their support of my endeavors. Their confidence in my abilities and willingness to provide whatever I needed to accomplish my goals, whether it was encouragement, money, or an objective (or not so objective) ear, have taught me the meaning of both faith and unconditional love. Thank you.

ACKNOWLEDGEMENTS

Above and beyond all others, I thank my chairperson, Dr. Valerian Derlega, for his knowledge, enthusiasm and unending support during this process. His patience and optimism served as a much needed pat on the back during some of the frustrating moments and amplified the exciting ones.

I would also like to thank my other committee members. Dr. Barbara Winstead and Dr. Elaine Justice provided clarity and suggestions to some of my early (rougher) methodology, as well as helpful comments on the written text (serving as eyes after mine seemed to have become immune to error).

I would also like to thank my scorers: Jennifer Bonney, Roy Etheridge, John Ferris, Amy Grimshaw, Patience O'Brien, Sue O'Brien, Melissa Pumphrey, Andy Schlausser and Doug Sherburne, who all patiently read and scored 69 pages of written text (not an easy task). Thank you all for your time and effort. In addition, I thank both of my confederates, Anthony and Michael, who both played an integral part in the laboratory experiment.

Finally, I would like to thank Sam, who has had to live with me throughout this undertaking, including both the happy and exciting times, as well as those that were a bit less enjoyable. Thanks for your patience with me, and help in keeping my chin up.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

Chapter I

Introduction

Consider the following examples: A man being rescued from the scene of a car accident reveals to health professionals that he is HIV positive. He advises them to be careful when handling him. They in turn respond by moving away from him, shuffling around, and avoiding eye contact. A woman discloses to her coworker that she has just discovered she is HIV positive, and the coworker responds by straightening her back, looking away, and rolling her chair back a couple of feet.

Why do these forms of rejection occur when dealing with individuals who are HIV seropositive? In the past few years, research on HIV and AIDS has expanded from a focus on its physical implications and epidemic status to HIV/AIDS as a social issue, specifically the stigma by which it is plagued. Because we have not yet been able to control or combat the spread of the disease physically or medicinally, and because individuals who are HIV positive will live with the disease for ten or more years, research has turned to social issues associated with living with the HIV infection, such as fear of stigma, moral judgment, and eventually rejection. It seems likely that because of fear of stigma, being judged "immoral," and even rejection, HIV individuals

are less likely to disclose their status to others (mainly sexual or relationship partners), possibly increasing stress in coping with the disease. By pinpointing causes for such reactions, however, perhaps it would be possible eventually to change them, and consequently make it easier for HIV positive persons to cope with the disease.

Effects of Attributions on Emotions and Behavior

Weiner (1993a) has proposed an attributional model to address the "why" behind various affective and behavioral reactions to individuals who are HIV positive. His model proposes that perceptions of causality influence both affective and behavioral reactions to an event. For instance, reactions to an individual who has had something "bad" happen will be determined in part by her or his controllability for that event. Weiner (1993a) explains these connections in terms of a link between cognition, affect, and behavior as indicated in the following:

1. Attributions of controllability » anger » neglect
2. Attributions of uncontrollability » sympathy » help. In other words, our knowledge or perception of an event does not directly affect our behavior toward that event. Our cognition of a situation, or the perceived cause of the situation, influences the way we feel about the event, or our emotional reactions to it. Our affective reactions in turn dictate our behavior. For example, we tend to get angry with individuals who cause negative situations through

their own controllable behavior, such as those who cause car accidents as a result of drinking alcohol. On the other hand, we pity those who we perceive have no control over a situation, such as an epileptic person who has an accident as a result of a seizure.

Weiner (1993a, 1993b) finds the notion of controllability particularly useful in understanding reactions to individuals who are HIV positive. While all cases of HIV infection are deemed negative events, the perceived causes (and consequently, controllability) for the HIV may vary. Currently, there are four known major ways of contracting HIV: sexual behavior via the exchange of bodily fluids, sharing needles in drug use, through the placenta from mother to unborn child, and via blood transfusion.

The two most common and salient causes of HIV infection are sexual behavior and drug use, which tend to be perceived as "controllable" causes. Without any other information, HIV and AIDS tend to be associated with behavior that victims are perceived to control. Weiner, Perry, and Magnusson (1988) demonstrated how attributions of responsibility influenced reactions to someone who was described as having AIDS. Weiner et al. found emotional reactions toward AIDS victims to be more positive (pity as opposed to anger) when AIDS was attributed to having been contracted by a blood transfusion (which was perceived as uncontrollable), as opposed to promiscuous sex (which was

perceived as controllable).

Tendency to Hold Homosexuals Compared to Heterosexuals More Responsible for Their Behavior

Additional research supporting Weiner's model about the effects of controllability on reactions to AIDS victims addresses the issue of a person's sexual orientation and its effects on their perceived responsibility for their behavior. Whitley, Kite, Michael, and Simon (1991) examined responses to AIDS victims as a function of a victim's sexual orientation and source of infection. Whitley et al. found that for homosexuals, drug use, promiscuous sex, and promiscuous sex of the partner of which the victim was unaware were all perceived as more controllable than blood transfusion. For heterosexuals, however, only drug use and promiscuous sex were perceived as more controllable (Whitley et al., 1991). Hence, it seems that homosexuals compared to heterosexuals are thought to be in control of more situations. In addition, Whitley et al.'s research indicated that homosexuals are held more responsible than heterosexuals for contraction through both blood transfusion and partner's promiscuous sex, implying a bias against them.

Other research tends to support a double standard for homosexual AIDS victims. Kite, Whitley, Coffman, and Cox (1994) looked at males' reactions to heterosexual and homosexual AIDS victims. They found that gay intolerant men (based on homosexuality attitude pretest scores) rated all

victims more severely on all measures of sympathy, anger, pity, and victim's perceived responsibility than did gay tolerant men. In addition, ratings were more severe for a controllable source of infection than an uncontrollable source (Kite et al., 1994). The link between ratings on behalf of gay intolerant subjects and ratings for controllability perhaps suggests even further a tendency to hold homosexuals more responsible for their actions.

Pryor and Reeder (1993) examined HIV and AIDS as a social stigma, attempting to determine the potential rejection of victims as a function of subjects' attitudes toward homosexuality and whether or not a disease was associated with homosexuality. In this study, the actual sexual orientation of the "victim" was not revealed or specified. They found anti-homosexual subjects rejected a "homosexual-disease" victim the most, followed by pro-homosexuals rejecting a "homosexual-disease" victim, anti with a "non-homosexual-disease" victim, and finally pro with a "non-homosexual-disease" victim (Pryor et al., 1993), indicating intolerance for anything even associated with homosexuality. As a result, it appears that attitudes toward homosexuality have an effect on reactions toward victims, above and beyond knowledge of merely the victim's sexual orientation. People seem willing to make judgments based on the mere association of an event with homosexuality, lending further to the idea of morality as a

motivator, in addition to basic physical safety.

Pryor, Reeder, and McManus (1991) addressed this issue by looking at reactions to AIDS-infected coworkers, attempting to determine whether negative attitudes toward homosexuality indicated a fear of physical consequences of interacting with the person, or a moral judgment attached to the disease. Pryor et al. found that an educational, fact-based film improved attitudes toward PWAs (persons with AIDS) in pro-homosexual subjects, but not in anti-homosexual subjects (Pryor et al., 1991), indicating that a moral label, as opposed to fear of actual consequences, might be motivating their reactions.

Relationship Among Self-Disclosure, Social Support and General Positive Responsiveness

Behavioral research provides a valuable depth to information that perhaps self-report measures do not. Measures of behavior might either validate or conflict with measures of self-report, often raising interesting questions and concerns. As such, it seems appropriate to identify behavioral measures that are linked to attitudes regarding relationship formation. Studies on behavioral reactions toward others range anywhere from one's willingness to self-disclose to others to the tendency to help someone.

Research suggests that there is a relationship between self-disclosure and liking for someone. The relationship is complex, however, in that while sometimes self-disclosure

can result in liking someone, or result from liking someone, it can also cause discomfort by violating normative expectations that will lead to rejection (Derlega, Metts, Petronio & Margulis, 1993). Thus, self-disclosure can be used as a behavioral measure to reflect someone's liking (or dislike) for someone else.

Social support has also been used as an index to describe dimensions of close relationships, and is perhaps related to liking for someone. Sarason, Pierce and Sarason (1990) describe social support as perhaps resulting from familiarity with a person, which in turn leads to positive affect and liking of the person. As such, a relationship is established here between affect and behavior.

Thus, although there does seem to be a relationship between emotion and behavior where our reactions about others are concerned, it is difficult to say which comes first, the behavior or the affect. These particular forms of responding behavior seem relevant to studying reactions to HIV seropositive individuals, in that they can perhaps reinforce how a person says they feel toward another, or even override a verbal description of their feelings.

Hypotheses and Rationale for the Present Study

The goal of the present research was to test the effects of perceived controllability (or perceived responsibility) on reactions to individuals who are HIV seropositive. Based on Weiner's attribution model about how

perceptions of responsibility moderate reactions to someone with a life-threatening disease, it was predicted that subjects would react differently toward HIV victims on the basis of the victim's sexual orientation and perceived responsibility for the disease. Specifically, we focused on affective and behavioral reactions (self-disclosure and tendency to provide social support) to self-identified heterosexual or homosexual HIV victims as a function of the mode of contracting the disease. The following hypotheses were tested:

Hypothesis 1: Subjects will respond more favorably to someone who is HIV positive if the HIV individual is labeled as heterosexual versus homosexual. This prediction is based on previous research indicating a negative bias against homosexuals and homosexual behavior in North American culture. Specifically, subjects will report feeling better, liking and trusting the individual more, will self-disclose to the person more (both quantitatively and qualitatively), and offer more social support when the individual is heterosexual versus homosexual.

Hypothesis 2: Subjects will respond more favorably to an HIV positive individual when the HIV positive individual is reported to have been infected due to circumstances not under his control (the "responsible" condition) than circumstances under his control (the "irresponsible" condition). This prediction is based on Weiner's theoretical

assumption that perceptions of controllability for negative events lead to feelings of anger and neglect for a disease victim, whereas perceptions of uncontrollability lead to feelings of pity and help. Again, subjects will report feeling better, liking and trusting the individual more, will disclose to the person more (both quantitatively and qualitatively) and offer more social support when the person is responsible versus irresponsible.

Hypothesis 3: A sexual orientation of the victim by responsibility for the infection interaction is also predicted on the self-disclosure and social support measures. The impact of responsibility on subjects' willingness to disclose to the HIV infected individual, as well as offer social support, is predicted to be greater for the homosexual target person than for the heterosexual target person. In other words, subjects will react more negatively to an HIV positive individual who is homosexual and "irresponsible" than to any other HIV positive individual. This prediction is based on the assumption of a negative bias against homosexuals, and the fact that they may be held more responsible for their actions than are heterosexuals.

The data in the present research was collected on both male and female college students. Although we looked at subject gender, no specific predictions were made about its effect on their reactions. A meta-analysis conducted by

Oliver and Hyde (1993) found no differences in the attitudes of male and female North American college students toward homosexuality; however, this previous research did not use behavioral measures of attitudes toward gays and lesbians.

There is considerable self-report research on reactions to victims of HIV/AIDS (e.g., Kite, Whitley, Coffman & Cox, 1994; Pryor & Reeder, 1993; Pryor, Reeder, & McManus, 1991; Weiner, 1993; Whitley, Kite, Michael, & Simon, 1991). However, there is little research on behavioral reactions to someone who is HIV positive or who has AIDS. Behavioral measures (as opposed to paper-and-pencil reports of what one "would" do in a given situation) seem necessary in examining what actually happens in assessing reactions to someone who is HIV positive. A useful contribution of the present research was its focus on what subjects are willing to say when communicating with someone who is labeled as HIV seropositive, as well as the kinds of social support offered by subjects in this situation.

Chapter II

Method

Research Participants

Research participants were 31 male and 38 female introductory psychology students at Old Dominion University, ranging in age from 18 to 61, mean age = 21.8. Subjects received extra course credit for their participation.

Design

A 2 x 2 x 2 factorial design was used. The independent variables were victim sexual orientation (heterosexual male or homosexual male), responsibility for contraction of the HIV infection ("responsible" or "irresponsible") and subject gender. The dependent measures included measures of self-disclosure (word count and intimacy level), as well as categories of descriptive and evaluative intimacy (percentage of occurrence), categories of social support (percentage of occurrence), negative and positive affect on a mood questionnaire, liking and trust scores for the HIV individual, attribution measures about why the HIV positive person was willing to disclose information about the diagnosis with the subject and a measure of willingness to interact with the HIV positive individual at a future time.

Procedure

Subjects were run in groups of about four or five

persons per session. The ostensible reason for participating in the study was to learn how people get to know about each other when socializing with strangers (see Appendix A).

The experimental session was conducted in two phases. In the first phase of the session subjects participated in a group conversation about their university experiences. A male confederate also participated in this group conversation. Subjects would subsequently be given information that he was HIV positive. After ten minutes of group discussion, subjects were placed in individual cubicles, where the data collection occurred in the second phase of the session.

When the group conversation was finished, the experimenter explained to subjects that each person would be paired randomly with another person from the group for the second phase of the study. The experimenter then explained that one person would be given the option of writing something down about himself or herself that would be addressed to his or her partner. The partner would then be asked to respond to what the first person wrote and to write something about himself or herself back to the partner. Subjects were then informed that after this message exchange took place, they would be asked to fill out some questionnaires regarding their mood at that particular time, as well as their impressions of their partner. In

addition, subjects were told that they would eventually meet with their partner for a one-on-one conversation after filling out the questionnaires.

In fact, all subjects were told that they were paired with the male confederate, and that they would receive a message from this person. The message stated that the person had just discovered he was HIV positive. However, in order to manipulate the independent variables, the message varied according to whether the individual specified he was gay or heterosexual, and whether or not he could have exercised control in becoming infected with the HIV virus (see Appendix B). In the "responsible" situation, the message stated that the person had only ever had one partner, and that they always used protection, and he did not know how he could have been infected. In the "irresponsible" situation, the message stated that the person had had several partners and had not always used protection.

After reading the message, subjects were given the opportunity to respond to their partner's message as well as to disclose information about themselves (see Appendix C). After either responding or declining, subjects completed various demographic questions, the positive and negative affect scales, the attribution measures, the liking/trust measures, and they were asked to indicate whether or not they would be willing to get together again with this person

for another experiment.

A manipulation check was done to assure that subjects believed the situation was real, including asking for any reactions to the study as well as having subjects describe in their own words what they thought the study was about (see Appendix L). Data for two subjects was discarded due to disbelief of the situation.

When subjects completed all forms, they were then debriefed as to the true nature of the study prior to leaving (see Appendix A). They were also asked to fill out self-addressed envelopes to obtain further information about the study when it was over.

Dependent Measures

Self-disclosure scores for each subject were based on measures of word count and intimacy level (which was rated on a nine-point scale from "not at all intimate" to "extremely intimate") to account for both quantity and quality of self-disclosure (Chaikin, Derlega, Bayma, & Shaw, 1975) (see Appendix D). Five judges independently rated the level of intimacy of the subjects' responses and self-disclosure (separately). The average of the five judges' scores was used as the intimacy rating on these measures. The present study found a Spearman Brown interrater correlation of R = .96.

Additional self-disclosure measures were obtained using Morton's two-dimensional intimacy scoring system (1978) in

order to get a more detailed reflection of intimacy quality. The system is comprised of four categories used to measure intimacy according to its factual content (descriptive) and its emotional content (evaluative). Categories combine either high or low description with either high or low evaluation. Two judges independently scored the subjects' responses and self-disclosure (separately) according to the four categories, and the ratings of the first judge were used as the intimacy measure. Responses and self-disclosure had previously been divided into thought units. Measures for each of the four categories were computed using percentages, in order to control for length of the written text of each subjects. A ratio of number of thought units of a particular category over the total number of thought units was used. Previous research using Cohen's kappa found an overall reliability of .88 (Morton, 1978). Judges were trained using a condensed, abridged version of Morton's original training manual (1976) (see Appendix E). The present study found an overall reliability of .79 using Cohen's kappa (see Cohen, 1960).

Social support was measured using Barbee's Interactive Coping Behavior Coding System (1990) (see Appendix F). The system includes four major categories of helpful/unhelpful behavior, measuring approaching or avoiding behavior, and focus on the problem or focus on the emotion. Categories include dismiss (avoid-problem), escape (avoid-emotion),

solve (approach-problem) and solace (approach-emotion). Two judges separately scored subjects' responses (which were previously divided into thought units) according to the four categories, and the ratings of the first judge were used as the social support measures. Percentages obtained from ratios of number of statements of a particular helping category over the total number of statements were used. Previous research has indicated an overall percentage of interrater agreement of 90% (Barbee, Derlega, Sherburne & Grimshaw, 1995). The present study found an interrater reliability of .85 using Cohen's kappa (see Cohen, 1960).

The PANAS (Positive and Negative Affect Schedule) scales, developed by Watson, Clark, and Tellegen (1988) were used to assess subjects' feelings or moods at the moment following the message exchange (see Appendix G). The questionnaire is comprised of two scales, measuring positive and negative affect, respectively. Each scale contains ten items. The ratings on individual items range from "very slightly or not at all" (1) to "extremely" (5). Previous research based on these scales have found Cronbach alpha reliabilities from .86 to .90 for the positive affect scale and from .84 to .87 for the negative affect scale (Watson et al., 1988). The present study found Cronbach alpha reliabilities of .69 for positive affect and .79 for negative affect.

Scores on liking and trust for the confederate were

generated using the Counselor Rating Form, a 24-item bipolar scale developed by Barak and LaCross (1975) (see Appendix H). Item scores on the scale range from "1" to "7". Typical items measuring liking include "compatible-incompatible," and "attractive-unattractive." Typical items measuring trust include "honest-dishonest," and "sincere-insincere." Previous research has indicated adequate reliabilities (22 items yielding 100% agreement among four judges, and 14 items yielding 75% agreement) (Barak & LaCrosse, 1975). The present study found Cronbach alpha reliabilities of .89 for liking, .81 for trust, and .90 for liking/trust combined.

Subjects' attributions for the confederate's decision to disclose to them his HIV diagnosis were measured using an 11-item questionnaire consisting of various reasons for the partner's behavior (see Appendix I). Each item was rated on a scale from "not at all" (1) to "extremely likely" (5). This scale has been used successfully in previous research to measure attributions underlying behavior (see Lewis, Derlega, Nichols, Shankar, Drury, & Hawkins, in press).

Finally, subjects were told that the experimenter intended to conduct some follow-up work, and she wanted to know if the subject would be willing to return to have another conversation with the same partner on another occasion. A measure of willingness was obtained using a five-point Likert scale (see Appendix J).

Demographic information was collected from each subject, including gender, age, education level, ethnicity, and religious affiliation (see Appendix K).

Ethical Considerations

In order to obtain valuable and much needed behavioral measures, some deception was required on the part of the experimenter. In order to obtain true and accurate responses, it was necessary to conceal the true purpose of the study from subjects until the end of the experimental session. Careful precautions were taken in the debriefing process (see Appendix A) to ensure subjects' peace of mind before leaving the experiment. Additional information on HIV and AIDS was distributed to subjects to indicate the importance of the research. Subjects were also given referral phone numbers and pamphlets for the Tidewater Area AIDS/HIV Task Force, and for the Old Dominion Counseling Center in case they wanted to obtain further information about HIV/AIDS.

Chapter III

Results

Strategy of the Data Analyses

Tests of Hypotheses 1-3 were analyzed using one-tailed planned comparisons comparing the four groups: heterosexual/responsible, heterosexual/irresponsible, homosexual/responsible and homosexual/irresponsible.

Additional two-tailed 2 (victim's sexual orientation) x 2 (responsibility for infection) x 2 (subject gender) analyses of variance were computed for the attribution measures and willingness to meet with partner again rating.

Sexual Orientation Effects- Hypothesis 1

A planned comparison was used to test the hypothesis that subjects would react more favorably to the HIV positive individual who was labeled "heterosexual" versus "homosexual". Significant results were found on several measures. A summary of these results appears in Table 1.

Affective reactions.

A significant effect was found for negative affect, $F(1, 61) = 4.32$, $p < .05$. Subjects reported more negative affect when they were communicating with an HIV positive individual labeled "homosexual" versus "heterosexual". There were no effects for positive affect.

Evaluative ratings.

Table 1

Impact of Sexual Orientation on Affective and Behavioral Measures Collapsed over Responsibility and Subject Gender

Dependent Variable	Heterosexual Male	Homosexual Male	F ratio
Affective reactions			
Positive Affect	3.10 (.71)	3.12 (.54)	N.S.
Negative Affect	1.82 (.66)	2.18 (.75)	4.32*
Evaluative ratings			
Liking	3.14 (.83)	3.21 (.95)	N.S.
Trust	2.77 (.92)	2.42 (.77)	3.32*
Liking/Trust (Combined)	5.91 (1.62)	5.63 (1.64)	N.S.
Self-disclosure (9-point scale)			
Intimacy (response)	2.41 (1.87)	2.17 (1.48)	N.S.
Intimacy (self)	3.94 (2.27)	4.29 (2.30)	N.S.
Word Count (response)	3.24 (3.23)	3.54 (2.87)	N.S.
Word Count (self)	84.68 (55.28)	79.17 (44.98)	N.S.
Intimacy (combined)	6.35 (3.11)	6.46 (3.17)	N.S.
Word Count (combined)	87.91 (55.00)	82.71 (44.48)	N.S.

Table 1 continued

Impact of Sexual Orientation on Affective and Behavioral Measures Collapsed over Responsibility and Subject Gender

Dependent Variable	Heterosexual Male	Homosexual Male	F ratio
Self-disclosure (Two-dimensional scheme)			
High descriptive/ high evaluative (response)	43.47% (33.33%)	53.89% (47.92%)	N.S.
High descriptive/ low evaluative (response)	11.24% (24.12%)	24.66% (35.10%)	3.47*
Low descriptive/ high evaluative (response)	32.21% (15.33%)	41.03% (36.52%)	N.S.
Low descriptive/ low evaluative (response)	12.29% (25.62%)	3.57% (12.34%)	N.S.
High descriptive/ high evaluative (self-disclosure)	20.71% (29.13%)	1.91% (8.85%)	13.01***
High descriptive/ low evaluative (self-disclosure)	23.06% (34.88%)	28.31% (33.02%)	N.S.
Low descriptive/ high evaluative (self-disclosure)	26.88% (32.04%)	30.03% (33.92%)	N.S.
Low descriptive/ low evaluative (self-disclosure)	.74% (4.29%)	6.26% (12.90%)	5.45**
High descriptive/ high evaluative (combined)	64.18% (37.79%)	55.80% (48.18%)	N.S.

Table 1 continued

Impact of Sexual Orientation on Affective and Behavioral Measures Collapsed over Responsibility and Subject Gender

Dependent Variable	Heterosexual Male	Homosexual Male	F ratio
High descriptive/ low evaluative (combined)	34.29% (47.15%)	52.88% (45.22%)	2.81*
Low descriptive/ high evaluative (combined)	59.09% (57.30%)	71.06% (51.95%)	N.S.
Low descriptive/ low evaluative (combined)	13.03% (25.61%)	9.83% (16.51%)	N.S.
Social Support			
Solace	33.97% (20.35%)	31.74% (20.51%)	N.S.
Solve	30.50% (18.26%)	27.09% (23.93%)	N.S.
Dismiss	4.47% (9.70%)	1.89% (6.97%)	N.S.
Escape	.50% (2.92%)	0.00% (0.00%)	N.S.

Note: * $p \leq .05$. ** $p \leq 01$. *** $p \leq .001$.
These statistical analyses were conducted using one-tailed test. Standard deviations are presented in parentheses.

A significant effect was found for trust, $F(1, 61) = 3.32$, $p < .05$. Subjects rated the HIV positive individual as more trustworthy when he was labeled "heterosexual" versus "homosexual". There were no significant results on the liking or liking/trust combined measures.

Self-disclosure.

Significant effects were found on several of the two-dimensional scoring categories. An effect was found for high descriptive/low evaluative (response), $F(1, 61) = 3.47$, $p < .05$. Subjects produced a higher percentage of high descriptive/low evaluative statements when responding to an HIV positive person labeled "homosexual" versus "heterosexual". An effect was found for high descriptive/high evaluative (self-disclosure), $F(1, 61) = 13.01$, $p < .001$. Subjects offered a higher percentage of high descriptive/high evaluative statements when self-disclosing to an HIV positive individual labeled "heterosexual" versus "homosexual". An additional effect was found for low descriptive/low evaluative (self-disclosure), $F(1, 61) = 5.45$, $p < .01$. Subjects produced a higher percentage of low descriptive/low evaluative statements when self-disclosing to an HIV positive person labeled "homosexual" versus "heterosexual". Finally, an effect was also found for high descriptive/low evaluative (response and self-disclosure combined), $F(1, 61) = 2.81$, $p < .05$. Subjects produced a higher percentage of high

descriptive/ low evaluative statements in their total written text when communicating with an HIV positive person labeled "homosexual" versus "heterosexual". There were no effects for sexual orientation on the 9-point intimacy rating scale.

Social support.

There were no significant results for sexual orientation on any of the social support measures.

Responsibility for the Infection Effects- Hypothesis 2

A planned comparison was used to test the hypothesis that subjects would respond more favorably to an HIV positive individual who was labeled "responsible" versus "irresponsible". A trend for responsibility for the infection was found on one measure. A summary of this finding appears in Table 2.

Affective reactions.

There were no effects for responsibility for the infection on positive or negative affect.

Evaluative ratings.

No significant results for responsibility for the infection were found on liking, trust, or liking/trust combined.

Self-disclosure.

A trend for responsibility for the infection was found on the high descriptive/low evaluative two-dimensional intimacy scoring category (response), $F(1, 61) = 2.14$ $p <$

Table 2

Impact of Responsibility for Infection on Affective and Behavioral Measures Collapsed over Sexual Orientation and Subject Gender

Dependent Variable	Responsible Male	Irresponsible Male	F ratio
Affective reactions			
Positive Affect	3.12 (.66)	3.10 (.61)	N.S.
Negative Affect	1.91 (.65)	2.09 (.79)	N.S.
Evaluative ratings			
Liking	3.04 (.87)	3.31 (.90)	N.S.
Trust	2.42 (.82)	2.76 (.88)	N.S.
Liking/Trust (Combined)	5.46 (1.60)	6.06 (1.62)	N.S.
Self-disclosure (9-point scale)			
Intimacy (response)	2.33 (1.63)	2.25 (1.75)	N.S.
Intimacy (self)	4.35 (2.37)	3.89 (2.18)	N.S.
Word Count (response)	3.17 (2.88)	3.60 (3.21)	N.S.
Word Count (self)	85.03 (59.87)	78.83 (38.82)	N.S.
Intimacy (combined)	6.68 (3.13)	6.14 (3.13)	N.S.

Table 2 continued

Impact of Responsibility for Infection on Affective and Behavioral Measures Collapsed over Sexual Orientation and Subject Gender

Dependent Variable	Responsible Male	Irresponsible Male	F ratio
Word Count (combined)	88.21 (59.40)	82.43 (38.54)	N.S.
Self-disclosure (Two-dimensional scheme)			
High descriptive/ high evaluative (response)	48.79% (50.51%)	48.71% (30.88%)	N.S.
High descriptive/ low evaluative (response)	12.68% (24.97%)	23.51% (35.02%)	2.14*
Low descriptive/ high evaluative (response)	34.59% (39.86%)	38.71% (42.35%)	N.S.
Low descriptive/ low evaluative (response)	12.94% (26.25%)	2.94% (10.41%)	N.S.
High descriptive/ high evaluative (self-disclosure)	13.35% (24.35%)	9.06% (22.28%)	N.S.
High descriptive/ low evaluative (self-disclosure)	24.29% (33.78%)	27.11% (34.26%)	N.S.
Low descriptive/ high evaluative (self-disclosure)	30.41% (32.98%)	26.60% (33.00%)	N.S.
Low descriptive/ low evaluative (self-disclosure)	2.44% (10.13%)	4.60% (9.88%)	N.S.

Table 2 continued

Impact of Responsibility for Infection on Affective and Behavioral Measures Collapsed over Sexual Orientation and Subject Gender

Dependent Variable	Responsible Male	Irresponsible Male	F ratio
High descriptive/ high evaluative (combined)	62.15% (52.86%)	57.77% (31.96%)	N.S.
High descriptive/ low evaluative (combined)	36.97% (40.05%)	50.63% (52.28%)	N.S.
Low descriptive/ high evaluative (combined)	65.00% (58.38%)	65.31% (51.48%)	N.S.
Low descriptive/ low evaluative (combined)	15.38% (26.95%)	7.54% (13.35%)	N.S.
Social Support			
Solace	32.41% (23.29%)	33.26% (17.27%)	N.S.
Solve	29.94% (23.03%)	27.63% (19.61%)	N.S.
Dismiss	4.47% (9.88%)	1.89% (6.72%)	N.S.
Escape	0.00% (0.00%)	.49% (2.18%)	N.S.

Note: * $p \leq .10$
This statistical analysis was conducted using a one-tailed test. Standard deviations are presented in parentheses.

.10. Subjects tended to produce a higher percentage of high descriptive/low evaluative response statements when the HIV positive individual was labeled "irresponsible" versus "responsible". No effects were found for the 9-point intimacy rating scale.

Social support.

There were no significant results found for responsibility for the infection on any of the social support measures.

Sexual Orientation by Responsibility for the Infection Interaction- Hypothesis 3

A planned comparison was used to test the hypothesis that subjects would respond less favorably to an HIV positive individual labeled "homosexual/irresponsible" than the other three groups combined. Significant results were found on several measures. A summary of these results appears in Table 3.

Affective reactions.

An effect was found for negative affect, $F(1, 61) = 5.02$, $p < .05$. Subjects reported more negative affect when dealing with an HIV positive individual labeled "homosexual/irresponsible" than the other three HIV positive individuals combined (see Figure 1). There were no effects for positive affect.

Evaluative ratings.

A trend was found for trust, $F(1, 61) = 1.91$, $p < .10$.

Table 3

Planned Comparison of Homosexual/Irresponsible Versus Mean of Other Three Groups

Dependent Variable	Heterosexual/ Responsible	Heterosexual/ Irresponsible	Homosexual/ Responsible	Homosexual/ Irresponsible	F ratio	p value
Affective reactions						
Positive Affect	2.97 (.80)	3.22 (.61)	3.26 (.45)	2.98 (.59)	N.S.	$p > .05$
Negative Affect	1.79 (.60)	1.85 (.75)	2.02 (.70)	2.32 (.78)	5.02	$p < .05$
Evaluative ratings						
Liking	2.83 (.86)	3.45 (.70)	3.25 (.86)	3.18 (1.05)	N.S.	$p > .05$
Trust	2.37 (.86)	3.17 (.81)	2.47 (.80)	2.37 (.76)	1.91	$p < .10$
Liking/Trust	5.21 (1.64)	6.22 (1.29)	5.72 (1.58)	5.54 (1.74)	N.S.	$p > .05$
Self-disclosure (9-point scale)						
Intimacy (response)	2.24 (1.53)	2.59 (2.19)	2.42 (1.76)	1.93 (1.16)	N.S.	$p > .05$
Intimacy (self)	4.06 (2.46)	3.82 (2.13)	4.65 (2.32)	3.94 (2.29)	N.S.	$p > .05$

Table 3 continued

Planned Comparison of Homosexual/Irresponsible Versus Mean of Other Three Groups

Dependent Variable	Heterosexual/ Responsible	Heterosexual/ Irresponsible	Homosexual/ Responsible	Homosexual/ Irresponsible	F ratio	p value
Word Count (response)	2.82 (2.83)	3.65 (3.62)	3.53 (2.96)	3.56 (2.87)	N.S.	p > .05
Word Count (self)	92.29 (74.89)	77.06 (23.92)	77.76 (40.89)	80.50 (49.69)	N.S.	p > .05
Intimacy (combined)	6.29 (2.64)	6.41 (3.61)	7.07 (3.60)	5.88 (2.69)	N.S.	p > .05
Word Count (combined)	95.12 (74.15)	80.71 (25.09)	81.29 (40.96)	84.06 (48.71)	N.S.	p > .05
Self-disclosure (Two-dimensional scheme)						
High descriptive/ high evaluative (response)	37.00% (32.20%)	49.94% (34.15%)	60.59% (62.69%)	47.56% (28.41%)	N.S.	p > .05
High descriptive/ low evaluative (response)	9.59% (22.72%)	12.88% (26.04%)	15.76% (27.39%)	33.56% (39.94%)	6.43	p < .01
Low descriptive/ high evaluative (response)	27.59% (35.93%)	36.82% (41.63%)	41.59% (43.37%)	40.50% (44.16%)	N.S.	p > .05

Table 3 continued

Planned Comparison of Homosexual/Irresponsible Versus Mean of Other Three Groups

Dependent Variable	Heterosexual/ Responsible	Heterosexual/ Irresponsible	Homosexual/ Responsible	Homosexual/ Irresponsible	F ratio	p value
Low descriptive/ low evaluative (response)	21.47% (33.04%)	3.12% (9.10%)	4.41% (13.21%)	2.78% (11.79%)	N.S.	$p > .05$
High descriptive/ high evaluative (self-disclosure)	23.76% (29.08%)	17.65% (29.75%)	2.94% (12.13%)	.94% (4.00%)	5.46	$p < .01$
High descriptive/ low evaluative (self-disclosure)	23.82% (36.20%)	22.29% (34.60%)	24.76% (32.28%)	31.67% (34.29%)	N.S.	$p > .05$
Low descriptive/ high evaluative (self-disclosure)	23.29% (29.24%)	30.47% (35.14%)	37.53% (35.78%)	22.94% (31.40%)	N.S.	$p > .05$
Low descriptive/ low evaluative (self-disclosure)	0.00% (0.00%)	1.47% (6.06%)	4.88% (14.11%)	7.56% (11.90%)	4.14	$p < .05$
High descriptive/ high evaluative (combined)	60.76% (41.51%)	67.59% (34.62%)	63.53% (63.53%)	48.50% (26.98%)	1.67	$p < .10$

Table 3 continued

Planned Comparison of Homosexual/Irresponsible Versus Mean of Other Three Groups

Dependent Variable	Heterosexual/ Responsible	Heterosexual/ Irresponsible	Homosexual/ Responsible	Homosexual/ Irresponsible	F ratio	p value
High descriptive/ low evaluative (combined)	33.41% (42.68%)	35.18% (52.56%)	40.53% (38.20%)	65.22% (49.02%)	N.S.	p > .05
Low descriptive/ high evaluative (combined)	50.88% (58.86%)	67.29% (56.25%)	79.12% (56.05%)	63.44% (48.11%)	N.S.	p > .05
Low descriptive/ low evaluative (combined)	21.47% (33.04%)	4.59% (10.48%)	9.29% (18.11%)	10.33% (15.37%)	N.S.	p > .05
Social Support						
Solace	35.24% (24.26%)	32.71% (16.19%)	29.59% (22.66%)	33.78% (18.68%)	N.S.	p > .05
Solve	31.24% (21.37%)	29.76% (15.16%)	28.65% (25.18%)	25.61% (23.32%)	N.S.	p > .05

Table 3 continued

Planned Comparison of Homosexual/Irresponsible Versus Mean of Other Three Groups

Dependent Variable	Heterosexual/ Responsible	Heterosexual/ Irresponsible	Homosexual/ Responsible	Homosexual/ Irresponsible	F ratio	p value
Dismiss	5.05% (10.27%)	3.88% (9.36%)	3.88% (9.75%)	0.00% (0.00%)	3.43	$p < .05$
Escape	0.00% (0.00%)	1.00% (4.12%)	0.00% (0.00%)	0.00% (0.00%)	N.S.	$p > .05$

Note: These statistical analyses were conducted using one-tailed tests. Standard deviations are presented in parentheses.

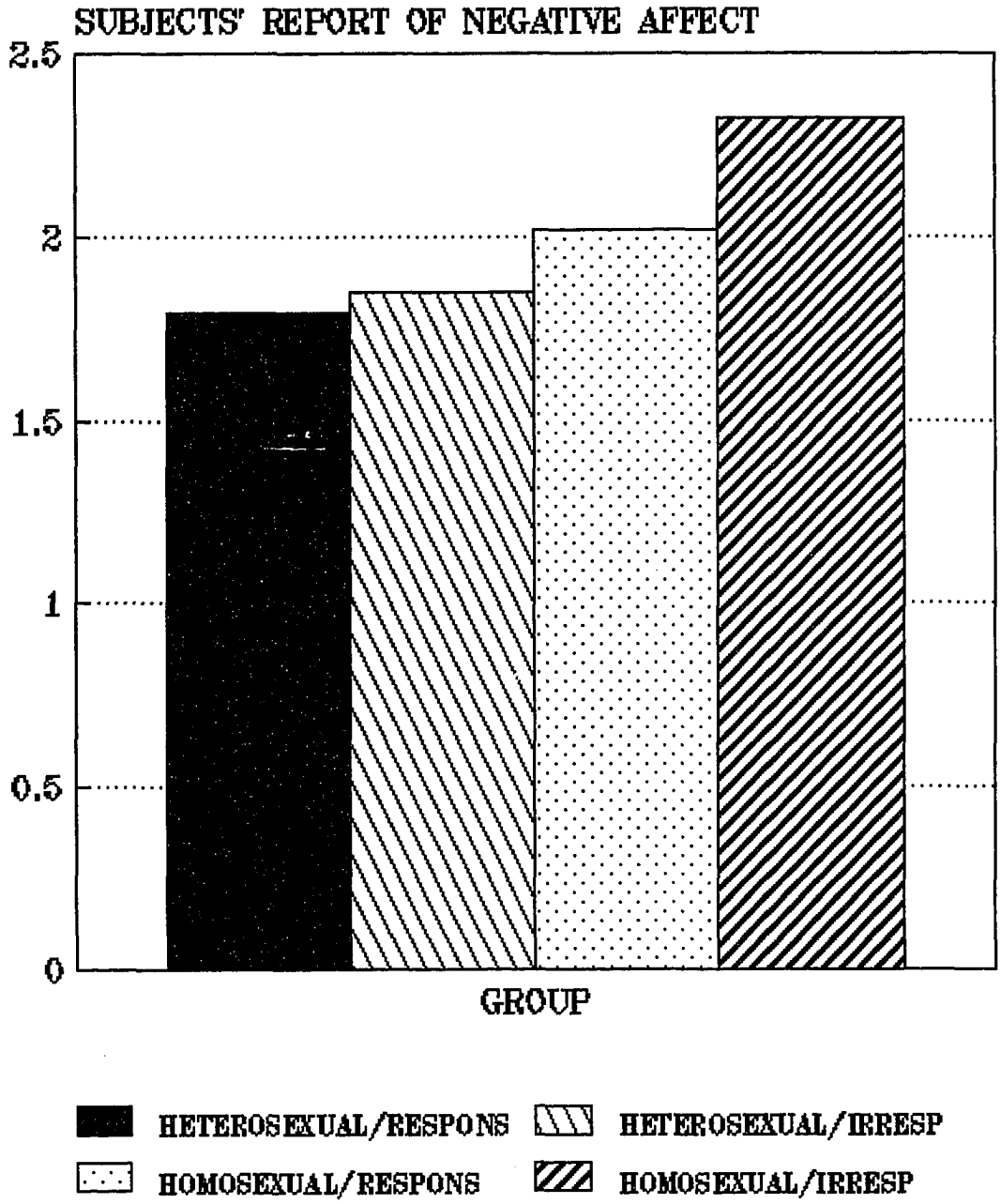

Figure 1. Subjects' report of negative affect as a function of HIV positive person's sexual orientation and responsibility for the infection.

Subjects tended to consider an HIV positive individual labeled "homosexual/irresponsible" less trustworthy than the other HIV positive individuals combined. No effects were found for liking or liking/trust combined.

Self-disclosure.

Significant effects and trends were found for several of the two-dimensional intimacy scoring categories. An effect was found for high descriptive/low evaluative (response), $F(1, 61) = 6.43$, $p < .01$. Subjects produced a higher percentage of high descriptive/low evaluative statements when responding to an HIV individual labeled "homosexual/irresponsible" than to the other HIV positive individuals combined (see Figure 2). An effect was found for high descriptive/high evaluative (self-disclosure), $F(1, 61) = 5.46$, $p < .01$. Subjects produced a lower percentage of high descriptive/high evaluative statements when self-disclosing to an HIV positive individual labeled "homosexual/irresponsible" than to the other HIV positive individuals combined (see Figure 3). An effect was also found for low descriptive/low evaluative (self-disclosure), $F(1, 61) = 4.14$, $p < .05$. Subjects produced a higher percentage of low descriptive/low evaluative statements when self-disclosing to an HIV positive individual labeled "homosexual/irresponsible" than to the other HIV positive individuals combined. Finally, a trend was found for high descriptive/high evaluative (response and self-disclosure

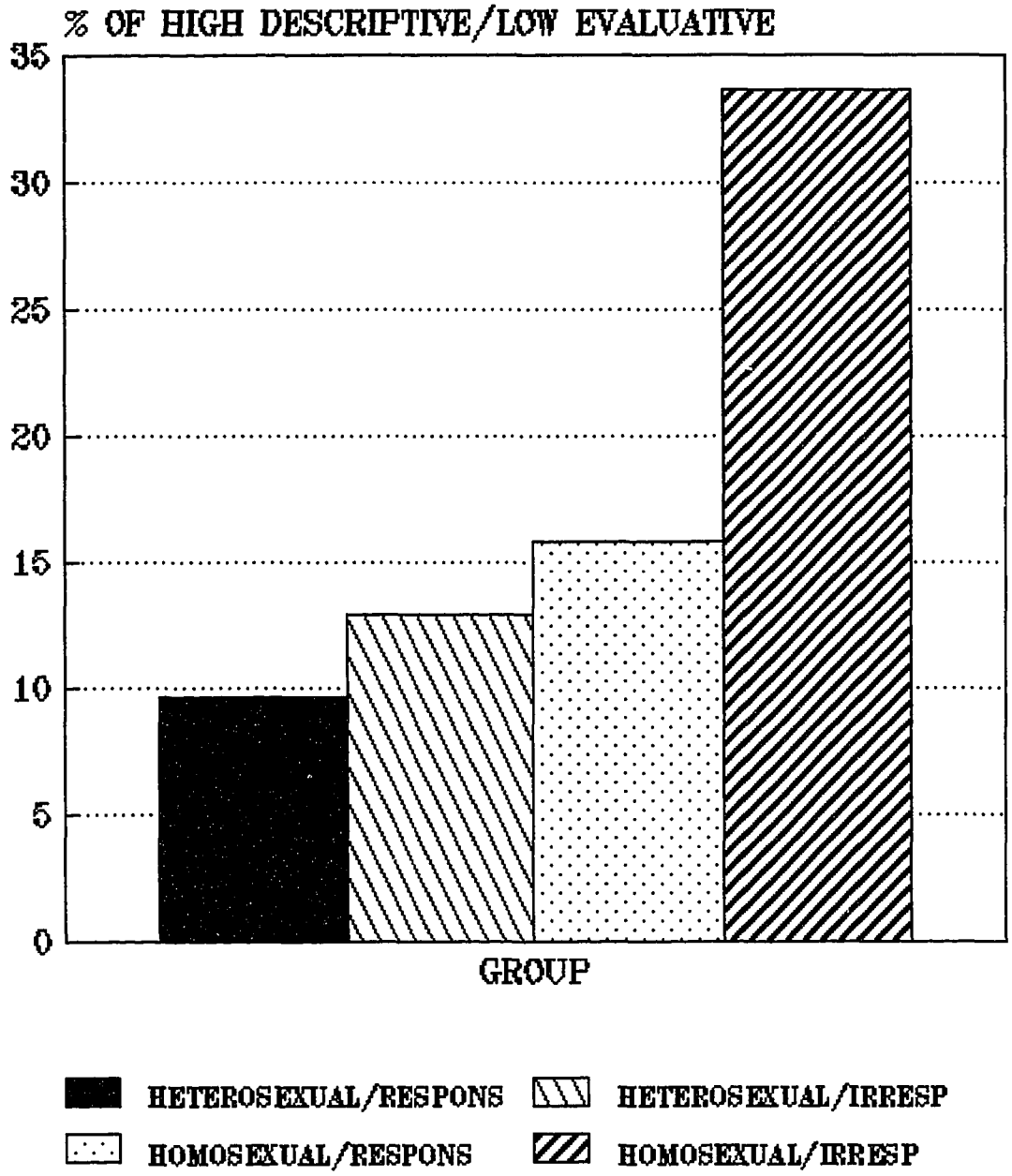

Figure 2. Subjects' percentage of high descriptive/low evaluative response statements as a function of HIV positive person's sexual orientation and responsibility for the infection.

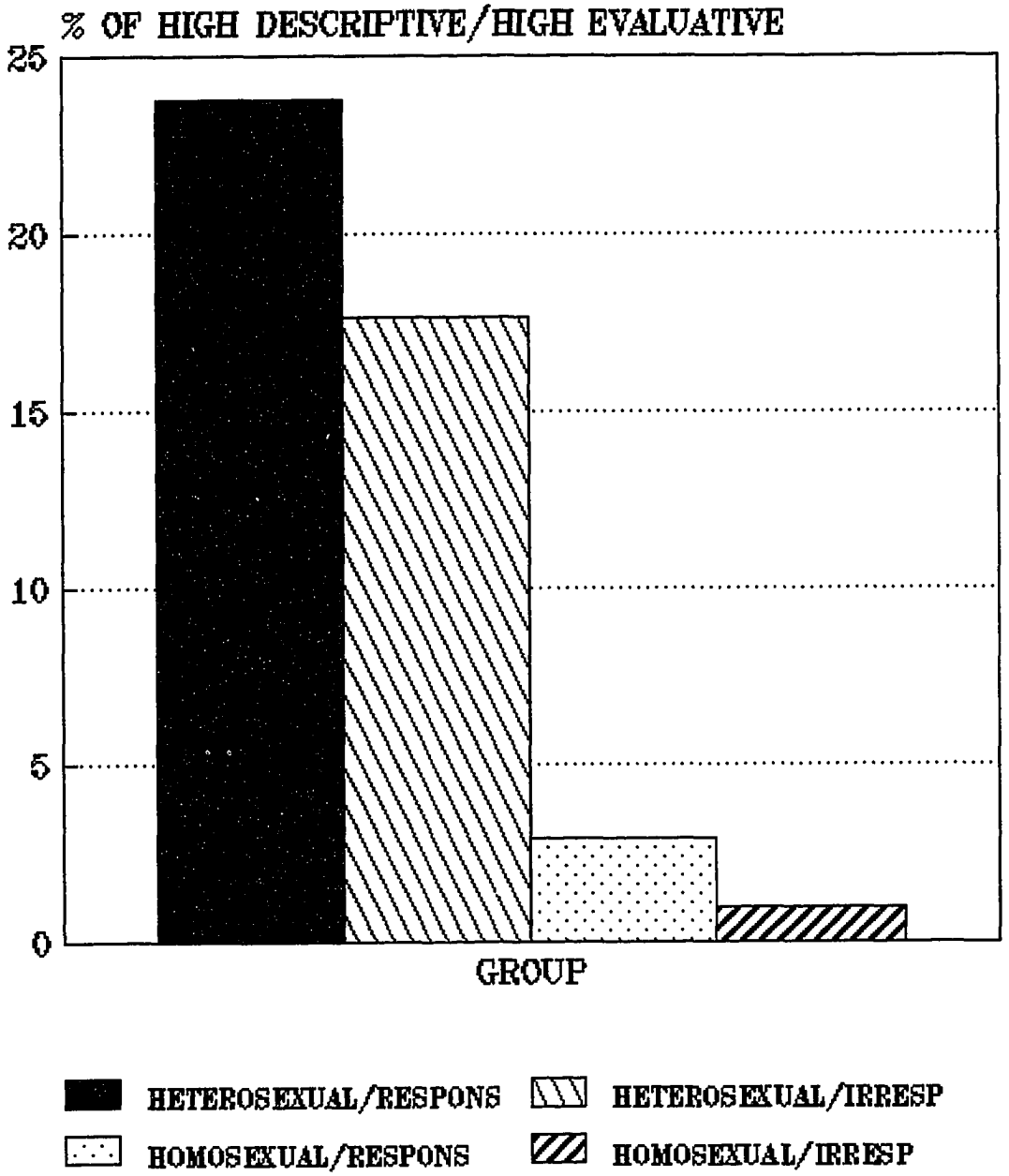

Figure 3. Subjects' percentage of high descriptive/high evaluative statements when self-disclosing as a function of HIV positive person's sexual orientation and responsibility for the infection.

combined), $F(1, 61) = 1.67$, $p < .10$. Subjects tended to produce a lower percentage of high descriptive/high evaluative statements in their total written text (response and self-disclosure combined) when communicating with an HIV positive individual labeled "homosexual/irresponsible" than the other HIV positive individuals combined.

No effects were found for the 9-point intimacy rating scale.

Social support.

An effect was found for the social support category "dismiss," $F(1, 61) = 3.43$, $p < .05$. Subjects offered a lower percentage of "dismiss" statements with an HIV positive individual labeled "homosexual/irresponsible" than the other HIV positive individuals combined.

Effects Incorporating the Subject Gender Variable

A 2 x 2 x 2 ANOVA was conducted to examine possible effects that might incorporate the subject gender variable. Significant main effects, as well as interactions were found on several measures. A summary of these results appears in Tables 4, 5 and 6.

Affective reactions.

An effect was found for negative affect, $F(1, 61) = 10.73$, $p < .01$. Females reported more negative affect than males. There was no effect for positive affect. An interaction of gender by sexual orientation was also found for negative affect, $F(1, 61) = 4.92$, $p < .05$. Analysis of simple

Table 4

Impact of Subject Gender on Affective and Behavioral Reactions Collapsed over Sexual Orientation and Responsibility

Dependent Variable	Female	Male	*F* ratio
Affective reactions			
Positive Affect	2.99 (.67)	3.25 (.55)	N.S.
Negative Affect	2.21 (.76)	1.75 (.61)	10.73**
Evaluative ratings			
Liking	2.88 (.79)	3.54 (.88)	7.43**
Trust	2.40 (.83)	2.82 (.85)	N.S.
Liking/Trust (combined)	5.29 (1.52)	6.36 (1.58)	4.95*
Self-disclosure (9-point scale)			
Intimacy (response)	2.61 (1.94)	1.90 (1.19)	4.78*
Intimacy (self)	4.08 (2.49)	4.16 (2.02)	N.S.
Word Count (response)	3.73 (2.87)	2.97 (3.22)	N.S.
Word Count (self)	98.47 (60.28)	61.55 (20.39)	8.46**
Intimacy (combined)	6.69 (3.54)	6.06 (2.52)	N.S.
Word Count (combined)	102.21 (59.42)	64.52 (20.54)	9.24**

Table 4 continued

Impact of Subject Gender on Affective and Behavioral Reactions Collapsed over Sexual Orientation and Responsibility

Dependent Variable	Female	Male	*F* ratio
Self-disclosure (Two-dimensional scheme)			
High descriptive/ high evaluative (response)	47.84% (49.52%)	49.87% (29.34%)	N.S.
High descriptive/ low evaluative (response)	14.71% (25.21%)	22.42% (36.41%)	N.S.
Low descriptive/ high evaluative (response)	35.21% (39.56%)	38.48% (43.05%)	N.S.
Low descriptive/ low evaluative (response)	11.79% (25.26%)	3.06% (10.38%)	N.S.
High descriptive/ high evaluative (self-disclosure)	14.61% (24.71%)	6.97% (20.95%)	N.S.
High descriptive/ low evaluative (self-disclosure)	25.74% (33.92%)	25.71% (34.22%)	N.S.
Low descriptive/ high evaluative (self-disclosure)	27.00% (30.21%)	30.29% (36.15%)	N.S.
Low descriptive/ low evaluative (self-disclosure)	3.50% (10.37%)	3.58% (9.67%)	N.S.
High descriptive/ high evaluative (combined)	62.45% (51.69%)	56.84% (30.48%)	N.S.

Table 4 continued

Impact of Subject Gender on Affective and Behavioral Reactions Collapsed over Sexual Orientation and Responsibility

Dependent Variable	Female	Male	F ratio
High descriptive/ low evaluative (combined)	40.45% (47.62%)	48.13% (46.24%)	N.S.
Low descriptive/ high evaluative (combined)	62.21% (53.47%)	68.77% (56.59%)	N.S.
Low descriptive/ low evaluative (combined)	15.29% (25.71%)	6.65% (13.37%)	N.S.
Social Support			
Solace	31.45% (18.81%)	34.55% (22.21%)	N.S.
Solve	32.00% (21.20%)	24.81% (20.95%)	N.S.
Dismiss	1.95% (6.53%)	4.65% (10.28%)	N.S.
Escape	0.00% (0.00%)	.55% (3.05%)	N.S.
Attribution measures			
Partner's worries	4.68 (.64)	4.63 (.73)	N.S.
Partner's friendliness	4.41 (.65)	4.29 (.66)	N.S.
My worries	3.34 (.95)	2.84 (.95)	5.35*

Table 4 continued

Impact of Subject Gender on Affective and Behavioral Reactions Collapsed over Sexual Orientation and Responsibility

Dependent Variable	Female	Male	F ratio
My friendliness	4.54 (.51)	4.13 (.87)	4.11*
Rapport	4.09 (.66)	3.61 (.92)	4.19*
Situation	4.37 (1.08)	4.16 (1.16)	N.S.
Willingness to meet again	1.74 (.92)	2.32 (1.38)	N.S.

Note: * $p \leq .05$. ** $p \leq .01$. These statistical analyses were conducted using two-tailed tests. Standard deviations are presented in parentheses.

Table 5

Means for Subject Gender by Sexual Orientation Interaction

Dependent Variable	Female			Male		
	Heterosexual Male	Homosexual Male	F ratio	Heterosexual Male	Homosexual Male	F ratio
Affective reactions						
Positive Affect	2.87 (.75)	3.12 (.57)	N.S.	3.39 (.56)	3.12 (.52)	N.S.
Negative Affect	2.15 (.69)	2.26 (.83)	N.S.	1.40 (.32)	2.08 (.64)	8.71**
Evaluative ratings						
Liking	2.79 (.72)	2.97 (.87)	N.S.	3.58 (.78)	3.50 (.99)	N.S.
Trust	2.51 (.85)	2.30 (.81)	N.S.	3.11 (.92)	2.56 (.72)	N.S.
Liking/Trust (combined)	5.31 (1.49)	5.27 (1.49)	N.S.	6.68 (1.49)	6.06 (1.65)	N.S.
Self-disclosure (9-point scale)						
Intimacy (response)	2.96 (2.12)	2.26 (1.73)	N.S.	1.72 (1.23)	2.06 (1.17)	N.S.

Table 5 continued

Means for Subject Gender by Sexual Orientation Interaction

Dependent Variable	Female			Male		
	Heterosexual Male	Homosexual Male	F ratio	Heterosexual Male	Homosexual Male	F ratio
Intimacy (self)	4.05 (2.39)	4.11 (2.64)	N.S.	3.80 (2.18)	4.50 (1.86)	N.S.
Word Count (response)	3.89 (3.09)	3.57 (2.71)	N.S.	2.40 (3.31)	3.50 (3.14)	N.S.
Word Count (self)	98.32 (69.90)	98.63 (50.81)	N.S.	67.40 (18.70)	56.02 (20.95)	N.S.
Intimacy (combined)	7.01 (3.58)	6.37 (3.58)	N.S.	5.52 (2.25)	6.56 (2.72)	N.S.
Word Count (combined)	102.21 (69.06)	102.21 (49.87)	N.S.	69.80 (19.18)	59.56 (21.12)	N.S.
Self-disclosure (Two-dimensional scheme)						
High descriptive/ high evaluative (response)	39.63% (33.14%)	56.05% (61.64%)	N.S.	48.33% (34.09%)	51.31% (25.16%)	N.S.
High descriptive/ low evaluative (response)	13.79% (27.78%)	15.63% (23.08%)	N.S.	8.00% (18.93%)	35.94% (43.75%)	N.S.

Table 5 continued

Means for Subject Gender by Sexual Orientation Interaction

Dependent Variable	Female			Male		
	Heterosexual Male	Homosexual Male	F ratio	Heterosexual Male	Homosexual Male	F ratio
Low descriptive/ high evaluative (response)	26.42% (34.03%)	44.00% (43.55%)	N.S.	39.53% (43.77%)	37.50% (43.78%)	N.S.
Low descriptive/ low evaluative (response)	20.95% (31.67%)	2.63% (11.47%)	N.S.	1.33% (5.16%)	4.69% (13.60%)	N.S.
High descriptive/ high evaluative (self-disclosure)	28.32% (29.03%)	.89% (3.90%)	N.S.	11.07% (27.18%)	3.13% (12.50%)	N.S.
High descriptive/ low evaluative (self-disclosure)	25.37% (36.50%)	26.11% (32.13%)	N.S.	20.13% (33.74%)	30.94% (34.91%)	N.S.
Low descriptive/ high evaluative (self-disclosure)	26.42% (29.63%)	27.58% (31.58%)	N.S.	27.47% (35.93%)	32.94% (37.33%)	N.S.
Low descriptive/ low evaluative (self-disclosure)	0.00% (0.00%)	7.00% (13.98%)	N.S.	1.67% (6.45%)	5.38% (11.88%)	N.S.

Table 5 continued

Means for Subject Gender by Sexual Orientation Interaction

Dependent Variable	Female			Male		
	Heterosexual Male	Homosexual Male	F ratio	Heterosexual Male	Homosexual Male	F ratio
High descriptive/ high evaluative (combined)	67.95% (41.47%)	56.95% (60.90%)	N.S.	59.40% (33.35%)	54.44% (28.41%)	N.S.
High descriptive/ low evaluative (combined)	39.16% (52.46%)	41.74% (43.66%)	N.S.	28.13% (40.37%)	66.88% (44.51%)	N.S.
Low descriptive/ High evaluative (combined)	52.84% (54.84%)	71.58% (51.82%)	N.S.	67.00% (61.26%)	70.44% (53.81%)	N.S.
Low descriptive/ low evaluative (combined)	20.95% (31.67%)	9.63% (16.97%)	N.S.	3.00% (7.97%)	10.06% (16.50%)	N.S.
Social Support						
Solace	34.53% (23.61%)	28.37% (12.23%)	N.S.	33.27% (16.09%)	35.75% (27.24%)	N.S.
Solve	28.89% (21.56%)	35.11% (20.94%)	N.S.	32.53% (13.43%)	17.56% (24.37%)	4.00*

Table 5 continued

Means for Subject Gender by Sexual Orientation Interaction

Dependent Variable	Female			Male		
	Heterosexual Male	Homosexual Male	F ratio	Heterosexual Male	Homosexual Male	F ratio
Dismiss	3.47% (8.91%)	.42% (1.84%)	N.S.	5.73% (10.79%)	3.63% (10.01%)	N.S.
Escape	0.00% (0.00%)	0.00% (0.00%)	N.S.	1.13% (4.39%)	0.00% (0.00%)	N.S.
Attribution measures						
Partner's worries	4.47 (.79)	4.89 (.36)	N.S.	4.43 (.94)	4.81 (.40)	N.S.
Partner's friendliness	4.32 (.67)	4.50 (.62)	N.S.	4.20 (.75)	4.38 (.56)	N.S.
My worries	3.34 (.91)	3.34 (1.01)	N.S.	2.60 (.95)	3.06 (.93)	N.S.
My friendliness	4.45 (.62)	4.63 (.37)	N.S.	4.10 (.83)	4.16 (.93)	N.S.
Rapport	4.02 (.61)	4.16 (.71)	N.S.	3.63 (.97)	3.59 (.90)	N.S.

Table 5 continued

Means for Subject Gender by Sexual Orientation Interaction

Dependent Variable	Female			Male		
	Heterosexual Male	Homosexual Male	F ratio	Heterosexual Male	Homosexual Male	F ratio
Situation	4.21 (1.23)	4.53 (.90)	N.S.	3.80 (1.26)	4.50 (.97)	N.S.
Willingness to meet again	1.84 (.96)	1.63 (.90)	N.S.	2.07 (1.16)	2.56 (1.55)	N.S.

Note: * $p \leq .05$. ** $p \leq .01$. These statistical analyses were conducted using two-tailed tests. Standard deviations are presented in parentheses.

Table 6

Means for Subject Gender by Responsibility for Infection Interaction

Dependent Variable	Female			Males		
	Responsible	Irresponsible	F	Responsible	Irresponsible	F
Affective reactions						
Positive Affect	2.99 (.71)	2.99 (.63)	N.S.	3.35 (.48)	3.18 (.59)	N.S.
Negative Affect	1.93 (.70)	2.58 (.68)	9.64*	1.86 (.57)	1.68 (.64)	N.S.
Evaluative ratings						
Liking	2.75 (.82)	3.06 (.72)	N.S.	3.57 (.72)	3.52 (.99)	N.S.
Trust	2.30 (.85)	2.54 (.79)	N.S.	2.64 (.73)	2.94 (.92)	N.S.
Liking/Trust	5.06 (1.62)	5.60 (1.34)	N.S.	6.21 (1.33)	6.46 (1.75)	N.S.
Self-disclosure (9-point scale)						
Intimacy (response)	2.55 (1.87)	2.69 (2.10)	N.S.	1.92 (1.00)	1.88 (1.33)	N.S.

Table 6 continued

Means for Subject Gender by Responsibility for Infection Interaction

Dependent Variable	Female			Males		
	Responsible	Irresponsible	F	Responsible	Irresponsible	F
Intimacy (self)	3.68 (2.48)	4.63 (2.47)	N.S.	5.58 (1.62)	3.26 (1.73)	8.22**
Word Count (response)	3.45 (2.84)	4.13 (2.96)	N.S.	2.67 (2.99)	3.16 (3.42)	N.S.
Word Count (self)	100.18 (68.24)	96.13 (49.32)	N.S.	57.25 (23.71)	64.26 (18.15)	N.S.
Intimacy (combined)	6.24 (3.52)	7.31 (3.59)	N.S.	7.50 (2.14)	5.15 (2.35)	4.40*
Word Count (combined)	103.64 (67.45)	100.25 (48.29)	N.S.	59.92 (23.49)	67.42 (18.51)	N.S.
Self-disclosure (Two-dimensional scheme)						
High descriptive/ high evaluative (response)	43.68% (60.31%)	54.94% (29.39%)	N.S.	60.00% (22.34%)	43.47% (31.91%)	N.S.
High descriptive/ low evaluative (response)	10.86% (19.92%)	20.00% (30.99%)	N.S.	16.00% (33.09%)	26.47% (38.67%)	N.S.

Table 6 continued

Means for Subject Gender by Responsibility for Infection Interaction

Dependent Variable	Female			Males		
	Responsible	Irresponsible	F	Responsible	Irresponsible	F
Low descriptive/ high evaluative (response)	30.73% (38.88%)	41.38% (40.92%)	N.S.	41.67% (42.37%)	36.47% (44.51%)	N.S.
Low descriptive/ low evaluative (response)	18.86% (30.84%)	2.06% (8.25%)	N.S.	2.08% (7.22%)	3.68% (12.12%)	N.S.
High descriptive/ high evaluative (self-disclosure)	16.86% (27.42%)	11.50% (20.88%)	N.S.	6.92% (16.56%)	7.00% (23.76%)	N.S.
High descriptive/ low evaluative (self-disclosure)	21.09% (31.62%)	32.13% (36.92%)	N.S.	30.17% (38.15%)	22.89% (32.25%)	N.S.
Low descriptive/ high evaluative (self-disclosure)	21.36% (26.86%)	34.75 (33.62%)	N.S.	47.00% (37.71%)	19.74% (31.71%)	5.21*
Low descriptive/ low evaluative (self-disclosure)	2.27% (10.66%)	5.18% (10.05%)	N.S.	2.75% (9.53%)	4.11% (9.98%)	N.S.

Table 6 continued

Means for Subject Gender by Responsibility for Infection Interaction

Dependent Variable	Female			Males		
	Responsible	Irresponsible	F	Responsible	Irresponsible	F
High descriptive/ high evaluative (combined)	59.55% (62.80%)	66.44% (32.25%)	N.S.	66.92% (28.54%)	50.47% (30.66%)	N.S.
High descriptive/ low evaluative (combined)	31.95% (36.64%)	52.13% (58.85%)	N.S.	46.17% (45.89%)	49.37% (47.68%)	N.S.
Low descriptive/ high evaluative (combined)	52.09% (55.56%)	76.13% (48.73%)	N.S.	88.67% (58.21%)	56.21% (53.25%)	2.59*
Low descriptive/ low evaluative (combined)	21.14% (31.22%)	7.25% (12.10%)	N.S.	4.83% (11.42%)	7.79% (14.65%)	N.S.
Social Support						
Solace	33.73% (21.94%)	28.31% (13.42%)	N.S.	30.00% (26.43%)	37.42% (19.32%)	N.S.
Solve	30.09% (22.11%)	34.63% (20.27%)	N.S.	29.67% (25.65%)	21.74% (17.44%)	N.S.

Table 6 continued

Means for Subject Gender by Responsibility for Infection Interaction

Dependent Variable	Female			Males		
	Responsible	Irresponsible	F	Responsible	Irresponsible	F
Dismiss	1.86% (7.16%)	2.06% (5.78%)	N.S.	9.25% (12.51%)	1.74% (7.57%)	6.23*
Escape	0.00% (0.00%)	0.00% (0.00%)	N.S.	0.00% (0.00%)	.89% (3.90%)	N.S.
Attribution measures						
Partner's worries	4.55 (.79)	4.88 (.29)	N.S.	4.71 (.58)	4.58 (.82)	N.S.
Partner's friendliness	4.59 (.57)	4.16 (.68)	N.S.	4.25 (.54)	4.32 (.73)	N.S.
My worries	3.32 (1.03)	3.38 (.87)	N.S.	2.92 (.90)	2.79 (1.00)	N.S.
My friendliness	4.59 (.53)	4.47 (.50)	N.S.	4.29 (.84)	4.03 (.89)	N.S.
Rapport	4.11 (.69)	4.06 (.63)	N.S.	3.67 (.65)	3.58 (1.07)	N.S.

Table 6 continued

Means for Subject Gender by Responsibility for Infection Interaction

Dependent Variable	Female			Males		
	Responsible	Irresponsible	F	Responsible	Irresponsible	F
Situation	4.18 (1.10)	4.63 (1.02)	N.S.	4.25 (1.06)	4.11 (1.24)	N.S.
Willingness to meet again	1.68 (.78)	1.81 (1.11)	N.S.	2.67 (1.37)	2.12 (1.37)	N.S.

Note: * $p \leq .05$. ** $p \leq .01$. These statistical analyses were conducted using two-tailed tests. Standard deviations are presented in parentheses.

effects indicated that males differed in their report of negative affect as a function of victim sexual orientation, $F(1, 61) = 8.71$, $p < .05$. Males reported higher negative affect with an HIV positive person labeled "homosexual" versus "heterosexual". Females reported no differences in their report of negative affect as a function of victim sexual orientation, $F(1, 61) = .31$. Additionally, an interaction of subject gender by responsibility was found for negative affect, $F(1, 61) = 4.14$, $p < .05$. Analysis of simple effects indicated that females differed in their report of negative affect as a function of responsibility for infection, $F(1, 61) = 9.64$, $p < .05$. Females reported more negative affect with an HIV positive person labeled "irresponsible" versus "responsible". Males did not differ in their report of negative affect based on the HIV positive person's responsibility for the infection, $F(1, 61) = .58$. No main effects or interactions were found for positive affect.

Evaluative ratings.

An effect was found for liking, $F(1, 61) = 7.43$, $p < .01$. Males reported liking the HIV positive individual more than females did. In addition, an effect was found for liking combined with trust, $F(1, 61) = 4.95$, $p < .05$. Males reported liking and trusting the HIV individual more than females did. No effect was found for trust alone. There were no interactions for subject gender by victim sexual

orientation or responsibility found for liking, trust, or liking/trust combined.

Self-disclosure.

Significant results were found for several of the 9-point intimacy rating measures. An effect was found for intimacy level (response), $F(1, 61) = 4.78$, $p < .05$. Females were more intimate in their responses than males were. An effect was also found for word count (self-disclosure), $F(1, 61) = 8.46$, $p < .01$. Females produced a higher word count when self-disclosing than males. In addition, an effect was found for word count of the total written text (response and self-disclosure combined), $F(1, 61) = 9.24$, $p < .01$, with females again producing a higher total word count than males. No effects were found for the two-dimensional intimacy coding scheme. No interactions for subject gender by victim sexual orientation were found for any of the two-dimensional intimacy scoring categories, or on the 9-point intimacy rating scale. An interaction of subject gender by responsibility was found for several two-dimensional intimacy scoring categories, and on the 9-point intimacy rating scale. An interaction was found for low descriptive/high evaluative (self-disclosure), $F(1, 61) = 6.17$, $p < .05$. Analysis of simple effects indicated that males differed in their percentage of low descriptive/high evaluative statements when self-disclosing, $F(1, 61) = 5.21$, $p < .05$. Males offered a higher percentage of low

descriptive/high evaluative statements when self-disclosing to an HIV positive individual labeled "responsible" versus "irresponsible".

Females did not differ in their percentage of low descriptive/high evaluative statements as a function of the HIV person's responsibility for infection, $F(1, 61) = 1.58$. An interaction also occurred for low descriptive/high evaluative on the total written text (response and self-disclosure combined), $F(1, 61) = 4.63$, $p < .05$. Simple effects again indicated that males offered a significantly higher percentage of low descriptive/high evaluative statements when communicating with an HIV positive person labeled "responsible" versus "irresponsible", $F(1, 61) = 2.59$, $p < .05$. Again, females did not differ with regard to this category based on the HIV person's responsibility for infection, $F(1, 61) = 1.79$.

Interactions of subject gender by responsibility were also found on the 9-point intimacy rating scale. An interaction occurred for the intimacy level of self-disclosure, $F(1, 61) = 9.16$, $p < .01$. Simple effects indicated that males differed in their intimacy of self-disclosure as a function of the HIV person's responsibility, $F(1, 61) = 8.22$, $p < .05$. Males were more intimate in their self-disclosure to an HIV positive individual labeled "responsible" versus "irresponsible". Females did not differ in their intimacy level as a function of the HIV

positive person's responsibility, $F(1, 61) = 1.71$. An interaction also occurred for intimacy level of total written text (response and self-disclosure combined), $F(1, 61) = 5.46$, $p < .05$. Simple effects revealed that males differed in their intimacy of both response and self-disclosure together based on the HIV positive person's responsibility, $F(1, 61) = 4.40$, $p < .05$. Males were more intimate in their total written text when communicating with an HIV positive individual labeled "responsible" versus "irresponsible". Females did not differ in intimacy of total written text as a function of HIV person's responsibility, $F(1, 61) = 1.16$.

Social support.

There were no subject gender main effects found for any of the social support measures. An interaction of gender by sexual orientation was found for the social support category "solve", $F(1, 61) = 4.76$, $p < .05$. Analysis of simple effects indicated that males differed in their tendency to offer "solve" statements as a function of the HIV person's sexual orientation, $F(1, 61) = 4.00$, $p < .05$. Males offered a higher percentage of "solve" statements when communicating with an HIV positive person labeled "heterosexual" versus "homosexual". Females did not differ in their frequency of "solve" statements as a function of victim sexual orientation, $F(1, 61) = .84$. An interaction of gender by responsibility was found on the social support category,

"dismiss," $F(1, 61) = 5.46$, $p < .05$. Simple effects revealed that males differed in their tendency to offer "dismiss" statements as a function of the HIV positive person's responsibility, $F(1, 61) = 6.22$, $p < .05$. Males offered a higher percentage of "dismiss" statements to an HIV positive person labeled "responsible" versus "irresponsible". Females did not differ on this measure based on the HIV positive individual's responsibility, $F(1, 61) = .01$.

Attribution measures.

Subject gender main effects were found for several of the attribution measures concerning the reasons for the HIV positive individual's behavior. An effect was found for the "my worries" attribution, $F(1, 61) = 5.35$, $p < .05$. Females attributed the HIV positive individual's behavior more to something about their own worries than males did. A gender effect was also found for the "my friendliness" attribution, $F(1, 61) = 4.11$, $p < .05$, where again, females attributed the HIV positive person's behavior to something about their own friendliness than males did. Finally, a gender effect was found for the "rapport" attribution, $F(1, 61) = 4.19$, $p < .05$. Again, females attributed the HIV positive person's behavior to something about the rapport between themselves and the HIV positive person than males did. No interactions for subject gender by sexual orientation or responsibility were found for any of the attribution measures.

Additional Main Effect- Attribution for the HIV positive person's behavior

A 2 x 2 x 2 ANOVA conducted on the attribution measures revealed an additional main effect on the "partner's worries" measure for victim sexual orientation, $F(1, 61) = 3.88$, $p < .05$. Subjects attributed the HIV positive person's behavior to something about his own worries more often when the person was labeled "homosexual" versus "heterosexual"; the means were 4.86 and 4.46, respectively.

Chapter IV

Discussion

The results of this study provide some interesting findings with regard to people's emotional and behavioral reactions to someone who is HIV positive, based on other information they receive about the person. Both sexual orientation and responsibility for the infection affected people's reactions, separately as well as together.

Impact of Sexual Orientation on Affective, Evaluative, and Behavioral Reactions

The present data are consistent with previous research indicating a negative bias toward gay males. The research reflects an unfavorable view of gay males who are HIV positive with regard to emotions (in other words, male subjects tended to report more negative emotions when they thought they were dealing with a gay male than a heterosexual male who was HIV positive) and perceptions of trustworthiness.

The behavioral data tends to validate this notion, as well, in that subjects (both male and female) self-disclosed more intimately (on a factual and emotional level) to a heterosexual male than a gay male, and disclosed more information that was considered very low in intimacy (both factually and emotionally) with a gay male than a

heterosexual male. Additionally, subjects responded with factually intimate but emotionally non-intimate statements more often with a gay male than a heterosexual male who was HIV positive, perhaps indicating a lack of desire to become emotionally involved with the HIV positive person who was gay. Male subjects also displayed less solving (approach-problem) behavior to a gay male than a heterosexual male, indicating less of a desire to want to help the gay person with his problem. We can assume that male subjects felt more comfortable with the heterosexual than the gay person. Interestingly, though, women did not differ in their affect, evaluative responses, or behavior toward the person as a function of sexual orientation.

Research on gender differences in attitudes toward homosexuality has conflicted in the past. A meta-analysis conducted by Oliver and Hyde (1993) found no differences in the attitudes of male and female North American college students, although here it would seem that males are impacted by homosexuality more than females. These findings are perhaps explained by a same-sex effect, in that perhaps males are more threatened by another male who happens to be gay than females are. Although sexual orientation of subjects was not measured, we assume that most of the subjects are heterosexual (given the random sample of the subject pool). A possible research question would be to see if this effect reversed itself with a lesbian target person,

or if the effect would change as a function of the subjects' own sexual orientation. An additional effect was found for sexual orientation on the attribution of the HIV individual's worries. Both male and female subjects felt that a gay male had more to worry about than a heterosexual male, despite the fact that their situations were identical. This can perhaps be explained by the idea that homosexual males are still the highest at risk for contracting HIV or that people believe being gay is more worrisome.

Impact of Responsibility for Infection

Weiner's model states that perceptions of controllability of an event impact someone's affective and behavioral reactions to that event. When someone is perceived to have been in control of a negative occurrence, the event elicits anger and rejection on the part of observers, whereas a perceived lack of control elicits pity and helping behavior.

The notion of responsibility for the infection affected subjects' opinions of the HIV individual far less than sexual orientation alone. A trend was revealed indicating that all subjects tended to respond with factually intimate but emotionally non-intimate statements more often with an irresponsible HIV positive person than a responsible one. This suggests that subjects did not want to become emotionally involved with an HIV positive person thought to have acted irresponsibly. Male and female subjects were

affected differently by responsibility on various other measures. Although females reported more negative emotion when dealing with someone thought to have acted irresponsibly versus responsibly, males' behavior was actually affected by this factor. Males dismissed the problem more with someone who supposedly had only one sex partner, and were more intimate with this person than with someone who was said to have many partners. This discrepancy between emotion and behavior is somewhat confusing, given that, according to Weiner's model, one would think negative affect of females would carry over to behavior, and that behavior of males would originate from negative affect. Perhaps this can be explained in terms of sex differences in the tendency to be "socially correct" and that although females report feeling more negative than males in this type of situation, they are also more concerned with how they come across to their partner than males are.

The model has been validated with regard to reactions to HIV/AIDS individuals in several attitudinal studies. Perceived controllability (such as contraction of HIV via blood transfusion versus promiscuous sex) affected emotional reactions (evoking either feelings of pity or anger) (e.g., Weiner et al., 1988; Whitley et al., 1991). A possible explanation for why responsibility did not affect subjects' behavior as much as was anticipated could be all subjects'

tendency to want to appear "socially correct". Because of the nature of the instructions given to the subjects, they were under the assumption that they would be meeting by themselves in a cubicle with the HIV positive individual, after writing their response message. Thus, subjects might have felt pressured to respond in a positive and accepting manner, regardless of how they truly felt toward the person, based on the possibly stressful anticipation of being in a room alone with the person after the person had read their response. The social support data alone is enough evidence for a "positive slant" to the subjects' written text, given the overall mean percentages of types of support offered (Solace = 32.84%, Solve = 28.77%, Dismiss = 3.16% and Escape = .25%). Note that Solace and Solve are both "approach problem/emotion" behaviors, and generally seen as positive and helpful, whereas Dismiss and Escape are "avoid problem/emotion" behaviors and are generally seen as negative and unhelpful (Barbee et al., 1995).

Another explanation for the lack of effect of responsibility on subjects' reactions could be the actual nature of the subject pool itself. Although subjects reported more negative emotion with someone who supposedly had many sex partners than someone with only one, this was not reflected in their behavior. Perhaps college students in general are more accepting and tolerant of promiscuity, or casual sex (for example, having several sex partners as

in the "irresponsible" condition) than the general population would be. In other words, had the subject pool consisted of 70 men and women with more conservative views, perhaps the effect of perceived responsibility would have been greater.

Impact of Sexual Orientation by Responsibility for Infection

Sexual orientation paired with responsibility affected subjects' affective, evaluative, and behavioral responses, indicating that indeed, subjects do respond more negatively to an HIV positive person labeled "homosexual/irresponsible" than to anyone else.

Affective reactions.

Subjects felt more negative when communicating with someone they thought was a gay, irresponsible HIV positive individual than anyone else. This finding is in line with the previous finding, that a gay HIV positive person elicits negative reactions. The idea of responsibility, however, seems to compound this effect, indicating perhaps a "double-strength" stigmatizing effect.

Evaluative ratings.

In addition, subjects perceived a gay, irresponsible HIV positive person as less trustworthy than anyone else. This finding is interesting when considering that a heterosexual, irresponsible person was reported to be the most trustworthy. Thus, it was not the responsibility factor alone that necessarily contributed to this opinion of

the person, but responsibility only when the person was gay. Perhaps this indicates a predisposition of subjects not to trust someone who is gay to begin with, however, again this is compounded by the fact that he was perceived to have acted irresponsibly.

Self-disclosure.

Subjects' negative reactions to the HIV positive person thought to be gay and irresponsible carried over to their behavior, as well. Subjects were less intimate when talking about themselves to an HIV individual they thought was gay and irresponsible than anyone else. Subjects also responded to the "gay/irresponsible" person more often with statements that, although factually intimate, were not emotionally intimate. This effect was found for both sexual orientation and responsibility individually, as well. Thus it is not surprising that together the effect is compounded. A sense of subjects' discomfort with the HIV positive person perceived to be gay and irresponsible is evident here. Subjects seemed to avoid any sort of emotional involvement with the person.

Social support.

Finally, subjects offered dismissing statements when responding to everyone except the HIV positive person labeled "homosexual/irresponsible". Dismissing statements are those that reflect disbelief of the situation, try to make other excuses for the person's predicament, or attempt

to "make the problem go away". In fact, no subject offered any dismissing statements when the HIV positive person was said to be gay and irresponsible, perhaps indicating either that subjects merely could not find any other excuses for the positive test result (due to the fact that the person was in two supposedly "high risk" groups), or that subjects did not emotionally feel the need to rid the person of his problem.

Thus, it appears that subjects do in fact seem to find an HIV positive individual who is labeled both homosexual and irresponsible more deplorable than any other HIV positive individual. This finding is in line with previous indications of negative reactions toward someone who is gay, although it is interesting to note that the responsibility factor only seems to compound the situation when the person is in fact homosexual. In other words, college students do not show disdain for heterosexuals who have acted irresponsibly. Perhaps there is some sense of identification here. Assuming that most of the subjects were heterosexual, perhaps most of them can identify with a high risk situation, in that maybe several of them have been unsafe on occasion (or regularly) themselves.

Effect of Subject Gender on Affective, Evaluative, and Behavioral Reactions

Although there were no specific hypotheses with regard to subject gender, results on several measures were

affected differentially for male and female subjects. It is difficult to say what caused these effects, however, because everyone reacted to a male stimulus person only.

Females generally reported more negative emotion than males, and self-disclosed more, both quantitatively and qualitatively. Males, on the other hand, liked and trusted the HIV individual more than females. The tendency for females to self-disclose more can be accounted for by differences in socialization between males and females (who are socialized to be open and self-disclosing) (Jourard 1971) and is merely validated in this study.

In addition, females tended to make more personal attributions for the HIV individual's behavior than did males. For example, females attributed the other person's behavior to something about their own (the females') worries and friendliness, and their rapport with the HIV individual more than males did. Perhaps these results, as well as the self-disclosure findings can be explained in terms of females' tendency not only to engage others in self-disclosure, but to identify themselves likewise. Miller, Berg, and Archer (1983) developed the Opener Scale, which was devised to identify individuals who have the ability to cause others to "open up" or disclose intimate information. They found that women scored significantly higher on this scale than men when rating themselves on such measures as "people feel relaxed around me," "I enjoy listening to

people," and "I can keep people talking about themselves." Thus, it seems not only do women truly seem to have that ability, they are fully aware of it, as reflected in the attribution measures.

Summary of Conclusions and Ideas for Further Research

While hypotheses concerning Weiner's model of controllability were only partially confirmed, the present research contributes to the evidence regarding negative reactions and attitudes toward gay males. In addition, the study challenges the conclusions of Oliver and Hyde (1993) that there are no differences in attitudes of homosexuality between males and females. Several questions are raised, including the notion of "social correctness." Given a different methodology, in which certain pressures were alleviated with regard to appearing tolerant and accepting, perhaps subjects would vary more in the "positiveness" of their responses. Further research might also look at the effect of responsibility on another population, such as people older than college students, or more conservative than those in this sample. Finally, the sex of the target person could be examined further, given that perhaps this affected males and females differentially because of a possible threat factor when a heterosexual male is confronted with a gay male, or because of a same-sex effect.

References

Barak, A., & LaCrosse, M. B. (1975). Multidimensional perception of counselor behavior. Journal of Counseling Psychology, 22, 471-476.

Barbee, A. P. (1990). Interactive coping: the cheering-up process in close relationships. In S. Duck (Ed.), Personal relationships and social support (pp. 46-65). Newbury Park, CA: Sage Publications.

Barbee, A. P., Derlega, V. J., Sherburne, S. P., & Grimshaw, A. H. (1994). Helpful and unhelpful forms of social support for HIV-positive people. Paper presented at the International Network for Personal Relationships Conference, Williamsburg, VA.

Chaikin, A. L., Derlega, V. J., Bayma, B., & Shaw, J. (1975). Neuroticism and disclosure reciprocity. Journal of Consulting and Clinical Psychology, 43, 13-21.

Cohen, J. (1960). A coefficient of agreement for nominal scales. Educational and Psychological Measurement, 20, 37-46.

Derlega, V. J., Metts, S., Petronio, S., & Margulis, S. T. (1993). Self-disclosure. Newbury Park, CA: Sage Publications.

Jourard, S. M. (1971). Self-disclosure: An experimental analysis of the transparent self. New York:

Wiley-Interscience.

Kite, M. E., Whitley, B. E., Jr., Coffman, J., & Cox, T. L. (1994, June). Individual differences in reactions to heterosexual and homosexual AIDS victims. Paper presented at the meeting of the American Psychological Society.

Lewis, R. J., Derlega, V. J., Nichols, B., Shankar, A., Drury, K. K., & Hawkins, L. (in press). Sex differences in observers' reactions to a nurse's use of touch. Journal of Nonverbal Behavior.

Miller, L.C., Berg, J.H., & Archer, R.L. Openers: individuals who elicit intimate self-disclosure. Journal of Personality and Social Psychology, 44, 1234-1244.

Morton, T. (1976). Two-dimensional intimacy scoring system: Training manual. Unpublished manuscript, University of Utah, Salt Lake City.

Morton, T. (1978). Intimacy and reciprocity of exchange: A comparison of spouses and strangers. Journal of Personality and Social Psychology, 36, 72-81.

Oliver, M. B., & Hyde, J. S. (1993). Gender differences in sexuality: a meta-analysis. Psychological Bulletin, 114, 29-51.

Pryor, J. B., Reeder, G. D., & McManus, J. A. (1991). Fear and loathing in the workplace: reactions to AIDS-infected coworkers. Personality and Social Psychology Bulletin, 17, 133-139.

Pryor, J. B., & Reeder, G. D. (1993). Collective and

individual representations of HIV/AIDS stigma. In J. B. Pryor & G. D. Reeder (Eds.), The Social Psychology of HIV Infection (pp. 263-286). Hillsdale N.J.: Lawrence Erlbaum Associates.

Sarason, B. R., Pierce, G. R., & Sarason, I. G. (1990). Social support: the sense of acceptance and the role of relationships. In B. R. Sarason, I. G. Sarason, & G. R. Pierce (Eds.), Social support: An interactional view (pp. 97-121). New York: John Wiley & Sons.

Watson, D., Clark, L., & Tellegen, A. (1988). Development and validation of brief measures of positive and negative affect: The PANAS scales. Journal of Personality and Social Psychology, 54, 1063-1070.

Weiner, B., Perry, R. P., & Magnusson, J. (1988). An attributional analysis of reactions to stigmas. Journal of Personality and Social Psychology, 55, 738-748.

Weiner, B. (1993). AIDS from an attributional perspective. In J. B. Pryor & G. D. Reeder (Eds.), The Social Psychology of HIV Infection (pp. 287-302). Hillsdale, N.J.: Lawrence Erlbaum Associates.

Weiner, B. (1993). On sin versus sickness: a theory of perceived responsibility and social motivation. American Psychologist, 48, 957-965.

Whitley, B. E., Jr., Kite, M. E., Michael, S. T., & Simon, T. L. (1994, May). Response to AIDS victims: the roles of source of infection and victim sexual orientation.

Paper presented at the meeting of the Midwestern Psychological Association.

Appendix A

Experimenter's Instructions to Subjects

Commencing the experiment. [Experimenter gives everyone a name tag and asks everyone to be seated in chairs situated in a circle.] Thank you everyone for your participation. Before I begin let me emphasize that everything we discuss here is confidential and that I will not disclose conversation contents and names of people anywhere beyond this room. I also expect you all to respect each other in this manner. Today we will be conducting some research on different ways people get to know each other and form impressions of one another. Today's experiment will consist of four different parts. In the first part, all of you will participate in a group conversation about your experiences in attending a large university such as this one. This will allow us all to sort of become more acquainted and comfortable with each other. After ten minutes, I'm going to ask each of you to retire to an individual cubicle where I will give you the name of the person I have randomly assigned as your partner for the rest of the experiment. The second part will involve a "getting to know you" task, just between the partners. I will either have you commence, or have your partner commence, by writing a message to the other whereby you may divulge as little or as much information to your partner as you like. I will then deliver this message and ask your partner to respond to what

Appendix A (continued)

you have said, and then tell you something about him or herself in the same manner. Keep in mind that you do not have to write anything if you don't want to. Also keep in mind that only your partner and myself will see this information. It will not be available to anyone else in the study, nor will the contents be associated with your name or identity in any way. After this message exchange, I will have everyone fill out some questionnaires regarding your mood at this particular time, and various impressions you have about your partner. These are for my information only. Your partner will not see this information. After the questionnaires are finished, the two of you will get together in a cubicle for the remaining part of the experiment, where you will engage in a conversation on the topic of your choice.

Closing the experiment.

First, I would like to thank you again for your participation in this study. Does anyone have any questions or thoughts thus far about the experiment, or anything that has happened so far? [If no one volunteered any ideas about what was really going on, the experimenter proceeded as such.] The true purpose of the study was to look at emotional and behavioral reactions to someone who was HIV positive. I would like to emphasize here that the person you thought was your partner was only a confederate working

Appendix A (continued)

for me. He is not really HIV positive. It was necessary to give you the impression that the study was looking at something else in order to get true reactions. I want to emphasize the necessity for doing research of this nature. HIV is something that our whole society must deal with. As much as most of us would probably like to think it doesn't affect us, or we don't have to worry about it, it's imperative that we address certain issues, like perhaps trying to reduce the stress of those who are coping with the disease. Unfortunately, there is some stigma associated with HIV, and as a result, quite often individuals who are HIV positive suffer the consequences of that stigma. I believe in order to change peoples' attitudes toward the disease, however, we must pinpoint causes of negative reactions, such as things like the person's sexual orientation and whether or not they were acting "responsibly." I realize that I did not disclose certain information to you at the beginning of this experiment, so you might have some apprehensions about some of your responses. I would like to reiterate that anything you have said or written in the course of this study is strictly confidential. Your response messages were not really read by a partner. Your personal information is not associated with your name. I realize you might have some apprehensions or emotional reactions to this experience. If you feel very

Appendix A (continued)

uncomfortable about anything you wrote, you do have the option to withdraw your data from the study. If you wish to do so, please see me after we are finished here. If anyone has further questions or concerns regarding this topic, I have the phone number for the Tidewater Area AIDS/HIV Task Force, as well as pamphlets from the ODU Counseling Center. I must also remind everyone again the importance of not disclosing to other students the nature of this study, due to the sensitive nature of the method. Please leave me a self-addressed envelope so I can mail the results of the study to everyone when it is finished in the spring. I will be glad to share them with you at that time, but until then please do not share any information about this experiment with anyone. Thanks again.

Appendix B

Example of "Message" from HIV Positive Person

[The message was hand written by one of the confederates.]

I can't believe I'm telling you this. I mean, I don't even know you or anything. I just found out I'm HIV positive. I still can't believe it. I'm not gay [gay] and I've only ever been with one person, and we always used protection. I just don't know how this could've happened [but I've had several partners and I have to admit, we didn't always use protection]. I can't believe I just told you that.

Appendix C

Self Disclosure Form

Response to partner's message

Information about yourself

Appendix D

Scoring System for Rating Disclosure Intimacy

Instructions. Use the scale below to rate the most intimate material which the subject talked about. In other words, how personal was the information which the individual revealed. In explaining the scoring system to the judges, the experimenter emphasized that "intimacy" reflects two major criteria. First, emphasis should be placed on the uniqueness of the material disclosed. Demographic information, for example, where one is, born, major subject in school, numbers of brothers and sisters, is to be considered as being less intimate than a description of personal feelings, for example, anxieties, difficulties with parents, views on issues. Second, emphasis should be placed on how guarded one might be in divulging material to various people. Would the subject want most people to know about the information; or would he or she be embarrassed to divulge this material to anyone but a trusted associate?

Appendix D (continued)

Examples of the major scoring categories:

1. The person refuses to talk about self; continually asks the other person to talk about self; sits quietly; rarely says anything.
3. The person talks the entire length of time about superficial content. For instance, he or she mentions what movies he or she has seen, what classes he or she is taking, where he or she works part-time, superficial description of siblings.
5. The individual talks about personal feelings but not at an intimate level. For instance, he or she talks about his or her career goals, what his or her girlfriend or boyfriend is like, views on dating, and the value of an education. This category is appropriate when it is difficult to decide if the person talks intimately or not.
7. The person talks at a moderately intimate level. For instance, the person might go into details about problems in getting dates, nervousness when speaking in class, problems about being too fat, feelings of guilt.

Appendix D (continued)

9. The person talks about material which is very personal, embarrassing, or emotional. For instance, the person mentions specific details about sexual experiences, wanting to commit suicide, details of family disruption because of an alcoholic parent, or descriptions of homosexual feelings.

Appendix E

MORTON'S TWO-DIMENSIONAL SCORING SYSTEM FOR RATING SELF-DISCLOSURE (REVISED TRAINING MANUAL)

There are many different ways to be intimate. One way is to share some very private information about oneself: Disclosing the make of car you drive is not as intimate as discussing a job failure. Another way to be intimate is to share your feelings: simply mentioning that you are getting a divorce is not as intimate a disclosure as describing your feelings about that prospect. In most kinds of conversation, these different forms of intimacy co-exist in rather complex ways.

This scoring system is designed to code two important dimensions of intimate self-disclosure, fact and feeling. Disclosing factual information about oneself is descriptive self-disclosure. Disclosing personal feelings or judgements is affective or evaluative self-disclosure. Scoring communication along these two dimensions will allow a closer scrutiny of how intimacy occurs in the self-disclosure process. One can be intimate solely by presenting very private facts or solely by presenting very private feelings. In addition, one can talk about a "heavy" or "deep" topic without expressing an opinion or emotion. And one can pick the most trivial topic but personalize is with intimate information or expressions of strong feelings or judgements.

Appendix E (continued)

Two levels of intimacy have been designated for each of the self-disclosure dimensions. Raters will use a four-category system combining both levels of each dimension:

EVALUATION

DESCRIPTION

1	2
3	4

1. High Description/High Evaluation: Highly private or personal information with intense or strongly personal feelings or opinion.
2. High Description/Low Evaluation: Highly private or personal factual information with little or no expression of feelings or judgements.
3. Low Description/High Evaluation: Generally public or nonpersonal information with intense or highly personal feelings or opinions.
4. Low Description/Low Evaluation: Public or nonpersonal information with little or no expression of feelings or judgements.

Appendix E (continued)

1. DESCRIPTION: SELF-DISCLOSURE THROUGH FACTUAL INFORMATION

Some facts about oneself are less personal, more accessible and more public than others. These facts are rated a low intimacy value. Biographical characteristics, and interests and hobbies generally represent a low level of descriptive facts. Other kinds of information about oneself are guarded more carefully, and shared with those we know more, like more, trust more. These facts are given a high intimacy value. Issues pertaining to marriage and family, sex, and self-concept generally represent a high level of description.

SAMPLES OF FACTUAL CONTENT AND INTIMACY RATINGS

INTERESTS, HOBBIES, HABITS

Low description:

how fast I eat

favorite sports

travel plans

smoking habits

things that interest me

ways I spend spare time

High description:

my drinking habits

whether or not I enjoy reading sexy or dirty stories

Appendix E (continued)

PHYSICAL CONDITION AND APPEARANCE

Low description:

foods I think are healthy

general health as a child

times I've been in the hospital

sleeping patterns

last physical exam

how well I hear

High description:

times when I wanted to change something about the way I look

long-range worries or concerns about my health

how I feel about getting old

PARENTAL FAMILY

Low description:

number of brothers and sisters I have

where my relatives live

how often I get together with my relatives

High description:

how I would feel seeing my mother drunk

things I dislike about my mother

mistakes my parents made when raising me

things I like about my mother

how much money my parents have/make

the way my family treats me

Appendix E (continued)

diseases that run in my family

things I fight with my family about

my father's personality

relatives I dislike and what I dislike about them

OWN MARRIAGE AND FAMILY

Low description:

allowance I give my children

the age I was married

High description:

my ideas concerning marriage

how much sex education I would give my kids

how I would feel living with my in-laws

if I would lie to my spouse

what I would do if my spouse lied to me

EMOTIONS AND FEELINGS

Low description:

times I have been dissatisfied

times I have been enthusiastic

my fear of water or certain animals

how I feel seeing blood

High description:

times I have felt lonely

embarrassing situations I've been in

how much I care what others think of me

Appendix E (continued)

things I am most afraid of

feelings I have trouble controlling or expressing

times I felt life wasn't worth living

times I have cried as an adult when I was sad

2. EVALUATION: SELF-DISCLOSURE THROUGH JUDGEMENT AND AFFECT

Picking an intimate item and discussing it with continued intimacy are not synonymous. A very significant way to reveal a great deal of oneself is through judgement or affective (feeling)
statements. Giving a strong opinion or emotional response on even a trivial topic represents high self-disclosure on the evaluative dimension.

The guidelines for rating evaluative communication are not as firm as those for factual material. Raters are urged to assimilate the following points, recognizing that the topic of conversation, (what is being talked about) influences its evaluative score (how it is being talked about).

Intensity of feeling/judgment

Raters must be attuned to key words reflecting the intensity of the feeling component in any given statement. Obvious examples are the words "love," "hate," "loathing," "depressed," "stupid." Be on guard also for evaluative adjectives which represent strong judgments. Examples are

Appendix E (continued)

"awful," "fantastic," "stupid." Qualifying words such as "really," "very," "extremely," are also powerful cues which may increase the intensity of the affective or evaluative component.

Vulnerabilities and negative feeling/judgment

Revealing one's vulnerabilities represents a fact or descriptive disclosure. Very often, however, such statements are effectively loaded and are rated as high evaluation, as well. In addition to the intensity cues mentioned above, be attuned for the valence of the evaluation. Generally speaking, expressing negative feelings or opinions is riskier, less socially desirable, and more intimate than expressing positiveness.

Self-references and present tense

Often self-references are more intimate than references to others. "I like my Spanish class" is, however, much less intimate than "he was brutally selfish." The latter statement has no self-reference, yet the judgment about another demonstrates a high evaluative tenor. References to "you," "we," or to "you and me" may also be very high in evaluation, since they concern an immediate relationship. The archetypal example is "I love you."

Communicating with immediacy also tends to raise the evaluative level, all things being equal. Thus the present tense and the first person mode is more personal than the

Appendix E (continued)

past tense or the third tense. On the other hand, all things are usually not equal, and wishes for the future as well as long-buried emotions from past traumas may be more highly evaluative than statements such as "I feel kind of hot."

3. THE FOUR RATING CATEGORIES

1. HIGH DESCRIPTIVE/HIGH EVALUATIVE

a) If my husband ever asked for a divorce, I think I would really fall apart.

b) My sister went to jail for that, and as far as I'm concerned, she should have stayed there.

c) I was shocked when Mom told me that I would have had a brother or sister, except that she miscarried.

d) I didn't know you had such ugly feelings about my mother- I wish you could have told me before.

2. HIGH DESCRIPTIVE/LOW EVALUATIVE

a) My father would drink late into the night.

b) I am seeing a shrink regularly because of that.

c) Sexual matters were not discussed in my family when I was growing up.

d) Then my first wife died and I took the kids and went back to Indiana.

3. LOW DESCRIPTIVE/HIGH EVALUATIVE

a) Don't you think this psychology experiment is incredibly artificial?

Appendix E (continued)

b) I really hate spinach!

c) That movie was the most beautiful one I've ever seen!

d) The corruption of the Clinton administration has got to be the worst national scandal ever.

4. LOW DESCRIPTIVE/LOW EVALUATIVE

a) I have four brothers and sisters.

b) I don't like getting less than 8 hours of sleep-I can't concentrate well then.

c) So then I switched from engineering to psychology.

d) I like to spend my summers traveling.

MISCELLANEOUS RULES OF THUMB

PEOPLE VERSUS OBJECTS

Providing facts, feelings, or attitudes about people is generally more intimate than about objects. And specific people represent a more intimate focus than people in general, or in the abstract. Thus a good deal of evaluation is necessary re: objects, and a moderate degree of evaluation re: people in the abstract to merit a (3) score. Only a small degree of evaluation is necessary re: "significant others" to merit a (1) score. Examples:

a) I don't like small dogs. (4)

b) I hate small dogs. (3)

c) I tend to get emotionally involved with pets. (3)

d) I'm uncomfortable at parties where I don't know anyone. (3)

Appendix E (continued)

e) I don't like my father. (1)

f) I hate my father. (1)

SOCIAL AND POLITICAL OPINION OR CLICHÉS

One not uncommon way of deviating from a "heavy" self-disclosure topic such as suicide, alcoholism or self-criticism is to veer into clichés or generalizations. These kinds of statements are often made in social gatherings or to relative strangers-because they are general statements without much idiosyncratic personal material, and because they are often socially accepted or even approved. Social or political opinions, and clichés are rated (4) or (3) unless rather personal matter is introduced. Examples:

a) I'm not sure exactly what makes someone an alcoholic instead of a drinker. (4)

b) I don't approve of the cheap, sensational way the press is handling the OJ Simpson trial. (3)

c) (In talking about the Planned Parenthood program:) Abortion is a terrible solution to an unwanted pregnancy. (3)

d) (In discussing the possible but undesired pregnancy of oneself or spouse:) Abortion is a terrible solution to an unwanted pregnancy. (1)

JUDGMENTS OR FEELINGS OF SIGNIFICANT OTHERS

When the speaker describes the feelings or judgments of

Appendix E (continued)

significant others, raters should consider the material as fact and score as a (2) or (4) unless the speaker clearly adds his own evaluation to that of his subject.

An exception to this rule is made in the case where the speaker describes a significant other's evaluation of him or herself. In such cases, the interval is considered to be high in evaluative content, so would be scored (1):

a) my ex thought women were vain, foolish, and ignorant. (2)

b) my ex thought I was vain, foolish, and ignorant. (1)

GENERALIZED PEOPLE: FOCUS ON PEOPLE VERSUS FOCUS ON SPEAKER

When people in general, or people in the abstract are treated, raters must determine whether the focus of the statement is on the people, or on the speaker. If it is on the people, the information level is considered public, and the interval will be rated a (4) or a (2). When people are treated clinically, or in terms of a psychological relationship, however, the speaker may be revealing quite clearly a good deal of private as well as evaluative material about him or herself. Then the interval is rated (1). Examples:

a) Most people like American food. (4)

b) They say that the national employment rate is increasing. (4)

c) Most people are pretty honest once you get to know them. (3)

Appendix E (continued)

d) That sorority was full of sticky sweet types. (3)

e) When people stare at me I wonder what's wrong with myself. (1)

f) Everyone else seems to be so comfortable at parties and to be so smooth and everything. I just get awkward and embarrassed (1)

g) Sticky sweet people make me feel kind of trapped, and all I want to do is get away. (1)

"YOU" QUESTIONS

Raters should distinguish "you" questions from "you" statements. "You" questions are usually non-obtrusive (public, non-intimate) prompts to encourage discussion "politely." Such prompting questions are usually rated (3) or (4). Examples:

a) what kinds of books do you like to read? (4)

b) what did you do then? (4)

c) did you like it? (4)

d) did it upset you? (3)

On other occasions, however, speakers will ask "you" questions which are more intrusive or risky, for they divulge or ask for private facts or highly evaluative statements:

e) are you divorced? (2)

f) are you as freaked out by this room as I am? (1)

"YOU" STATEMENTS

Appendix E (continued)

"You" statements are riskier than "you" questions. They may be observations one person makes about another, or bids for solidarity. Examples:

a) you are worth your weight in gold (1)

b) you seem to be very sure of yourself (1)

Appendix F

Barbee's Interactive Coping Behavior Coding System

Barbee's model of interactive coping is based on the notion that there are two major methods of personal coping, including those that are problem-focused and those that are emotion-focused. The second dimension involved in the coding scheme is approaching or avoiding the problem. The two combine to form four major categories of coping behavior, including dismiss and escape, which are both avoidant behaviors, and solve and solace, which are both approach behaviors. Both dismiss and solve involve dealing with the problem itself, whereas escape and solace focus more on the emotions involved with the problem. The data collected in this study was coded according to a specific scheme developed by Barbee et al., using the following set of subcategories and examples as guidelines.

SOLVE BEHAVIORS: PROBLEM-FOCUSED/APPROACH

1. QUES: asks questions about the details of the problem; asks questions about how the seeker will continue to handle; asks what's on the seeker's mind, "what's bothering your?" in positive tone; asks "are you O.K.?"
2. CAUSE: figures out the <u>cause</u> of the problem; gathers extra information about the problem.
3. PERSP: gives the seeker perspective; reframes the situation for the seeker; takes the perspective of the

Appendix F (continued)

3rd party; provides insight into the event; clarifies the event.

4. SUGGEST/SOL: gives suggestions on how to solve the problem; suggests resources to help; recommends professional or non-professional help; suggests that the person confront the problem; suggests that the person take some time to relax; suggests that the person stand up for himself or herself; suggests that the person compromise; suggests that the person do what makes him or her happy; suggests how to handle the problem; gives information to help solve the seeker's problem; tells seeker how the situation can be changed; comes to a conclusion about what they could do to solve the problem; tells about a book that could help; looks for solutions with the seeker; lists options of how to solve the problem; describes how they would handle if it were him/her.
5. TANGIBLE: does something active or physical to help the seeker; gives money or a loan; offers to help now; offers to follow up in the future.

SOLACE BEHAVIORS: EMOTION FOCUSED/APPROACH

1. AFFECTION: gives seeker a hug; touches seeker on the shoulder; puts arm around seeker's shoulder; gives a kiss; verbal affection; conveys attachment to seeker.
2. EMPATHY: shows understanding; makes empathetic remarks

Appendix F (continued)

such as uh-huh, oooh, etc.; cries with seeker; gets angry along with seeker about the problem's cause.

3. COMPLIMENT: compliments the looks of the seeker; compliments the ability of seeker.
4. AVAILABLE: assures seeker of future availability to help with the problem; leans forward and displays quiet attentiveness; stifles impulse to interrupt seeker.
5. REASSURE: tells the seeker that he or she is a good person; tries to boost the seeker's self-esteem; shows shock/sorrow at hearing the problem; gives reassurance that everything will be O.K.; agrees with seeker; assures the seeker that it was not his/her fault; criticizes the behavior of the third party.
6. LIFT MOOD: offers to buy the seeker a gift or take them out to lunch in order to cheer up; exercises with the seeker to lift spirits; encourages person to engage in a creative task to lift spirits.
7. CONFIDENTIALITY: assures confidentiality; promises to mislead others about problem.
8. FEELINGS: asks how person feels about the problem; asks why the seeker feels a certain way; encourages disclosure of feelings and emotional displays.

DISMISS BEHAVIORS: PROBLEM-FOCUSED/AVOIDANCE

1. AVOIDPROB: tells the seeker about their own problem rather than dealing with the seeker's problem; avoids

Appendix F (continued)

dealing with the problem; changes the topic of conversation; talks, but doesn't address the real problem; talks about own interest.

2. SHOWDIS: shows disinterest in problem; says "I don't care about the problem"; says "There's nothing I can do".
3. CRITICIZE: criticism about how the seeker handled the problem; blames person for problem; says not to get upset until it's really a problem; suggests problem could have been handled with easily available information.
4. MINIMIZE: says that the seeker's problem is not serious; says "that's life"; says "it's not a problem"; says "forget about it"; suggests that others have similar problems and that the seeker is not unique.
5. SARCASM: uses sarcastic tone of voice; ridicules the seeker; says "good luck" in patronizing tone.
6. POLLYANNA: feigns sympathy; says "don't worry"; says "look on the bright side";

ESCAPE BEHAVIORS: EMOTION-FOCUSED/AVOIDANCE

1. AVOID VERBALLY: tells the seeker to leave; uses excuses no to talk to seeker; reminds seeker of things the helper has to do; passes off the seeker to another.
2. DISTRACT: turns on TV or radio; begins to read a book or magazine while the seeker is talking or instead of answering the seeker; acts distracted; ignores the seeker's emotional displays or mood state.

Appendix F (continued)

3. ENCOURAGE ESCAPE: encourages seeker to get drunk or take drugs; encourages seeker to have sex or to engage in fantasy; changes activity.
4. NONVERBAL ESCAPE: withdraws physically in room; moves chair away from seeker; turns away from seeker; pulls back; leaves room; avoids eye contact.
5. AGGRESSIVE JOKE: makes fun of the seeker or the seeker's feelings, not with the intention to cheer up the seeker; laughs at the seeker and the situation; tells a joke that is out of context for the seeker's problem.
6. SHOW IRRITATION: shows irritation at the seeker or the seeker's problem; reports annoyance that the seeker is depressing.
7. MEAN: says "I don't care about you"; "shut up"; "be quiet"; "quit talking about it"; says "grow up".
8. SUPPRESSEM: encourages the partner to suppress their emotions; encourages seeker not to cry; takes seeker to public places to discourage open display of emotions.

Appendix G

The PANAS

This scale consists of a number of words that describe different feelings and emotions. Read each item and then mark the appropriate answer in the space next to that word. Indicate to what extent you feel this way right now, that is, at the present moment. Use the following scale to record your answers.

1	2	3	4	5
very slightly or not at all	a little	moderately	quite a bit	extremely

_____interested	_____irritable
_____distressed	_____alert
_____excited	_____ashamed
_____upset	_____inspired
_____strong	_____nervous
_____guilty	_____determined
_____scared	_____attentive
_____hostile	_____jittery
_____enthusiastic	_____active
_ _proud	_____afraid

Appendix H

Multidimensional Liking/Trust Scale

Please rate your partner on the following dimensions using this 7-point scale. A rating of "1" constitutes the first adjective as describing your partner. A rating of "7" constitutes the second adjective describing your partner. Please make ratings relative to these extremes, according to your opinion of the person.

	1	2	3	4	5	6	7
1.	compatible						incompatible
2.	agreeable						disagreeable
3.	unbiased						biased
4.	confidential						revealing
5.	trustworthy						untrustworthy
6.	appreciative						unappreciative

Appendix H (continued)

	1	2	3	4	5	6	7	
7.	attractive							unattractive
8.	respectful							disrespectful
9.	dependable							undependable
10.	straightforward							deceitful
11.	responsible							irresponsible
12.	enthusiastic							indifferent
13.	warm							cold
14.	casual							formal

Appendix H (continued)

	1	2	3	4	5	6	7	
15.	close							distant
16.	open							closed
17.	cheerful							depressed
18.	likeable							unlikable
19.	sincere							insincere
20.	honest							dishonest
21.	reliable							unreliable
22.	sociable							unsociable

Appendix H (continued)

	1	2	3	4	5	6	7	
23.	selfless							selfish
24.	friendly							unfriendly

Appendix I

Attribution Scale

Using the scale below please indicate how much is your partner's behavior due to:

1	2	3	4	5
not				extremely
at all				likely

_____a. partner's worries

_____b. partner's lack of worries

_____c. partner is a friendly person

_____d. partner is an unfriendly person

_____e. my worries

_____f. my lack of worries

_____g. I am a friendly person

_____h. I am an unfriendly person

_____i. my partner and I get along real well (e.g., good rapport)

_____j. my partner and I do not get along real well (e.g., poor rapport)

_____k. something about the situation

Appendix J

Please indicate how willing you would be to meet with your partner at a future time for further observation if I need to call people back.

1	2	3	4	5
very willing		neutral		not at all willing

Appendix K

Demographic Information Sheet

Age_____

Sex_____

Education (what year of college are you in now?)_____

Ethnicity_____

Religious affiliation_____

Appendix L

Situational Reality Check

1) Do you have any reactions to the study that you would like us to know?

2) Describe in your own words what you think the study is about.