Seeking evidence of inner consistency in persons' accounts: Explorations in the area of AIDS

Androutsopoulou, Athena A.

Award date:
1993

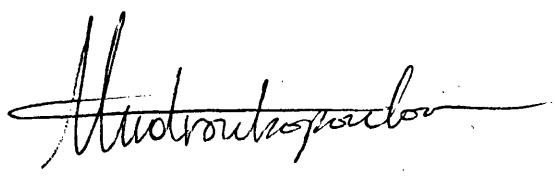
Awarding institution:
University of Bath

SEEKING EVIDENCE OF INNER CONSISTENCY IN PERSONS' ACCOUNTS: EXPLORATIONS IN THE AREA OF AIDS.

Submitted by Athena A. Androutsopoulou

for the degree of PhD of the University of Bath

1993



ProQuest LLC
789 East Eisenhower Parkway
P.O. Box 1346
Ann Arbor, MI 48106-1346

To my uncle.

Acknowledgements

I would like to thank my parents for their endless support and for 'teaching' me how to think... I would also like to thank Ian Dunne for his immense understanding and invaluable help, and my brother for inspiring me with his humour and sharp brain!

I am particularly grateful to my supervisor Richard Velleman for his constructive comments, encouragement, and increasing belief in my abilities. I additionally wish to acknowledge my tutors in the University of Athens for providing me with what I now realise to be a firm basis in Psychology.

I also owe special thanks to all my friends, and especially Nancy Paris and Peter Wilkins for supporting me in my first steps.

Finally, I wish to thank the participants of this study for sharing their thoughts and for making this thesis possible.

Abstract

This thesis examined whether persons' accounts (predictions and explanations) provide evidence of inner consistency (consistency between the subjective meaning individuals ascribe to a situation and their past histories i.e 'solutions', preferences etc). The presence of three inner consistency effects in persons' accounts was tested. These effects were: avoidance of attributions to 'single actions', coherence and flexibility, and lack of overconfidence in prediction. In order to seek evidence of the effects' presence, several 'loose' hypotheses or alternative 'scenarios' were examined concerning the 'solutions' that persons gave to a novel, ambiguous and ill-defined 'problem'. The 'problem' selected concerned the intention to communicate or not information to significant others if ever in the situation of a person with HIV/AIDS (situational role-taking). 264 students participated in the first stage of the study and answered open-ended questionnaires regarding their predictions. Their responses were analysed in both qualitative and quantitative ways, although the orientation of the analysis was mainly non-reductionist. 15 students were interviewed during the second stage of the study and provided explanations (causes and warrants) for their predictions. Results showed that the effects of inner consistency were indeed detected in persons' accounts. Participants did not separate between *person* and *situation* when making attributions; their accounts revealed a flexible attitude, which opposed notions of cross-situational consistency as unrealistic; at the same time these accounts supported the idea of personality continuity. Further, persons were cautious about statements of overconfidence, and were reasonably aware of the fact that 'reality' is often ambiguous and difficult to predict. Despite the drawing of such general patterns, the study showed that predictions were well-grounded on unique and personal 'theories'. Valuable insight into how persons make sense of themselves and their social context was, thus, gained through monitoring the plethora and variety of individual interpretations, experiences, reasons and modes.

Contents

Figures

Tables

PART I

CHAPTER 1: Introduction to the thesis

A. Background and objectives.

In the 5th century b.c., the Athenians, the Spartans, and their allies were fighting against the Persians in a David and Goliath type battle. Around 480 b.c., while the Persian fleet was threatening the coasts of Attica, the Oracle of Delphi advised the Athenians that their city would be saved by a "wooden wall". Their leaders were about to order the construction of this wall, when Themistokles - a prominent political figure and experienced admiral - insisted that the prophecy meant, in fact, that the building of more ships was needed, and that a strong, but manoeuvrable fleet, would rescue the city from catastrophe.

Had Themistokles proven wrong, he would have probably died in shame, rather than glory. Even in that case, however, the Oracle of Delphi would not have lost any of its world-wide fame. The secret of the Oracle's unmistakable success lied in the nature of its prophecies, which constituted fine examples of outrageous ambiguity. Believers, seeking advice on personal or state affairs, were left to give their own interpretations, so that - in reality - they were responsible for predicting their own future.

This thesis is not, of course, about oracles, but it is, in fact, about human prediction, the factors which individuals consider when forming anticipations, and the way they explain these predictions to others - in this case, the researcher. This thesis is also about persons' understanding of reality, its certainties and ambiguities, and, finally, it is about the way in which persons make sense of themselves and their social context.

The study is specifically interested in the question of whether people's accounts (predictions and explanations), verify claims made by the theory of inner consistency. This theory suggests, that, when 'solving' any social interaction 'problem', persons take

into consideration the meaning which they subjectively ascribe to a specific situation, as well as their past experiences/preferences in situations perceived as similar. During this process, flexibility is meant to characterise individuals.

Even though the above theory has been tested in connection to the making of plans, existing research has been interested in exploring the presence of mental phenomena which confirm the rationale behind this theory (eg.Cantor et al 1984). This rationale views the structure of personality in terms of procedural and declarative knowledge, which is supposed to be responsible for specific considerations, when forming intentions and expectations (Anderson 1983). Thus, what studies so far have not examined is whether the actual content, perceived links and dynamics of human explanation, concerning the anticipated behaviour of self and others, provides evidence which confirms this theory.

The present study uses the assumption that the theory of inner consistency is 'correct' as a starting point. It then seeks to examine whether it is possible to detect some 'natural' effects of this type of consistency in persons' accounts, instead of inferring its existence by use of 'objective tests', and approaching it in a reductionist manner. Monitoring these effects is, therefore, the basic aim of this study.

So, first of all, if inner consistency were to be found reflecting in persons accounts, this would mean - in practical terms - that, when making predictions and justifying them, persons should be shown to take situation characteristics (eg. constraints) into account, to look for 'similar' situations in their past, and to consider whether the action taken then (experiences/preferred 'solutions') would provide them with satisfactory results - given the present context (first effect to be verified).

The above task appears less simple when it is considered that some research findings have suggested that - especially in novel contexts - persons are unable to account for situation characteristics (Ross 1987, Ross & Nisbett 1990). More recently, several

researchers (Dunning et al 1990; Vallone et al 1990) have supported that the previously mentioned findings are also applicable in the domain of ordinary explanation, so that, when attempting to make self-other predictions, persons fall victims of their own unjustified overconfidence. This has complicated matters further, but it has also dictated the need to focus our attention on testing hypotheses in this 'new' domain. From what has been discussed above, it follows that, if inner consistency were to be found reflected in persons' accounts, this would mean that - regarding their predictions - persons should be shown to avoid any commitment to unjustified statements of overconfidence (second effect to be verified).

Why is it, however, important to examine persons' inner consistency in the first place? For a long time personality theorists were concerned with showing the existence of behavioural consistency. They wanted to prove that people are characterised by continuity, and thought that by insisting on the idea of trait stability, they would secure their purpose. Unfortunately for them, behavioural consistency proved an unrealistic notion (Funder & Colvin 1991). Lately, though, a number of personality and social cognition theorists have argued in favour of Allport's understanding of consistency, who claims that persons are consistent with themselves, instead of all being consistent in the same way. At the same time, the above theorists have rejected the belief in rigid traits, and have replaced it with the belief in flexibility, which is seen as compatible with the notion of continuity, and is regarded as evidence of social intelligence. It follows, that the first reason for wishing to test persons' inner consistency is to provide further evidence as to whether or not individuals are indeed characterised by this type of continuity.

The second reason is related to arguments pro or against the concept of human rationality. Cognitive theorists, who insist that persons are incapable of considering situational features, also argue that persons are irrational, because - in traditional terms - rationality is based on the idea of (objective) processing of situational information and the subsequent engagement in 'appropriate' action (Evans 1989). Other models (eg.

"reasoned action") claim that persons do consider situational features, but both sides insist on the separation between cognitive - affective and situation - person effects.

The definition of inner consistency refutes both the above separations, because it presupposes firstly, the subjective (cognitive-affective) interpretation of situation characteristics, and secondly, the consideration of both person and situation dispositions in an inseparable way. As a consequence, this same definition unavoidably supports the idea of human rationality, but rejects its conceptualisation in the traditional way.

It should be almost evident from previous parts of the introduction that, if inner consistency were to be found reflected in persons accounts, then this would mean that the acquired accounts should give clear signs of both flexibility and coherence (third effect to be verified). This brings us to the third reason why the testing of inner consistency is a worthwhile task. If we are to accept that individuals are incoherent and internally inconsistent , and this way of thinking were to become dominant, then recent efforts to re-focus psychology on the person (see Bannister & Fransella 1986) - as a being who unavoidably functions in and is influenced by its social context - would be seriously jeopardised. Consider for example the principal unit of analysing discourse - nowadays a popular type of analysis among theorists of social explanation. If the individual were forever labelled as 'inconsistent', then this unit could not possibly be the person, but anything else which could be found to be internally consistent. This could be, as Wetherell and Potter (1988) have suggested, the "interpretative repertoires" (language units), which are supposed to be used by persons depending on the functional context. It should be further noted that, although at a superficial level the idea of dependency on some functional context may appear to support the concept of flexibility, in reality insistence on the person's internal inconsistency re-defines it in quite a different way to the one previously put forward - namely, as incompatible with the notion of continuity.

Overall, it is hoped that the engagement in the defined task will provide some useful understanding of how persons make sense of themselves and their social environment, in terms of efforts to predict their future.

To summarise, this study will investigate the presence of three inner consistency effects on persons predictions and explanations. Expressed in the form of main research questions, these are:

1) Is direct or indirect consideration of both situation characteristics and person 'histories' (as experienced by the 'subjects') evident in persons' self-other predictions/explanations?

2) Are persons' accounts coherent as well as flexible ?

3) Are 'subjects' allowing room for doubt when offering self-other predictions?

A positive answer to all three questions would allow us to conclude that the effects of inner consistency are evident in persons' predictions/explanations and that, therefore, inner consistency is indeed reflected in persons' accounts.

B. The selected approach

In order to fulfil the main objective [i.e. to test whether inner consistency is reflected in persons' accounts (predictions/explanations)], it was necessary to select an appropriate 'problem', and examine whether the 'solutions' offered by persons - and the accompanying explanations - satisfy the requirements set by the definition of inner consistency.

In order to meet the challenges put forward by researchers who deny the existence of this type of consistency, it was imperative to select:

1) an ill-defined (social interaction) 'problem'. Ill-defined is a 'problem' for which there is no consensual agreement concerning its 'solution'.

2) a novel 'problem', that is, one which participants have no previous experience of. One type of problem which satisfies the condition of novelty is the hypothetical one.

The formation of such a 'problem' would need to comprise:

i) a situation which persons would/not take into account, and

ii) a 'behaviour' in which persons would/not intent to engage in.

As will be seen in the chapters to follow, several conditions were put forward (such as specification of situation to be considered, 'important' and 'relevant' behavioural intention involved and many others), before the following representative 'problem' was finally selected:

"Would the person inform significant others (predicted behavioural intention) if ever tested HIV positive and faced with the possibility of developing AIDS? (specified situation)". And, "how would the same person explain the causes of this intention?".

Other interrelated 'problems' were also of interest:

"What reactions would the person predict concerning significant others, and how would the same person explain the reasons behind his/her beliefs?". Also, "how would the person predict he/she would generally cope in that situation, and what would the same person take into consideration in order to form anticipations about coping?"

In order to deal with the above, the main research questions were broken down into specific hypotheses about the possible provided 'solutions', or rather into alternative 'scenarios' to be tested. The rationale behind this second segmentation was that verification of certain 'scenarios' will allow us to answer the main research questions of the study. The process of finally meeting the research objective is illustrated in the figure below:

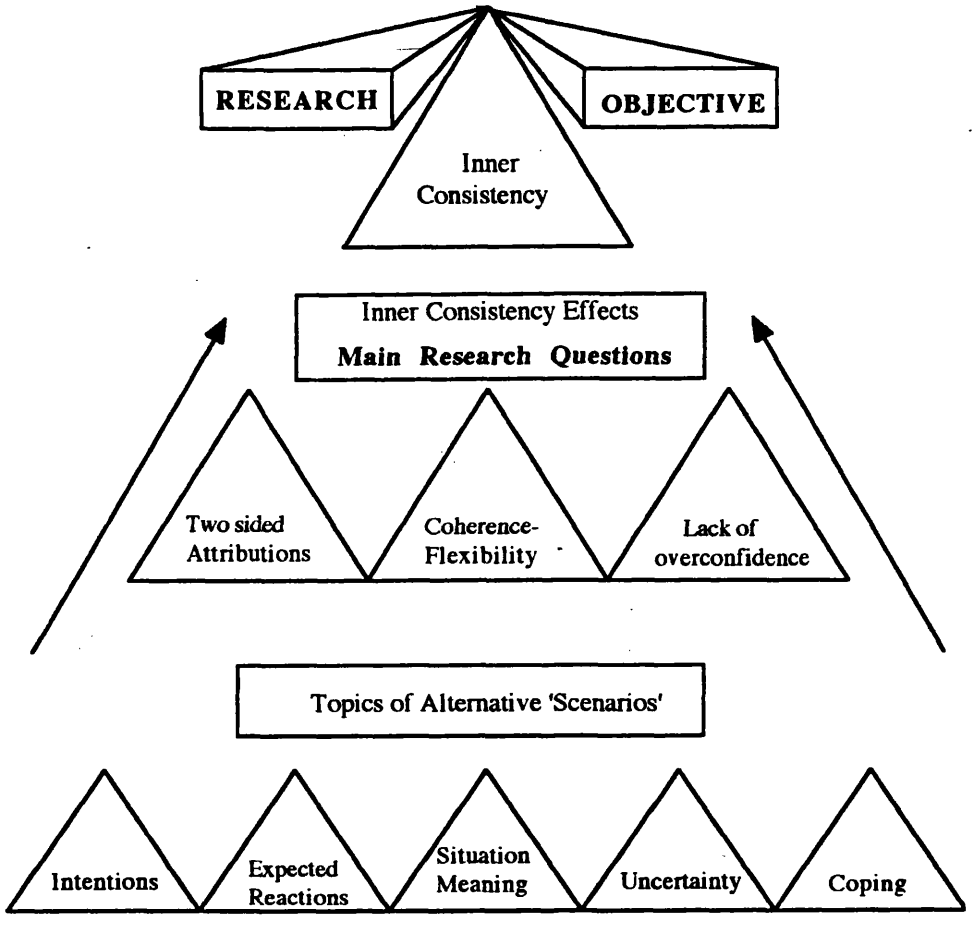


Figure 1.1 Process of meeting the research objective

It was mentioned earlier that the main 'liberty' of the present study is to attempt the testing of theoretical assumptions against persons' own versions of 'reality'. It was also mentioned that - so far - the theory of inner consistency has only been examined with reductionist methods. The possible reason for this is that the testing of inner consistency had the confirmation of the existence of mental phenomena as its ultimate aim. And, because several cognitive theorists have claimed that people do not have access to mental phenomena (Nisbett & Ross 1980), any attempt to use non-reductionist approaches for their verification would have been an extremely risky enterprise.

The present study, however, takes as its starting point the assumption that all mental phenomena - which lie behind the concept of inner consistency - actually exist, and seeks to discover whether the effects of this concept are evident in the way persons themselves make sense of 'reality'. On the one hand, if no such evidence is found, then the study's findings will not be entitled to reject the existence of the specific mental phenomena, but it will be able to challenge a number of theoretical assumptions as far as inner consistency is concerned. On the other hand, if such evidence is found, then the study's findings will be able to provide support for the theory of inner consistency from the point of view of persons' own interpretations.

The selection of the actual method aims to encompass such interpretations both at an individual and general level. In this study, generalisations are not seen as the needed material for the formation of deterministic laws and the achievement of accurate (mass) predictions, but as an opportunity to examine the possibilities and limits of persons as 'agents' (Reason & Rowan 1981a). As for the examination of individual interpretations, this is obviously the vital step for gaining useful insight into the variability which characterises the unique worlds of human beings.

Before proceeding further, it would be useful to clarify the nature and relationship amongst certain terms that will be used throughout this thesis.

The terms and their association to be clarified concern: attributions, explanations, (perceived) causes, and warrants. Attributions are the form in which explanations offering reasons are given, as part of an effort to understand "states" and make judgements (Harvey et al 1988). Such explanations can refer to causality, reasons for beliefs (warrants) and reasons for a speech act (Draper 1988). According to the above author, causes and warrants are not mutually exclusive, since causes can play the role of first rate warrants.

As for perceived causes, these include concepts of actual and potential causes and their links. As Kelley (1989) has pointed out :

" *'potential' refers to the perceiver's conception or imagination of past, present and future, i.e. the beliefs about the causes and interconnections as they might have been, as they might be now, and as they might be in the future. The causal structure of the future is, of course, wholly potentially constructed by and existing in the perceiver's imagination*" (p.353).

Regarding warrants and justifications, Voss's (1988) view is that these emerge as a natural consequence of solving any ill-structured problem: after providing a solution, the solver justifies it by indicating his/her reasons for believing in its appropriateness.

C. Organisation of the thesis

This thesis is organised in three parts, each of which comprises three chapters.

Part I includes the present introductory chapter, plus two chapters of literature review. In chapter 2 there is an introduction to theoretical concepts and controversies, which play an important role in the comprehension of the research objective. There is, further, a proposal of certain conditions which need to be taken into account before selecting an appropriate 'problem' for participants to 'solve'.

Chapter 3 deals with the actual selection of the 'problem'. It is explained why the topic of HIV/AIDS constitutes a successful and representative example of specified 'situation', and why the intention to communicate (or not) information to familiar others satisfies the proposed conditions, regarding the selection of the 'problem's' behavioural aspects. Alternative 'scenarios' as to the possible 'solutions' to be given by participants are examined in detail.

Part II concerns itself with the choice of a methodological approach and its practical applications. A methodological framework is developed in chapter 4, following the critical review of some existing philosophical views and methods. The framework suggests that the present research is conducted in two stages, the first consisting of two phases and the second of one phase. Within these phases there is variability in focus (general-individual), research strategy, mode of analysing findings, purpose and tackled 'scenarios'. Chapter 5 presents the actual methodological procedures and results of the first stage of the research (phase 1 and 2), whereas chapter 6 deals with the procedures and findings of the second stage (phase 3).

In **Part III**, chapter 7 discusses the findings, the methodological limitations of the study and some wider theoretical implications. Chapter 8 attempts to apply the study's findings in the are of pre-(HIV) test counselling, where there is still a debate about the most effective orientation and approach. It then proposes a practical framework (steps) to be used in the provision of this type of counselling. Finally, chapter 9 presents the summary and conclusions of the present study.

CHAPTER 2: Formulation of Research 'Conditions'

A. Introducing Theoretical Issues

Rationality and Irrationality

Arguments in favour of human irrationality are based on a number of studies illustrating what people cannot do. For example, according to these studies, people often: cannot accurately predict their behaviour, are inconsistent as far as attitudes and actual behaviour is concerned, have difficulties realising the true causes of their behaviour, tend to ignore base-rate information when predicting the behaviour of others, attending instead to target information, no matter how irrelevant, objectively, it is to their task. (Kahneman & Tversky 1973; Nisbett & Borgida 1975; Nisbett & Wilson 1977; Ross 1977; Wilson et al 1982).

In general, advocates of human irrationality have accused the "lay scientist" of committing a "fundamental attribution error", shared also by those scientists who attribute behaviour to personality dispositions, and ignore the powerful influence of situation characteristics on behaviour (Ross & Anderson 1980)

One major argument in the discussion of human bias is the accuracy or not of self-prediction. Some reasons for an intense concern with accuracy can be drawn directly or indirectly from a number of research discussions:

1) Reasons of scientific "obligation". Prediction of human behaviour is supposed to be the main "obligation" of psychological research. If "actors" prove less accurate than "observers" or standardised scales in their self-judgements, then 'mass' behavioural prediction cannot be based on their statements/beliefs.

2) Methodological reasons. If people are as inaccurate and biased in their predictions as some research suggests, then not only 'mass' behavioural prediction cannot rely on them, but also self-reports - as a method of data collection - should be probably abandoned. As

Evans (1989) has claimed, the problem has serious consequences for any researcher using self-report methods, since "*not only, may people be unaware of the process underlying their behaviour, but they may also provide a false report on it*" (p.92).

3) Philosophical implications. For some researchers, the fact that people may not have access to mental representations, automatically implies that they lack self awareness. Nisbett & Ross (1980) have reviewed certain studies which used important judgments in one's life which - supposedly - indicated that people's guesses about their causality are as "faulty" as the ones made about inconsequential outcomes. The authors have concluded, "*simply put, people do not know what makes them happy and what makes them unhappy*" (p.223).

4) Practical applications (with further philosophical implications). If people fail in rational judgements, then it could be necessary to "treat" them by teaching inferential principles to "as wide a public as possible" (Nisbett & Ross 1980). Although the authors have recognised that "illness" may often be more bearable for an individual in terms of balancing costs and benefits, they have also suggested that formal strategies should be used more, even in important problems of everyday life. Evans (1989), sees a limited role at present for developing expert system programmes to replace human beings in decision making, but great scope for such systems working together with humans. This way, he believes, "*errors arising from ignorance, laziness, insufficient access to or search of public sources can be avoided...*" (p.125).

The total disbelief in human rationality and capacity for self awareness lies on the opposite bank to theories which share a belief in "fundamental human rationality". Even in this case, however, mass prediction of behaviour still appears to be the favourite engagement. As an example, the theory of reasoned action has proposed that behaviour can be predicted by assessing the attitudinal and normative beliefs of an individual. The relative weight of the two varies across situations and defines the behavioural intention, which is considered as the best predictor of behavioural action. As far as methodology is

concerned, although data is collected by self-reports, assessment and conclusion-drawing remains the job of the investigator. Standardised scales, and not the persons' explanations or reasoning, are the tools under use. Further, although individuals are given credit as able to consciously consider, if asked, the two categories of beliefs, they are not trusted enough to be allowed to personally weight them (Ajzen & Fishbein 1980).

As for attribution theories, which concern themselves by definition with ordinary explanation of causality, these seem to be more interested in reducing the complexity of this information "to a small set of clear conceptual categories". Thus, the context of ordinary explanation, "the respondent's evidence backing the justification of their causal beliefs" is sacrificed in the altar of reduction, achieved by means of rating scales (Antaki 1988b, p. 61). The insistence on a traditional conceptualisation of human rationality increases the vulnerability of such theories to a plethora of studies, aiming and achieving to oppose just that. In addition, their choice of methodologies which exclude people's "stories" and justifications does little toward promoting the idea of self awareness and determination.

Reasoning and making sense

The assumption that the aim of psychology is to predict behaviour so as to control it has been challenged by a number of psychologists. Bannister (1981) has emphasised that such an assumption is commonly set forth in text-books and is influenced by the goals of research in the natural sciences. Quoting his own words, the question is:

"Are we really morally ready and willing to undertake the control of human behaviour?" (p. 195)

Trying to make sense out of the way people make sense is instead proposed as a more appropriate task for psychologists. This is not just the view of humanism. As Allport (1962) has underlined, the definition of the psychologist's role is, according to the

Ethical Standard of Psychologists, the increasing of man's understanding of man, not the control or criticism of his/her behaviour.

The definition of human rationality, as often viewed by both those pro and against it, has also been challenged. Antaki (1988b) has argued that people's explanations cannot be understood in terms of traditional rationality concepts. Instead, he has pointed out that people's explanations are *coherent wholes*, with causal links that are more or less contingent with a person's network of beliefs. Draper (1988) has suggested that human explanations can serve as reasons for seeing any explainer as rational, that is "holding views that are coherent", even if both inquirer and explainer do not think of them, and indeed they may not be, 'objectively' valid (p. 30).

Person and Situation cues

Parallel to the rationality debate, is that of the *person* versus *situation.* As already mentioned, the "fundamental attribution error" was meant to be caused by 'subjects' and personality scientists' ignorance of the fact that situation cues are those that really determine behaviour, and not personality characteristics. On the other hand, personality theorists were advocating the importance of trait existence and stability. Efforts to prove their stand-point were being exhausted in search of cross-situational consistency in behaviour.

However, recent findings have increasingly challenged the rigid approach of both sides and have stressed the interactional nature of person-situation in behaviour (see Endler & Magnusson 1976; Rotter 1981; Cantor 1981; Bandura 1982; Cantor & Kihlstrom 1985). Proof that the person and situation dichotomy may have been a false one has been given by Kenrich & Funder's (1988) review of twenty years of debate. According to the authors, the controversy in the outcomes of various studies, which have failed to provide serious support to any of their given hypotheses, can only indicate that the truth lies somewhere in the middle.

Funder & Colvin (1991) have also suggested, that results offering evidence in favour of the situationalist position are an outcome of unrealistic methodology, which views the measurement of consistency as a "simple matter of counting" (see also Ozer 1986). Proposing a solution to the Bem & Allen (1974) stated "enigma" on the discrepancy between intuition and research findings regarding cross-situational consistency, they have claimed that the two may have been addressing a different phenomenon. Research has been referring to the phenomenon of behavioural consistency, whereas intuition to that of personality consistency. Their own study provided further evidence that different situations seem to have a different psychological meaning for different individuals.

The above realisation is in line with the recent turn of social intelligence literature toward a more "contextualist" perspective (as well as pragmatic), one that emphasises the *"unique ways in which individuals frame problems and shape solutions to fit personal and cultural agendas"* (Cantor & Kihlstrom 1985, p.16). Indeed, many personality theorists have recently abandoned the objective of showing trait stability on a pre-selected set of dimensions using standardised tests. Rather, flexibility and creativity in the shaping of behaviour, instead of being considered as a threat to the concept of individuality, is now regarded as evidence of social intelligence. The above authors have re-defined the role of the personality psychologist in terms of efforts to *"demonstrate that two individuals are often prepared to see the same situation as presenting different problems to be solved"* and also that *"the same individual is prepared to construe two situations in very different ways"* (p.17). Although this flexibility is not seen as undermining the idea of personality consistency, it is however differentiated from the notion of rigid trait consistency across situations, especially when traits are viewed as unaltered realities leaving little or no room for personal growth.

The concept of inner consistency

The alternative to the idea that individuals should all be consistent in the same way or that some individuals are more consistent than others (as supported for example by Snyder & Tanke 1975 and Tunnell 1980) is that all individuals are consistent with themselves (Allport 1937). Two factors which Allport considered essential, if we are to try and make sense out of how people think and act, were: a) the meaning they ascribe to any situation they find themselves in, and b) the solutions they have favoured in the past (part of their personal 'histories').

In order to illustrate better the meaning of inner consistency, we have to take into consideration the structure of personality currently accepted by social-cognitive theorists. This structure differentiates between declarative and procedural knowledge (Abelson 1981; Anderson 1983). Cantor & Kihlstrom (1985) have explained *declarative* knowledge as comprising:

a) the implicit personality theory, containing categories such as the self, others, social behaviour, situations and scripts. These help categorise situations and make inferences about past and future events.

b i) person memory, that is experiences, thoughts, actions and impressions about others;

ii) autobiographical memory of specific self-related events, as well as a subjective record of successes/failures and affective reactions, which all contribute to the coherence of personality.

Procedural knowledge comprises the social competences, strategies, rules which are used when interpreting situations, planning action and predicting social behaviours.

Inner consistency, then, is defined by social-cognitive theorists as consistency between the contents of procedural and declarative knowledge within a specific task domain. For example, individual plans concerning the way in which a situation is expected to be handled, should agree with the way the situation is perceived and the way similar (subjectively) situations were handled in the past. Should this perception change, however, new ways of coping should be expected. Growth also allows an

experimentation with novel ways of coping, should the old ones prove to be or are perceived as being insufficient in dealing with a certain situation.

What the present study will examine is whether theory and evidence on inner consistency agrees with the content of people's responses, causal links, and justifications, when predicting their behavioural intention. Attribution theories, which are generally interested in ordinary explanation of causality, promote people's 'single actions' as the typical case of such explanations, separating between effects of situational cues and personal dispositions. Antaki (1988b) has challenged the attribution theories' assumptions (and methodologies) by proposing:

"*Put the explainer in a social context where she or he wants to explain something important to someone, and you will not see a bald and vulnerable attribution to internal or external cause. You will see argument, defence, justification, and a display of a complicated and articulate explanation*" (p. 62).

This statement, in combination with his argument that individuals' causal links are coherent and "moored" into their network of beliefs, suggests that - if Antaki is right - people's self-relevant explanations, the 'what' and 'why' of their predictions, should be able to provide evidence of inner consistency.

Studying the reasoning of intention

There are two basic reasons why the question of intention has been chosen in the present research to be studied in connection to people's predictions.

Firstly, inner consistency is - as already mentioned - associated with social intelligence. According to Baron (1982), one of people's cognitive functions (expression of social intelligence) is the shaping of intention, and this function is made possible by using the

stored repertoire of concepts and procedures. It follows, that inner consistency should be evident in the way people predict their behavioural intention.

Secondly, since apart from 'what' people predict, the present study is also concerned with 'how' people reason about these predictions, it was considered necessary to select a type of cognitive function which is linked to the appropriate tradition of social explanation. According to Antaki (1988a), there are two such traditions. The first, is interested in mental phenomena, and emphasises the importance of looking into action (its accuracy or bias). The second - the selected one - is interested in social explanation contents and focuses - among other areas - on intention.

Re-phrasing then, one of the main scopes of this study will be to see 'what' people predict in terms of intentions, and 'how' people reason about them.

Defining intention

Before moving on to the presentation of some relevant empirical evidence, it is important to refer to elements that are usually considered as comprising intention, and by doing that, refer also to the debate concerning the affective side of such cognitive processes.

One of the most well-known theories which focuses on behavioural intention, the theory of reasoned action, has suggested that two elements, beliefs about behavioural outcomes and subjective norms, are the important determinants of intention, and that these beliefs are based on past experiences and available information (Fishbein & Ajzen 1975). The latter determines the "appropriateness" of the formulated intention leading to behaviour. This means that, although the mechanisms of behavioural formation are thought to be logical, the result could be "unsuccessful" due to incomplete/inaccurate messages and/or biased reception from the part of the agent (Ajzen & Fishbein 1980).

Bandura's (1982) theory of social learning emphasises the importance of self-efficacy (perceived ability to exercise control over behaviour). This is also generally based on past

experiences and available information and is a product of both cognition and psychological arousal.

Warshaw et al (1985) have suggested that intention should be widely seen as behavioural expectation defined as the person's self-reported subjective probability of performing a specified behaviour. This is based on his/her cognitive appraisal of "volitional/nonvolitional" behavioural determinants, beliefs, attitudes, social norms, intentions, habits, abilities and situational factors, and - additionally - on anticipated changes in these determinants.

Triandis (1977) has proposed that apart from social determinants, such as personal and social norms, roles and self concepts play an important part in the expression of behaviour.

There seems to be an agreement among these models that the subjective cognitive appraisal of a number of determinants lies behind the formation of behavioural intention.

However, although the importance of cognition in functions, such as the the shaping of intention, has gone unchallenged, certain arguments have evolved around its "hot" or "cold" nature, doubting the role of affective factors in cognitive processes. Nisbett & Ross (1980), for example, claim that inferential errors, reflected in people's judgment and behaviour in and outside the laboratory, arise primarily from non-motivational sources, and that many phenomena which a number of psychologists attribute to affect (eg. self-serving bias, motivational factors) can be better understood as "*products of relatively passionless information-processing errors*" (p.21) (see also Miller & Ross 1975).

Opposing this view, Aronoff & Wilson (1985) have argued that motives are personality variables which direct behaviour and contribute to the evaluation of social experiences. They are, therefore, particularly important in matters of person perception and social

interaction. Rogers (1981) has underlined the influence of affect on the encoding of personal-other information, and Cantor & Kihlstrom (1985) have supported that, at least in the area of life tasks and social interaction, "*problem-solving is by definition a motivated cognitive activity*" (p.29). Theorists advocating the idea of the person as a "whole" emphasise that, the separation between cognition and emotion is artificial. According to Kelly (1969), this separation" *has become a barrier to sensitive, psychological inquiry*" (p.140).

In any case, most definitions of intention, given by personality and social-cognitive theorists, do not neglect to make a specific reference to affect. So, for example, according to Markus & Wurf (1987), goal selection can be understood as comprising three elements:

a) expectations of behavioural outcomes and self-efficacy.

b) desired self-conceptions (representations of the ideal self).

c) affective factors, including needs, motives and values.

B. Summary I

The choice of research objectives, and the value which researchers place on human beings and their capacity for self-awareness and self-determination, are issues unavoidably interconnected. The intense preoccupation of a large number of theorists and investigators with the ability of persons to accurately predict their own behaviour, has, therefore not only methodological, but also philosophical and practical implications.

In general, the idea of accuracy in 'self' - but also 'other'- prediction is related with the evaluation of human thinking and acting in terms of traditional rationality notions. It is also related with the practice of separating between situational and dispositional effects, which certain theorists claim does not reflect the actual way people make sense of themselves. They further argue that preoccupation with accuracy of self-other prediction leads researchers away from the task of understanding the way people construe their

social environment, and limits their scientific role to that of 'mass' behavioural predictors.

The study of intentions (with their complex cognitive-affective determinants), and of the contents of persons' explanations when making predictions, was then put forward as a 'legitimate' task for any psychologist, who, instead of disregarding individuals' verbalisations and justifications as *a priori* irrational, considers them instead as valid reflections of the way persons make sense, and vital material from which persons' inner consistency can be inferred. Inner consistency - described by Allport as consistency between the meaning people ascribe to a situation and their past 'histories'/preferences - can be understood in terms of both coherence and flexibility in people's thoughts and actions, and as a manifestation of social intelligence.

C. Critical Examination of some Empirical Evidence

Introduction

In a study by Nisbett & Borgida (1975) students were asked to read information about two experiments and then answer questions. The experiments concerned the degrees of electric shock which previous "naive subjects" had tolerated, as well as the "helping behaviour" which the same 'subjects' had shown towards anonymous co-participants. One group of respondents were given consensus information on the behaviour of the previous subjects, and a second group were not given such information. All were asked to predict how they themselves would behave in a similar situation.

Results showed that subjects were not influenced by the consensus information in what their behaviour in that situation might have been. When later interviewed, and asked to explain what the basis of their intended behaviour was, 'subjects' explanations ***"focused almost exclusively on their reactions to features of the***

experimental situation and their past experiences in somewhat similar situations" (p.943).

Despite the widely accepted fact that actors have unique and useful sources of insight (as supported for example by Shrauger & Osberg 1981, Osberg & Shrauger 1986, and even Nisbett & Ross 1980), analogous explanations about self-other predictions are at best asked retrospectively, and are rarely acquired by use of unstructured/free response methods. The reason presumably is that, for a large number of researchers interested in mental phenomena, people are not reliable (accurate) enough sources and, therefore, as quoted by Nisbett & Ross, acquiring their insights can be "disadvantageous".

Ross (1977) has suggested that the main limitation lies in the fact that people are unaware of the determinant role of situational factors. In the same spirit, Nisbett & Borgida (1975) have argued that people act illogically, since they ignore consensus information, which would allow them high accuracy of prediction, especially in novel contexts. The same study and others (eg. Kahneman & Tversky 1973; Krosnick & Sedikides 1990) have shown that people are not incapable of using consensus information, but disregard it when they have strong knowledge structures (as in the case of self and familiar others), and tend to ignore it when some - even irrelevant - dispositional cues exist for unknown targets.

A number of researchers, then, seem to expect a direct use of situational information, and when this does not occur, they assume that situation cues are not considered. And yet, as Cantor (1981) has argued, factors accounting for subjects' perceptions of situations emerge when they are asked to rate their likely behaviour. She has further proposed that, when asking people to predict self-other behaviour, there could be an indirect consideration of situational constraints. The above could also occur in novel contexts, since, as Lazarus & Folkman (1984) have supported, there are always familiar aspects in any given situation, no matter how novel this is.

Although this suggestion agrees with 'subject' explanations in the Nisbett & Borgida study, who claimed that (subjectively perceived) situation features - as well as past experiences in perceived as similar situations - had been considered, the researchers maintained that 'subjects' had overlooked the situational information, and that participants had grounded their predictions on beliefs of behavioural consistency. Researchers expected a certain type of information (i.e. how other people had reacted in the past) to be 'objectively' perceived by all 'subjects' and to cause an identical impact on the outcome of self-predictions. In different words, the researchers implied that a direct and 'rational' consideration of consensus information would have been the only proof that 'subjects' had indeed accounted for situation cues. The researchers further disregarded the importance of the fact that, although direct consideration was indeed omitted, participants did acknowledge this paraleipsis, by actually failing to mention consensus information as an influential factor in their predictions.

As it will be hopefully shown below, numerous experiments, which tackle - directly or not - the person/situation issue, not only fail to take into serious account or to further examine this type of 'subject' justifications - rejecting it as *a priori* unbased and misleading - but they also tend to disregard research findings that appear to verify it. This double omission has two main consequences:

a) It does not help increase our knowledge of how people actually ground their beliefs and 'make sense' of their intentions,

b) It leads to methodological problems related to the type of social context employed (i.e the nature of the experimental situation and the characteristics of the stimulus persons), when designing experiments (Battistich et al, 1985).

The evidence provided in parts one and two that follow, aims to highlight these problems and assist in the conceptualisation of this study's theoretical contribution. Finally, the evidence provided in part three consists of several research examples which have guided the present study.

I. Conditions on the choice of experimental situations

The alleged similarity between situations - with effects on reported behaviour - has been supported (apart from 'subject' reports) by results of scientific investigation. Pervin (1976) examined the way his 4 subjects organised situations by asking them to perform five tasks: list a broad range of self-relevant situations, describe them, describe their own behaviour in each situation, and indicate the applicability of all generated traits, feelings etc for each one situation. He concluded that this organisation was based on affects, and that situations were perceived in terms of a limited range of dimensions (eg. friendly-unfriendly, tense-calm, interesting-dull, constrained-free). Cantor et al. (1982) supported the view that situations are organised in a prototypic way. In their four experiments, broad situational taxonomies of social (eg. party), cultural (eg. theatre), psychological (eg. interview) and political (eg. demonstration) types of situations encountered in every day life, were studied. For each category 10 subjects were asked to imagine being in that particular situation and to list common situation characteristics that came to mind. The analysis showed that 'subject' clustering of situational features was not random. Additionally, a substantial part of situation descriptions were psychological in nature.

Schutte et al (1985) examined the effects of situational prototypicality on memory and predicted behaviour within high (eg. interview), moderate (eg.bar) and low (eg. park) constraint settings. In the first phase of the study, 9 subjects were asked to generate situational elements and 19 subjects were asked to 'assist' in the assignment of cue validity. In the second phase, 108 subjects engaged in the task of behavioural prediction. The results indicated that memory data supports the existence of situational prototypes. Both higher prototypicality and higher level of constraint were associated with a lower range of predicted behaviours in those situations. Finally, in a study by Funder & Colvin (1991), 140 undergraduate students were observed in three types of laboratory situations, and, additionally, their personality descriptions were obtained from friends. One of the study's conclusions was that different 'subjects' ascribed a different operational and psychological meaning to these situations.

The fact that a different meaning seems to be ascribed to the same situation by different individuals, suggests that the selection of attributes attended to and processed is subjective. According to Rogers (1981), the self (also believed to be organised in a prototypic way) directs attention to certain parts of an environment, to aspects which are personally relevant and for which the self already has got schemata on (Markus 1977). What 'warns' the self of the importance and relevance, is the affective responses that particular information - in our case particular situational attributes - evoke. This information, along with past social experiences, is responsible for functions such as formation of beliefs about behavioural outcomes and of behaviour expectation.

Even though the above findings clearly imply that, when studying self-other prediction of intended behaviour, situations should be specified, in a number of studies this is hardly the case. For example, two recent studies - one by Dunning et al. (1990) and its follow up by Vallone et al. (1990) - have claimed to have extended lessons of calibration research to the domain of ordinary self and social explanation. They suggested that a) people give more credit to the accuracy of self-other predictions than they should, and that, b) these predictions are rarely warranted and justified. Whether this is so, is a question leading to a hypothesis that will be later tested. For the moment, some arguments proposing why both pieces of research previously mentioned may not be qualified to reach such conclusions, will be now presented.

Dunning et al.(1990) conducted five experiments (variety of samples) , in the second of which participants were asked to predict the behaviour of their room mate, in what the researchers called a "variety of stimulus situations". They then acquired a subjective probability estimate which, according to their claim, reflected the 'subjects' confidence that the actual behaviour of the room mate would be indeed manifested. Questionnaire items referred to topics such as "which magazine would the target choose to subscribe to", or "what would the room mate do if he/she found some money on the floor". Their conclusion was that, in predictions of responses to hypothetical dilemmas, contrived laboratory situations or self reports of everyday behaviour, participants were

overconfident. Following the opinion of Ross (1987) and Ross & Nisbett (1990), the experimenters argued that overconfident prediction arises from people's failure to make adequate inferential allowance for the uncertainty of situational construal. This failure leads them to the erroneous assumption that human behaviour is cross-situationally consistent.

However, in the experiment mentioned above, situations were, in fact, not adequately specified. For example, 'subjects' were not given information or were not asked to imagine certain situational constraints, (for example such as: other people are present, the room mate is impoverished). Another objection to the methodology of this study was mentioned in its follow up by Vallone et al (1990). Namely, although the questions used in the Dunning et al study were somewhat "familiar", they did not address important issues in people's lives. These problems were dealt with in the second study, by first asking 98 students and then 46 pairs of college room mates to predict, and then give a confidence estimate about the future action and outcome of themselves and their peers, for behaviours that were thought to be common for college students. More specifically, the main topics involved issues related to school, friends, and outside activities (eg. planning to start reading for a postgraduate degree, visiting a friend living far away, calling parents more than twice a month, missing most important class etc.) Results supported, according to the researchers, the findings of the previous study, and indicated that overconfidence and assumptions of cross-situational consistency extended to the self-domain.

As in the Dunning et al study, the situations were not adequately specified. Even the experimenters acknowledged that the questions asked focused on the target person more than on situational forces, but claimed that these questions resembled those asked in the real world; and that in the real world people are "*neither obliged nor prompted to shift the focus of their consideration from themselves or their peers, to the details of the relevant situation*" (p.591). What is therefore implied here is that people do not automatically consider the cues of a situation, but only if they are somehow 'forced' to.

As a result of the study's methodological approach, answers to questions such as whether a romance back home will be maintained, whether the student will attend a specific football game or whether his newly found room mate will become a good friend are judged for their accuracy without situational features having been previously specified. And yet, when a person is asked whether he will still be dating his present girlfriend in a year's time, and this dilemma does not accompany given conditions or explanations of subjectively perceived limitations (such as: assuming she still likes me, or providing we see each other regularly and so on), what is really assessed is not an expectation of actual behaviour, but simply a wish. If this is indeed so, then what persons may be generally overconfident about is not their "actions", but the content of their desires. The only possible way to verify this point, and examine whether persons account for situation characteristics and leave room for doubt in their predictions, seems to be by actually acquiring their own explanations. This indeed is among the main aims of the present study.

In summary, the reviewing of several studies showed that, verdicts on whether people acknowledge situational constraints may not be validly drawn, unless the features of given situations are specified. Further, it was suggested that acknowledgement of situational constraints may be more appropriately traced in persons' own accounts and explanations.

Another situation-related problem is that of the assessment or rather the lack of, or preference for objective assessment of psychological meaning. For example, Markus (1977), in one of the most influential pieces of schema-related research, asked her 48 'subjects' - among other things - to imagine themselves in a 'typical' group situation and predict the way they would behave. Offering examples such as "a classroom or friend's home where a controversial issue is discussed" the situation was specified, but the meaning that each 'subject' ascribed to it was not assessed. This was either because the effects of perceived situational constraints on behaviour prediction were considered unimportant (research by Schutte et al 1985 -mentioned before - gave proof of the

opposite) or because it was assumed that, once one setting was chosen, similar constraints would have been perceived by all respondents. Previously offered evidence on the variation of ascribed psychological meaning suggests that this assumption - if made - was unfounded.

Other studies, such as that of Funder & Colvin (1991) mentioned earlier, have supported the differentiation in ascribed meaning, but have chosen to assess it by means which excluded 'subject' explanations. More specifically, the above study 'measured' meanings by monitoring observed influence on reported behaviour. Thus, following Mischel & Peake's (1982) findings that behaviour is only consistent in highly similar situations, the researchers were able to categorize situations according to similarity. However, this similarity was not based directly on people's affective reactions and perceptions. This means that the personal meaning that these situations had for each respondent was never explored, and this would have been the case even if 'subjects' themselves were asked to rate the similarity among situations.

Rotter (1981) has suggested that one method to assess similarity is by measuring expectancies. Social rejection was given as an example. Situations where persons expect to be rejected or otherwise accepted could be categorized as similar. This last method, rightly it appears, bases categorisation on past experiences, norms and affective reactions, though it still only indirectly shows how flexibility and social intelligence is applied.

In summary, the above critical review of several studies suggests that, when studying prediction of self-others, it is beneficial to take into account at least two situation-related conditions dictating that:

a) Situations should be specified

b) The meaning ascribed to situations should be more appropriately assessed by the 'subjects', and that this assessment should be mainly based on 'subjects' affective reactions.

II. Conditions on the choice of 'subject' and stimulus-others characteristics.

Related to the previous methodological argument is the one which involves people's variations and nature of past experiences. This topic is often neglected, so that unfair interpretations of findings are not uncommon. For example, when individuals are asked to predict whether they would or not engage in a particular behaviour, their degree of familiarity with this behaviour should be considered.

According to Markus (1977), "expertise" is related to the existence of schemata, which "*organise, summarize, and explain behaviour along a particular dimension*" (p.75). In her study, schematics within a behaviour domain were found to process information faster and be able to evaluate this information for its relevance. Schematics were also able to predict future behaviour in particular settings with greater certainty and ease than aschematics (see also Markus & Sentis 1980). Generally, self-relevance seems to be an important factor in behaviour prediction, a parameter which appears to enhance memory and increase the efficiency of evaluative types of judgement (Rogers 1981).

Similarly, the process and results of judgements about others should be differentiated on the basis of schema existence and self relevance. In several experiments (see references below) 'subjects' are presented with limited information and are asked to form impressions on hypothetical or unfamiliar persons. The outcomes (eg. accuracy) and processes are judged, and are expected to be based, on the same grounds as they would have been, if subjects had rich schemas or background information on the person to be perceived.

Examples can be drawn from research papers trying to both support and reject the validity of introspective reports (eg. Nisbett & Bellows 1977; Wright & Rip 1981; Kraut & Lewis 1982). In the second above example, the first reported experiment 'used' family members who were asked to predict the responses of the actors, and predictions were then assessed for their accuracy. In the second experiment, the researchers shifted to

more 'objective' judges - so as to explore a different point in the area of accuracy and bias, and then generalised the outcomes on equal terms.

In the Dunning's et al's (1990) project, only one of the five studies used familiar targets (room mates). In the rest, differentiation between low and high information groups of 'subjects' was based on the additional provision of a tape (high information group), which informed on target's answers to several questions, instead of only a photograph and no tape (low information group). The term "high information group" hardly justified its title, whereas the naming of the second group - in terms of available information - as "low" was rather euphemistic. Further, whereas in the second experiment prediction about familiar targets was not accompanied by a definition of situational constraints, in the remaining experiments, a detailed specification of situation characteristics was provided, but, this time, availability of target information was lacking. In spite of this 'unfair' distribution of background information, researchers led themselves to the overall conclusion that predictions about others are generally suffused with overconfidence, regardless of any type of information.

In studies concerned with accuracy/bias there is some disagreement on who is more accurate, the actor or the observer. In spite of it, it is generally accepted that actors operate with more private sorts of information - as opposed to "shared theories" used by observers. Even observers, however, appear to rely on knowledge about the actors' past behaviour, idiosyncrasies and personality, whenever such information is available (Wilson & Stone 1985). The above should be especially true in cases where the actor constitutes a self-relevant (familiar) person for the observer.

Familiarity is a factor related to self relevance. Keenan and Baillet (1980) have provided evidence that memory effects are enhanced when - apart from the self - encoding refers more widely to familiar concepts (eg. familiar others). Following these indications, Prentice's (1990) study supported that the efficiency of judgement about others (eg. accuracy) depends on the familiarity of these others. In a series of three studies,

Andersen & Cole (1990) examined and confirmed the hypotheses that significant others' representations are "*richer, more distinctive and more accessible than other social categories...(elements) contributing to their being inferentially more powerful*" (p.387). Significant others were defined as any major person in one's life such as parent, sibling, spouse or best friend, whereas non-significant others differed in importance and closeness. (It should be noted - due to the rarity - that the study was conducted with an idiographic method).

If, indeed, people have such strong knowledge structures for their self and others - depending on the degree of familiarity - structures that cannot but influence social perception, it should be no wonder that consensus information is only used in cases where background information is missing. It should also be no wonder that subjects try to guess (in many cases unsuccessfully) these characteristics from the limited information they are usually given. Nevertheless, non apparent use of consensus information hardly implies, as Cantor (1981) has highlighted, that situational constraints are not considered in the process. What it does show, is that "subjects" make their own private interpretations and have their own reasons for expecting or not certain outcomes.

The role of affect in social perception seems to be a key concept. Opposing the view that needs and motives do not influence knowledge structures, Keenan & Baillet (1980) have said that, for better or worse, what seems to be important in the encoding of information is not how much 'subjects' know, but rather how they feel about what they know (see also Zajonc 1980).

In line with the above, a substantial number of researchers believe that people, situations, and behaviours - that is, stimuli - are evaluated on the basis of self relevance and importance, estimated in terms of affect. Although certain methods seem to allow a link - even temporary - between different stimuli (eg. behaviours) and the self - this cannot happen unless they are perceived as important and as potentially having hedonical (affective) consequences for the self (Markus & Smith 1982). What this realisation

suggests is that, when asking people to predict their own behaviour, this behaviour should be "important" and familiar to the 'subjects' (see also Anderson & Codfrey 1987).

In cases where prediction refers to others, little or no involvement between them and the 'subject' offers no strong reason for processing information, except for the experimenter's request (Battistich et al 1985). This leads us to the second conclusion, that: when predicting reactions of others, these others should have - at least - a minimum level of familiarity with the person, and that hedonical consequences should be involved. It is not illogical to expect that the outcomes of these predictions might differ in grounds, depending on the level of familiarity.

III. Applying terms and conditions: Further reviewing and critique.

Most of the reviewed studies up to this point were selected so as to highlight the methodological and conceptual problems which arise, when the proposed conditions (parts 1 and 2) - related to situational types and 'subject' or stimulus other's characteristics - are not satisfied. In the following examples of studies, the consideration of some of these conditions accounted for interesting findings.

A study by Cheek & Briggs (1982) examined the relationship between self concept and moral judgement by looking into susceptibility to guilt and shame. 151 college students filled in questionnaires, the analysis of which confirmed the hypothesis that in order to understand phenomena of social behaviour, the features of the individuals (including subjective experiences, preferences etc.) as well as situational factors have to be considered. The researchers also proposed that in naturalistic settings, people choose roles that are "congruent" with their self-image; and also, that self concepts - which are related to behavioural intentions - should be interpreted by taking into account a person's total life-style and his /her understanding of how others perceive his/her self image.

What was particularly interesting in the above study was, that the topic of shame and guilt is one related to norms (public and personal), roles and morality, an aspect which makes it both an 'important' and complicated enough problem of social interaction. It is, additionally, a topic where expectancies of reactions from others, the notion of one's own interpretation of situations, and the dilemma of which is the most appropriate behaviour to engage in, are involved.

Another 'important' topic (common/self-relevant, involving roles, dilemmas etc.) was tackled by Bringle et al (1983), who examined the effects of person, relationship and situation determinants on the phenomenon of jealousy and social behaviour. Hypotheses as to the causes of jealousy, which excluded a significant interaction amongst situation and person factors were tested, but all of them failed to adequately explain the phenomenon. In a later paper, Bringle & Buunk (1985) argued that the study of jealousy should "*balance the perspectives of the person, situation and relationship*" (p.258).

Both the studies mentioned examined important and self-relevant topics in specified situations. And yet, the assessment of situation differences/similarities remains a problematic issue. Bringle & Buunk (1985) have reviewed a number of such methodological attempts in the area of jealousy, varying from scales to more 'open-minded' free response techniques, where 'subjects' were asked to think back to a relevant situation from their own past.

In a different area, Pervin (1976) used an idiographic approach to study the way in which individuals characterise, feel and behave in some typical life situations. The technique for assessing situations was based on an analysis of person's affective reactions, and provision of perceived situational features. Bem (1981) has proposed that it would be a good idea to ask persons to characterize particular situations, so as to acquire their own definitions. Thus, the definition of a psychological situation would emerge as a result of salience ordering or weighting of features. In the first of three studies of Cantor's et al (1982) research, participants were free to make their own attribute lists for situations.

These included feelings arising from being in a situation, as well as typical reactions and behaviour of others in that situation.

Such methods were suggested for assessing similarities between a variety of situations. However, in studies where inner consistency is of interest, what is important is not only to see what kind of psychological meaning is ascribed, but also how this may differ among various individuals, and what effects it could have on the planning of action.

A project which directly addressed questions of inner consistency in the prediction of outcomes and plans was conducted by Cantor et al (1984). The researchers questioned 44 first year students using a combination of free-form responses and structured ratings. Subjects provided affective reactions to academic and social tasks, after having offered a list (in hierarchical order) of university life aspects which they perceived as important.They also gave evidence of their plans for handling these tasks, and their expected degree of difficulty in carrying them out successfully.

Results revealed how the engagement in one common life task led to the formulation of different plans, and elicited a variety of different reactions and predicted coping strategies for different respondents. In their proposal of a subsequent longitudinal study, the researchers hypothesized that there would be an intraindividual variation in problem solving strategies across situations, but, nonetheless, there would be consistency between procedural and declarative knowledge within one life task domain.

The advantages of this project, compared to examples previously reviewed, should not be difficult to trace:

1) a certain situation was specified

2) the subjective psychological meaning was explored

3) the topics were self relevant and address important issues.

Additionally, search for cross-situational consistency was of no concern to the experimenters, and neither were matters of accuracy. The right of showing inconsistency between expressed attitudes, expectancies, and actual behaviour was reserved, as stemming from experienced changes in the specific understanding of a situation, but also as a natural consequence of flexibility and growth.

There are however, two points of objection. The first concerns the fact that the search for inner consistency identified in this study with exploration and confirmation of mental phenomena. This is of course a legitimate preoccupation in the tradition of social cognition. Nonetheless, it offers no information on the various components (personal factors, situation appraisals, goals, expectancies) and their relation, as perceived by the 'subjects'. In other words, individuals offered no evidence of whether, how, and why they thought these components are linked.

The second point of objection focuses on the type of situation that was selected. The researchers naturally focused on a social problem (dealing with the new environment of university) and this choice covered certain requirements:

a) The problem was "ill-defined', meaning that there was no consensual agreement for its solutions and, thus, social intelligence needed to be applied.

b) The setting was novel, and therefore, criticism on what people do or do not consider in such contexts could be tested

c) The behaviour (coping with difficulties) was important (self-relevant and common).

What it could be argued, though, is that the problem was not as ill-defined as the authors would have wanted. Whereas all social interaction problems are typically demanding, it is usually the ones that have or are perceived as potentially having threatening or even uncontrollable implications that are more ambiguous and stressful (Suls & Mullen 1981; Lazarus & Folkman 1984). Additionally, when prediction and planning of behaviour is believed to be involving the lives of others (as it often happens), the presence of moral dilemmas, obligations, roles and reputations complicate matters further. In the above

study, prediction of others' reactions/intentions was not part of the research design. And yet, it is common in ill-defined situations - and not only - to try and read other people's minds so as to guess their thoughts and feelings (Karniol 1990).

Completing this third part, it is suggested that the type of problem to be studied should be ill-defined (with characteristics described above), and that evidence of inner consistency should be traced in people's explanations of expectancies and intentions to engage in specific action. Such evidence includes the monitoring of flexibility - but also coherence - in persons' accounts.

D. Summary II

In summary, the theory which will be tested is whether inner consistency is mirrored in people's responses, when predicting and reasoning about the intention and reactions of self and others. In this second part of the present chapter, it was indicated that a number of researchers justify their *a priori* rejection of people's insights, by insisting that these are a biased product of one-sided attributions (either to situation or person characteristics), responsible also for the 'phenomenon' of overconfidence in self-other predictions. One-sided attributions and overconfidence in prediction are incompatible with the notion of inner consistency, and so the present study will examine whether persons' accounts offer evidence which justifies or not such claims.

The review of several studies showed that an inflexible and rigid view of what constitutes science often leads to the design of experiments, which either fail to adequately specify situations or focus on behaviours or "stimulus others", who have no hedonical consequences for the 'subjects', cause no affective reactions to them, and, therefore, offer no real motivation for processing information, when asked to make predictions.

Specification of the situation and assessment of its psychological meaning (based on respondents' affective reactions), as well as employment of an important (common, self-

relevant) behaviour, as well as reference to familiar others - so as to ensure affect - were proposed as the necessary requirements to be satisfied in the design of the present study.

Further, it was argued that, in order to investigate the topic of inner consistency (manifestation of social intelligence), it is vital that the selected situation and type of behaviour are both regarded as elements of the 'problem' to be 'solved'. It was argued that the general characteristics of the 'problem' should be: its ill-defined nature (meaning a problem of social interaction with no consensual agreement on its solution), and its novelty.

In summary, the main theory to be tested (reflection of inner consistency in people's predictions and explanations) will be examined in terms of three basic research questions:
1) Is direct or indirect consideration of both situation characteristics and person'histories' (as experienced by the 'subjects) evident in persons' self-other predictions/explanations?
2) Are persons' accounts coherent as well as flexible ?
3) Are 'subjects' unrealistically overconfident or are they allowing room for doubt when offering self-other predictions?

CHAPTER 3: Specification of the ill-defined 'problem' to be 'solved'.

A. Towards the selection of an ill-defined 'problem'.

One of the basic criticisms on how 'subjects' make self-other predictions refers to findings which suggest that in novel contexts 'subjects' ignore situational information and characteristics or that they do not make allowances for the above, leaving little or no room for doubt in their predictions. Novel contexts include hypothetical dilemmas, and indeed hypothetical situations were part of Nisbett & Borgida's (1975), Dunning et al's (1990) and Vallone et al's (1990) studies, discussed extensively in the previous chapter. In the present study an analogous hypothetical dilemma will be used to challenge the above findings.

In the previous chapter some conditions to be applied in the choice of an experimental 'problem' were discussed. In general, it was argued that coherent reasonings of predictions may be more appropriately studied after presenting the 'subjects' with an ill-defined social-interaction problem, the ambiguous nature of which is bound to impose specific dilemmas.These conditions referred, firstly, to situational factors and, secondly, to persons' histories.

I) Regarding the (specified) **situation**, the first listed issue was the assessment of the psychological meaning by the 'subjects', an issue which concerns the area of methodology and will be addressed in the relevant chapter. The second issue, both important and problematic in a hypothetical dilemma, is to ensure the presence of affect. As already mentioned in chapter one, affect is a notion connected to self-relevance, and the latter also relates to concepts of salience and availability.

By choosing a contemporary topic, favoured also by the mass media, the condition of availability could be - at least partly - satisfied. And yet, affect and self-relevance could

not be totally ensured. Is it possible to link a hypothetical dilemma with the self and produce affective reactions?

According to Markus & Smith (1981), an indefinite variety of concepts can be potentially linked to the self, forming temporary or more permanent intersections. What this means, is that - at least theoretically - any concept can acquire meaning for the self. The question, however, remains as to how such a linkage can be achieved, when no immediate consequences for the self are apparent.

Probably the most commonly used way is to 'make' information self -relevant. Markus & Smith have highlighted that this technique has been applied in a number of settings and has always provided anecdotal evidence of its effects on information processing. Teachers, politicians, attorneys, advertisers use it, whenever they encourage a person (child, voter, member of jury or consumer) to imagine himself/herself being in a certain situation.

The ability to take situational roles is also the essence of role play. During childhood, instinctive or encouraged experimentation with various roles is believed to increase children's self and social awareness (Selman 1971; Light 1987). In all sorts of training, but also in counselling and therapy , role play is as much a valuable as it is a common tool for educating or helping (Murgatroyd 1985; Eitington 1989; Dryden 1990).

It must be noted that "situational role taking" (hypothesising on how I would feel, think in a certain situation) is distinguished from "individual role taking" (getting into someone else's shoes, empathising); in the first case it is clear that only self-based introspection is required, whereas in the second case the kind of information used is still a matter of debate (Higgins 1981, Karniol 1990).

In the present study, making the hypothetical situation self-relevant (eg. how would you feel..., what would you do...in that situation etc.) will be used to enhance salience and

ensure the advantages of processing self-relevant information. However, other means of securing affect will be included in the selection of the experimental "problem". These are:

1. Choice of a (novel) hypothetical topic which addresses an issue of **risk** and **hazard.** Lazarus & Folkman (1984) define a novel situation as threatening when some aspect of it has been associated with harm. This connection, they say, need not be direct: "*the individual might have seen, read, heard or otherwise inferred it* " (p.83). In agreement with this view, Johnson & Tversky (1983), have noted that, contrary to other judgements , judgements related to risks "*seldom occur in an emotional neutral context*" (p.20). They have further underlined that when reading about accidents or natural disasters, we all become shaken, scared and anxious. According to Weinstein (1989), one of the emotional implications of hazards is the fact that they are perceived as a severe threat to self esteem, with all the affective consequences that one can easily imagine (eg. stress, guilt etc.).

2. Choice of a topic which is of actual **concern** and **interest** to participants ('important' topic).

3. Choice of specific aspects within this topic which are of particular **relevance** to 'subjects'.

II) As far as conditions related to **persons' histories and characteristics** (expertise/familiarity with behaviour and stimulus others) are concerned, these conditions could be satisfied by choosing a common behaviour which also embodies familiar others. In the opinion of one of the most popular cognitive theories ('schema'), a common behaviour implies the existence of relevant schemata. It is, therefore, important to ensure that such schemata would exist for all subjects.

According to schema theory, a distinction can be drawn between "particularistic" and "universal" schemata. The latter are common for all human beings. An example of universal schema is the representation of relationships with self-relevant/important others (Markus & Sentis 1982). Choosing a certain aspect of this relationship could, therefore, satisfy the suggested condition. Among the most common characteristics of relationships with familiar others are decisions to **communicate (or not) information** of more or less significance. As it will be later discussed, the reasons for this sharing could range from seeking help/support and/or unburdening need, to moral obligations, roles etc.

B. Choosing HIV/AIDS as an appropriate example of 'situation'.

The claim that HIV/AIDS constitutes an appropriate example of the 'situation' to be selected for the scopes of this study should be justified, by indicating exactly how this topic meets the requirements previously discussed.

One general such requirement mentioned was that of **availability and salience**, due - for example - to the topic's contemporary nature and mass media interest.

It is not difficult to see why AIDS satisfies the term of availability: since its identification in 1981, the syndrome's effects have been recognised as global and pandemic; its associations with the eternal taboos of death and sexuality have resulted in its consideration as one of the worst epidemics ever; not surprisingly, the past decade has been characterised as "decade of plague" (Vass 1986; Altman 1986; Sabatier 1988). For these reasons, the issue of HIV/AIDS has periodically monopolised media attention, eagerly reporting estimates of millions of people (men, women and children) tested HIV positive and many tens of thousands as diagnosed with AIDS.

However, especially during the years immediately following the syndrome's identification, the media's influence on public opinion, and perceptions of AIDS as affecting only specific 'risk-groups', was more than substantial (see Albert 1986; Baker

1986; Wellings 1988; Carter & Watney 1989; Weeks 1989). Therefore, in spite of the wide publicity, there could be a concern as to whether the salience of the HIV/AIDS topic expands into the general population.

The above concern is probably unbased. In the mid 1980's, the realisation of the HIV/AIDS' non discriminatory 'attitude' has caused the stereotype of 'risk-groups' to continuously fade - at least among the younger population. A study, by Woodcock et al (1992), with free response interviews exploring the way in which 95 young people interpreted personal risk of infection, showed that no more than 20% of them mentioned that they did not consider themselves as part of a high risk group as an excuse for not practicing safe sex. Although this does not prove that the rest of them actually did think of themselves as belonging to this category, the fact that the 'risk group' stereotype is not so readily used, is indicative.

Since the late 1980's, health campaign messages and other educational efforts have probably contributed to the fading of the stereotype, by not just focusing on the so-called 'risk-groups'; their 'target' has expanded so as to cover as wide a range as possible of people and particularly the young. Several reasons for this preference in educational focus have been put forward by 'experts': young people are still in the process of forming habits; they constitute a good pedagogical 'investment'; they are bound to experiment with a variety of partners and are therefore more at risk (DeNeergaard 1988).

Overall, as a consequence of health campaigns and other educational efforts focusing on the young, it is presumed that the condition of salience would be particularly secured, if young people were selected as appropriate 'subjects'.

Choice of a hazard/risk topic. Why is HIV/AIDS a successful example of hazard/risk topic?

According to Weinstein (1989), a vast amount of information about hazards come from the media and/or acquaintances, and HIV/AIDS meets this requirement. The same author believes that the connection between hazard and threatening self-esteem mentioned earlier is especially strong when: a) the risk can be prevented by personal action, b) the matter is associated with stigma. HIV/AIDS is a representative example of both.

In addition, Weinstein has provided a number of hazard attributes which are believed to be shared by the public and which form the so called "dread risk dimension". Following his view, AIDS is a successful example of dread risk, since it has a high rate in most of the "dread risk scales" (i.e. dread, certain to be fatal, risk is increasing, affects me personally, threat to future generations, globally catastrophic, risk-benefits inequitably distributed, involuntary).

The arguments above show that the choice of HIV/AIDS as a general topic satisfies the requirements of a risk/hazard issue. This can be double-checked by examining whether this issue actually evokes affective reactions. Indeed, empirical evidence, which support the claim that affective reactions and AIDS are connected, exists. For example, in a study by DiClemente et al (1986), 78.7% of the young respondents stated that the possibility of ever getting AIDS was associated with great fear, and 50.6% moreover added that they would prefer to get any other disease rather than AIDS. Abrams et al (1990), who looked into the beliefs of young people, have reported that their 'subjects' were in strong agreement with the statement: "AIDS is one of the worst things that could happen to me".

Choice of a real-concern topic. Is HIV/AIDS a topic of interest for young people?

For various reasons (perceived inviolability, denial, availability heuristic etc.) issues of risk are associated with a high degree of bias. On the one hand, pessimistic bias - as far as judgement about risks taken by others is concerned - is present in the case of AIDS. Research by Abrams et al (1990) has shown that adolescents believed 50% of their peers would be directly affected by the HIV virus within the next decade. On the other hand, the personal probability risk is usually highly optimistic in cases of hazard (Weinstein 1989). There is proof that - as far as AIDS is concerned - this applies equally to members of the so called 'risk groups' and the young in general. For instance, Bauman & Siegel (1987) have found that gay men tended to underestimate the impact of risk-increasing practices and overestimate the impact of behaviours that were appraised as risk decreasing. Abrams et al showed that 82.5% of the respondents in their study thought it was unlikely that they would be infected within the next five years. Woodcock et al (1992) reported that the young respondents gave several reasons for denying risk of HIV infection, such as dismissal of HIV messages, not applicable to oneself, partner's characteristics (faithful, safe etc), and personal characteristics (tested HIV negative, not 'promiscuous' etc).

Not surprisingly, it is here taken for granted that such probability judgements are usually wrong. Nonetheless, it is argued that this fact does not create problems for the present study, because bias does not seem to exclude interest in the topic. Of course, one way of monitoring this interest is by actually looking at young persons' own (biased?) concern of personal infection. The work of DiClemente et al provided evidence that, as early as 1986, 66.3% of the young participants were actually worried about getting AIDS. Evidence from a study conducted by Clift & Stears (1989) with 184 young students showed that the personal concern about the possibility of 'catching AIDS' in the future was also considerable: 41.7% of the young students asked said they were personally concerned, 34.6% were not, and 23.6% were uncertain. A follow up study six months later (see Clift & Stears 1988) showed no change in the above.

However, interest in the topic is not actually equal to concern of personal infection, so results in the latter study should not be taken to mean that one third of the 'subjects' were totally uninterested in the issue. Clift & Stears asked also their young participants to state agreement or disagreement with the statement: "the AIDS problem is something which I haven't given much thought to and doesn't really interest me". Results indicated that only 7.6% agreed, 4.9% were uncertain and a vast majority of 87.5% disagreed. These results, therefore, provide the necessary argument for one to support the claim that HIV/AIDS is indeed a topic of concern and interest for young people.

Even though there is some risk involved in generalising this conclusion to all potential 'subjects', most of this danger is hoped to be avoided by the self-selective nature of the sample used in the present study (self selection has, of course, other liabilities to be discussed in the methodology sections).

Choice of important HIV/AIDS-related aspects. What aspects of the HIV/AIDS issue are particularly self-relevant to young people?

One of the aspects of AIDS which is obviously of interest to the young, is that of prophylaxis. One of the aspects of AIDS which is of interest to researchers, is that of evaluating campaigns urging the use of prophylaxis. This concern has recently led investigators, primarily in the U.K., to examine how young people 'make sense' of AIDS and of its consequences. Although the ultimate scope of their interest has been to throw more light on health issues, the social consequences have also been tackled.

In a study by Warwick et al (1988), the investigators explored the ways in which young people make sense of health and illness, as well as HIV and AIDS. Even though they were mainly preoccupied with health beliefs, they also addressed questions which are of particular interest to the present study. More specifically, young people were asked to state what they would do, if they were ever diagnosed as being HIV positive or having

AIDS; what they would take into account in deciding to inform others, and how they would treat a person if they knew he/she had AIDS.

The findings will be discussed in more detail later on in the chapter. Generally, the project showed that the social aspects of AIDS seemed to be a potential source of worry for young people who, if ever in that position, would struggle over the dilemma of who to tell for fear of disrupting social relationships, isolation and embarrassment. The choice to focus on this dilemma serves the purposes of the present study and will be further pursued since, apart from being important and relevant for the young, it involves the intention to communicate information to others - already selected as an appropriate example of behaviour to be tested.

Even though this dilemma was selected on the basis of what participants in another study thought was vital, the importance of this dilemma for the 'subjects' of the present study was indeed verified during the process of examining the meaning persons ascribe to this particular situation (see chapters 5 and 6).

C. HIV/AIDS within the proposed theoretical framework: Some existing evidence

Researchers with interests in HIV/AIDS entered the area of reasoning and making sense after the apparent failure of educational campaigns to bring changes to sexual practices at the expected pace. Most of these campaigns were - and many still are - based on a variety of models and their underpining philosophies (Ingham 1989, Ingham et al 1992).

The theories of reasoned action (Fishbein & Middlestadt 1989) and self-efficacy (Bandura 1989), the health belief model (Kischt & Joseph 1989) and the elaboration likelihood model (Fife-Shaw 1989), have all offered their own specific suggestions for dealing with the educational issue of AIDS. They all share, as Ingham (1991) has put it,

the belief that individuals are bound to achieve the "rational goal" (i.e. safer sexual practices), once appropriate information and/or assistance is provided to the appropriate target groups.

Their assumptions have been challenged on the ground of the regularly found inconsistency between knowledge and action. Although several studies (eg. Abrams et al 1990; Ingham 1990) have recently shown that young people's knowledge of AIDS (modes of transmission, safe practices) is now relatively satisfactory, researchers world-wide have observed that changes in practices - especially in the heterosexual population - are still below the expected level (Bower 1988; Hagard 1988; Pompidou 1988).

If models advocating "fundamental" rationality are wrong, does that mean that (young) people are totally irrational, since they apparently fail to consider vital information and make the necessary alterations to their life styles? Or could it be that the kind of rationality implied by the models is simply misleading?

Ingham et al (1992) have reported on a project where over 220 detailed interviews with 16-25 year old young people were conducted, exploring issues of sexuality and AIDS. Their research provided evidence that people's accounts of the way they handle the issue of safe sex cannot support the notion of 'traditional' rationality being the 'property' of individuals. Seven impediments to the acceptance of this particular concept of rationality were identified: perceived invulnerability, range of understanding of terminologies, external and internal pressures, ideologies and power, the mystique of sexual behaviour, negotiation and joint decision making.

At the same time, the study gave further support to the claim that people's reasonings are consistent with a whole range of personal beliefs (see also Prieur 1990). To use Ingham et al's own words:

"*...the explanations given were perfectly rational from within the framework of the respondents' own positions and/or understandings*" (p.168).

Equally important was the observation that most young people seemed to be aware of the 'rational'/'appropriate' action to be taken, but had their own reasons for choosing not to take it. These reasons, which were classified under the wider categories of: i)"reputational issues" and ii) perceived negative effects on their relationship, led the researchers to propose alternative ways of thinking about rationality: a) as known, but personally unattainable, b) as constrained by discourses, c) as unrealistic, d) as varied (Ingham 1991).

Overall, the investigators concluded that:"*the social contexts, in which such accounting, or warranting, takes place, as well as the nature of what is being accounted for, determine the extent to which 'rationality' is an acceptable justification for actions both for others-as-audience and for selves-as-audience*" (Ingham et al 1992, p.170).

Based on what information, however, do (young) people take their final decisions? Is the argument that they fail to consider provided information grounded? Do (young) people simply dismiss "messages" when forming intentions, basing them only on personal beliefs? Supporting the general argument that (young) people's intentions and reasonings are consistent with their network of beliefs, but at the same time these beliefs are not formed regardless of - at least indirect - consideration of available information, the following point may be of use.

When referring to AIDS-related information, what we usually think of is educational slogans and/or frightening statistics. In other words, we think of messages which are linked to the medical aspect of AIDS and which are expected to have a direct effect on behaviour. The point, however, is that the available 'messages' are not just medical; they are also cultural and social. In fact, social issues form part of the very essence of AIDS, so that they are probably also part of its perceived psychological features. Reference to another study will build upon this point:

Young people's lay beliefs about HIV/AIDS, or more specifically the way they 'make sense' of it, not just as a medical, but also as a social and cultural phenomenon, was examined by Warwick et al (1988) in a series of 43 interviews with 16-21 year-old people. Although issues of coherence and inner consistency were not part of the researchers' interests, they did provide valuable data by asking some questions which were both important and directly relevant to the present study. As part of their exploration they asked participants to state what they would do if they were to be diagnosed with either HIV or AIDS.The generality of the question evoked a variety of responses and highlighted a number of issues:

It is evident from the supplied data, that some young people interpreted the question as "what steps would you take safety-wise" and, thus, emphasised concerns not to infect potential partners. Others interpreted it as "how would you generally cope" so that a few respondents gave answers which included consideration of suicide, for reasons which they explained (eg. not to be a burden, to avoid embarrassment etc). Yet others, interpreted it as "who would you tell" and gave a mixed pattern of responses with a willingness and apparent ability to ground such plans of action.

In general, young people seemed to have reasons for their intentions. One respondent would stop "sleeping around" because of the transmittable nature of the virus; a second one would not inform anyone because of the stigma connotations; a third would take his own life rather than become a family burden. An additional conclusion, which one can draw from the supplied data, is that participants attended to a variety of different situation characteristics of both 'medical' and 'social' nature.

However, in spite of the appealing nature of the data, there is not sufficient material for anyone to support the idea that 'subjects' accounts provide evidence of coherence and inner consistency, as this was defined in this present study. This means that we cannot draw safe conclusions as to how "moored" these predictions were with the meaning individuals ascribed to AIDS and their own past preferences and 'histories'.

The study did offer, however, two further interesting findings, also in need of pursuing. The first concerned the reactions which participants expected others to have, and which contrasted with their own predicted reactions to someone with HIV/AIDS. In the first case, they seemed to expect negative feelings and possibly rejection, whereas in the second case they expected themselves to treat others with sympathy. Again conclusions about coherence cannot be drawn since detailed justifications were not obtained, and the identity or familiarity with these "others" was not specified or differentiated.

The second finding concerned the question of overconfidence in prediction versus leaving room for doubt. Although specific reference to this matter was not made, the supplied data shows that at least one respondent acknowledged the fact that reactions in a real situation could be very different from any hypothetical, and as a result, her predictions were attempted with caution.

D. AIDS as an ill-defined 'problem': anticipated dilemmas - suggested scenarios.

1. The 'problem'.

It was mentioned in chapter one that a social problem is particularly experienced as ambiguous or stressful when it is thought to have potentially threatening or uncontrollable implications. It is easy to see how AIDS - as a medical problem - can be experienced as threatening and uncontrollable (i.e. there is at the moment no cure or vaccine available). Nevertheless, the reasons why such characteristics can be linked to AIDS as a social problem need to be further explained.

As Markova & Wilkie (1987) have illustrated, AIDS constitutes an instance of social representation. According to their theory - and contrary to others' (eg. Moscovici's, see Moscovici & Hewstone 1983) - the construction of social representations is as much an

emotional, as it is a cognitive process. Social representations are not only associated with knowledge, but also "*with values, images, social stigma, beliefs and myths*" (p.399). It is the authors' view that these associations are representative of AIDS, having transformed it into a "public fear" and having loaded its meaning with emotion, irrespective of actual experiences (eg.infection). The social consequences of AIDS - which Sontag (1989) has defined as "social death" - are often as uncontrollable as the disease itself.

It should be mentioned that, as most "catastrophic" epidemics, AIDS was bound to carry the metaphor of "plague", especially since sexual transmission, and thus morality, were involved. Nonetheless, the combination of every possible fear, taboo and prejudice into one "horrible disease" exceeded the Aeschylean imagination. AIDS had the 'privilege' to converge death, sexuality and racism, and supply food for moralistic judgement against already stigmatised or marginalised groups (Alcorn 1988; Sontag 1989). In a few words, AIDS became a phenomenon with an embedded double-meaning: illness and stigma.

As far as the present study is concerned, this double-meaning is expected to raise specific dilemmas for subjects in their effort to predict whether they would communicate information of HIV status or AIDS diagnosis to others, as well as what those others' reactions would be.

First of all, since studies have found help-seeking to be the first rank coping mechanism (Wills 1987), AIDS' identity as illness would imply that subjects would probably cope with it by seeking and receiving help. Moreover, because research has shown that - no matter how difficult the circumstances - there is a substantially higher preference for informal support (kinship, friends, partners, groups), rather than formal (services, professionals), members of the informal support network would normally be the first people to share such information with (Shapiro 1980; Veroff et al 1981; McCrae 1984).

The importance and necessity of this sharing is evident. The role of significant others, and especially that of the family, is believed to be extremely valuable in mastering physical and emotional distress. According to Caplan (1976), within the family embrace the person is dealt with as a unique individual and so the interest in him/her is of a personalised nature. Significant others can help by mobilising psychological resources, sharing emotional burdens, tasks and providing information, guidance and instrumental support (Vaux 1988). Occasionally, in incidents of chronic or terminal illness, depletion of support can occur because of the person's inability to contribute to the "give and take" basis of social relationships. Nevertheless, even on these occasions, the individual is rarely deliberately rejected.

The case of AIDS is more complex. Although its medical identity would imply support or at least compassion, its identity as stigma would mean that 'subjects' would possibly avoid to communicate 'news' that may cause them to be ostracised. The experience of professionals working with people with AIDS has shown that AIDS, indeed, differs from other terminal conditions (eg. leukemia) in the negative reactions it - more or less frequently - evokes in network members (Jager 1988).The struggle of persons with HIV/AIDS over the dilemma of whether and who to inform, has also been monitored by professionals (eg. Miller & Green 1985; Miller 1987).

In the Warwick et al (1988) study, young people seemed to be aware of the impact of AIDS on support networks. It appeared that in terms of social relationships, and contrary to the conceptualisation of other illness (including sexually transmitted), AIDS was "*almost universally understood as destructive*" (p.121). It must be noted that this 'gloomy' prediction may have been a result of the type of question asked, which was general and did not differentiate between network members. This point is vital because actual depletion of support has been found to be less frequent in cases where strong emotional ties and/or moral obligations/responsibilities are present (Kahn & Antonucci 1980).

Nonetheless, as with the provision of support, perceptions of depletion are important. According to Lazarus & Folkman (1984), perceived or actual social demands, that is the "normative patterns" of behavioural expectations of others, are essential in "shaping a person's thoughts, feelings and actions" (p.32). Realisation of failure to meet such demands usually brings guilt and shame. Buss (1980) has illustrated how disappointment to one's self, but also (perceived) disappointment to family, friends, partners causes shame. Guilt, on the other hand, is caused by violation of moral principles. Morality, Buss says, is based on public or private standards ("internalised" moral codes) and, not surprisingly, these also refer to "forbidden sex". It is, therefore, logical to conclude that, in order to avoid negative feelings, individuals may choose to keep the 'crucial' information to themselves.

2. Dilemmas and 'Scenarios'

The type of dilemmas expected to be faced due to the problem's ambiguity, are central to the general question of coherence in ordinary explanation of self-related issues. The proposed 'scenarios' provide a general diagram of alternatives to be compared with the subjects' own answers. (The need for such a diagram will be discussed in the following chapter).

Dilemmas (1)

The ambiguity of the topic is initially expected to raise dilemmas when deciding on the intention to inform others. An example will be used to illustrate the point:

Example 1 The person is aware that her parents think of AIDS as an 'immoral' disease and have strongly criticized people with AIDS as being responsible for their condition. The person is also aware that the parents have criticised her own 'immoral' behaviour on many occasions in the past. At the same time she realises that their support - at least the instrumental component - would be essential, if she were to somehow cope with the

illness. What would her prediction on telling them be? Where would she ground her intention?

Proposed scenarios (1)

- Rationale

The theory of reasoned action (Ajzen & Fishbein 1980) suggests, that intention is formed after consideration of the relative weight between a) the belief that the behaviour will lead to a certain outcome, and the evaluation of this outcome, b) the belief that important others do or do not want the person to behave in this way and the individual's motivation to comply.

The predetermined and limited interpretation of the model's components has been an issue of fundamental criticism. For instance, Ingham et al (1992) have argued that (reductionist) models such as this ignore the possibility that identical responses to one item may be given for a variety of reasons. It should be mentioned that Ajzen and Fishbein had pointed out that - at least the normative component of their model - was open to additional investigation. For instance, this component could be separately understood as the individual's moral obligation/responsibility to perform the behaviour. Although the authors themselves have argued against its predictive value, they have mentioned that others have found it useful. In general, as far as such reductionist models are concerned, a 'useful' variable can at best be added in the form of a new 'box' and be responsible for the model's renaming and enhancement of predictive value (eg. Ajzen's 1988 "Theory of Planned Action").

If, instead, one could look at these components as wide categories, open to 'subject' interpretation, the components could serve as a basic and general diagram of causal links to be verified by the 'subjects' own explanations. Of course, the point of criticism for such a 'liberty' would probably regard the loss of objectivity and predictive value of the specific model in question. It would indeed be a fair criticism, if the task was proposed as

an alternative way of obtaining accurate predictions, and not as a means for exploring reasoning.

- Topics (1)

Intention: Perceived Causes

It is therefore suggested, that the links people will recognise as leading to their intentions (and which are not necessarily mutually exclusive) may be understood in terms of the following categories:

i) Outcome expectancies (eg. facilitation of coping such as expectancy of various kinds of support, unburdening etc or otherwise expectancy of support denial, rejection, blame etc).

ii) Normative beliefs, both personal and social (including perception of obligations, responsibilities, roles etc).

Intention: One-sided attributions

As for the grounding of such beliefs, the proposed 'scenarios' follow the steps of the general research questions. Beliefs will be grounded:

i) On the situation's psychological meaning only (eg. the individual who sees AIDS as having mainly a social meaning will predict that he/she would avoid telling others of a positive diagnosis, irrespective of his/her past experiences with these others) **or**

ii) On past preferences/histories only (eg. the individual who always shared problems with certain others will predict that would do so now irrespective of the situation's meaning) **or**

iii) On direct or indirect consideration of both past histories and situation characteristics, offered in the form of coherent justifications.

Dilemmas (2)

The ambiguous nature of the topic is also expected to raise dilemmas when hypothesising about the reactions of others. The following example will illustrate this point:

Example 2 . The person has a partner who has always been understanding and supportive in the past. Now this partner may be facing infection by the same virus and the stressful experience of caring for a terminal patient. What will the person predict about his partner's reactions? Where would he base his reasoning?

Proposed scenarios (2)

- Rationale

Karniol (1990) has formulated a theory intended to satisfy the lack of empirical and theoretical attention paid in social psychology to the prediction of affective reactions or cognitions of others. She has proposed a hierarchy of ten transformation rules to explain the cognitive process of such predictions. According to this theory, whenever the person has to make a prediction of how others will feel or think he/she engages in a cognitive search following the specific order of the rules. The search terminates as soon as an adequate transformation rule is discovered.

The theory suggests that, if sufficient knowledge of a target's past 'history' is not available, stereotypes - that is, expectations of how members of a certain group category behave (eg. the 'public') - will be employed. This means that the less familiar others are, the more resemblance there is between persons' stereotypic understanding of such reactions (eg. rejection, blame etc.) and the predicted ones.

As far as familiar others are concerned, the individual needs to find an intersection between the available target knowledge and the "episodic representation". To use a relevant example, if illness representation is associated with sympathetic and supportive network members, the person will consider whether her emotionally 'cold' father matches this representation and will probably decide that the father would not be supportive.

What could be argued, is that this way of intersecting target knowledge implies that others are perceived as characterised by an inflexible behavioural rigidity; whereby an emotionally 'cold' father remains such regardless of the situation, unaffected by paternal feelings and/or moral obligations towards a possibly dying daughter. It is what theorists favouring the "fundamental attribution error" argument advocate, namely that people assume others behave in a cross-situationally consistent manner.

In any case, the theory goes on to suggest that, when two generalised representations are linked to one situation, the person has to find an intersection between the two. This means that the person has to decide in favour of one meaning instead of the other. Since evidence indicates that people are able to distinguish between the psychological meaning they ascribe to a situation from that ascribed by others, the result of this intersection may be different on each occasion (i.e. 'subjects' may decide that to them AIDS is predominantly an illness, whereas for their father it is predominantly a stigma situation).

This proposed function of discovering intersections between situations implies that all individuals deal with the double meaning of a situation by deciding to disregard or suppress one of the two (see also Karniol & Koren 1987). It also suggests that, once the decision on what meaning (illness or stigma) others ascribe to the situation is taken, one set of 'compatible' reactions (eg. support or rejection) is predicted.

The idea of an intersection between two general representations of situational meaning was offered by Karniol as an alternative to Selman & Byrne's (1974) belief, that predictors would expect contradictory affects to be co-experienced (eg.they would predict reactions of both anger and support), which means that no intersection between meanings would be necessary. Selman's alternative would make sense, but for cases where expected contradictory reactions from others are experienced as mutually exclusive (eg. support - rejection). Another possibility may be that persons would, for example, expect initial rejection and then support or alternation of the two. In both cases, an intersection between meaning appears also unnecessary.

- Topics (2)

Based on the above analysis, the proposed scenarios regarding: a) the patterns of others' predicted affective and cognitive reactions, b) the reasoning behind it, and c) the handling of the situation's ambiguity are:

Expected Reactions: Patterns.

i) 'subjects' will predict only a 'compatible' set of reactions (eg. worry, support) - possibly a product of intersection.

ii) 'subjects' will predict only antithetical or even mutually exclusive reactions (eg.blaming/rejection and support).

iv) different 'subjects' will follow different or a combination of the above 'scenarios'.

Expected reactions: Warrants

In cases where there is a high degree of familiarity, subjects will ground their predictions of others' reactions on the grounds of;

i) their knowledge of others' past 'history' only

ii) their speculation about the meaning these others ascribe to the situation only

iii) direct or indirect consideration of both the above, offered in the form of coherent justifications.

In cases where there is a low degree of familiarity, subjects will ground their beliefs on:

i) stereotypic understanding of how people react on such occasions ('subjective' consensus information) , or

ii) the way they believe they would personally react to someone of the same degree of familiarity .

The situation's meaning: Patterns

For reasons already explained previously, 'subjects' are generally expected to ascribe situational characteristics that refer to AIDS' double representation as both illness and stigma. The proposed 'scenarios' for handling the ambiguity are:

i) 'Subjects' will understand AIDS as predominantly an illness or otherwise a stigma inducing situation. This means that all 'subjects' will choose a prevailing identity for AIDS (i.e. some will mainly attend to its medical features, some will mainly attend to its social ones).

ii) 'Subjects' will understand AIDS as an illness as much as a stigma situation. This means that none of the 'subjects' will choose a prevailing identity for AIDS (i.e. they will all attend to medical and social features equally).

iii) Ascription will vary for different 'subjects'. This means that a number of them will choose a prevailing identity, while others will not (i.e some will attend to medical and social features equally, some will mainly attend to one type instead of the other).

Further issues: Overconfidence and flexibility

1. Overconfidence versus Uncertainty

The study will examine whether people's predictions are accompanied by comments/statements of overconfidence or otherwise by some degree of uncertainty. The theoretical background of this question has already been discussed in chapter one. More specifically, what will be examined is whether respondents acknowledge or not the following in their accounts:

i) the limitations/risks of discussing on a hypothetical basis,

ii) the unreality of expecting strict, cross-situational consistency in their own and other persons' behaviour .

2. Flexibility versus Rigidity (versus lack of Continuity)

Additionally, persons' perception or not of their own flexibility in dealing with situations will be monitored. The specific question is whether general representations of persons' own coping styles in stressful situations compare with those predicted for the case of AIDS, in a manner that allows us to claim that continuity, as well as flexibility, are evident in the content and grounding of people's predictions.

It was mentioned in chapter one, that it is accepted within the concept of inner consistency to seek for evidence of flexibility in the way situations are handled. The idea of flexibility in coping agrees with Lazarus & Folkman's (1984) definition of coping as: "*constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the person's resources*" (p.141)

Two general categories of coping are described by the same authors: a) emotional focused forms (including avoidance, minimisation, selective attention, positive comparisons, positive thinking, self blame, self punishment), and b) problem-focused forms (including alteration of environmental pressures/barriers/resources/procedures and motivational/ cognitive changes, such as shifting the level of aspiration, reducing ego involvement, finding alternative channels of gratification, developing new standards of behaviour, learning new skills and procedures).

This differentiation does not imply that there are two rigidly distinguished types of people. Rather, as the authors have shown, "*both functions are used by everyone in virtually every stressful encounter*" (p.157). Nonetheless, the extent to which the one or the other is used could vary. Lazarus and Folkman have pointed out the unquestionable existence of preferred coping strategies and styles, which - they believe - are congruent with personal values.

Whereas such preferences suggest continuity, the authors underline that the specific appraisal of a problematic situation may dictate the form of coping to be predominantly used in that instance. For example, they suggest that people may show a preference for more emotional-focused forms when there is an appraisal that nothing can be done, and preference for more problem-focused forms when harmful, threatening conditions are thought to be "amenable" to change. In other words, Lazarus and Folkman's theory seems to agree with the view that, when people think their usual preference may prove insufficient in dealing with a certain situation, flexibility will allow them to shift to a different coping style.

- Topics (3)

Are the concepts of continuity and flexibility detectable in people's accounts? The present study will examine coping construings in relation to 'pattern shifting' (i.e. preferred coping styles), and 'pattern relationship'. More specifically, it will examine whether:

i) There is a significant relationship between the generalised representation of coping and the predicted representation of coping in the case of HIV/AIDS.
ii) The introduction of the HIV/AIDS situation causes a shift in preferred coping styles.

According to the proposed 'scenarios', comparison of the general representation of coping with the predicted way of handling HIV/AIDS will show:

i) rigidity (a significant relationship between the two representations and no shift in preferred coping styles). Subjects will 'stick' to their past preferences irrespective of perceived adequacy and situation characteristics **or**
ii) flexibility (a significant relationship between the two representations and some degree of shifting to new coping styles). Subjects, who after consideration of situation characteristics will be led to think that past preferences may be inadequate, will show a new preference for coping styles, whereas subjects who after the same considerations will still appraise past coping strategies as adequate will preserve them

or

iii) lack of continuity (no significant representation between the two and an extreme degree of shifting to new coping styles). Subjects will show a preference for different coping styles, justified only in terms of perceived situation characteristics and irrespective of past coping preferences.

E. 'Explanations' within the proposed framework: limitations and claims

In this present study, AIDS was illustrated as an ill-defined social problem and two kinds of explanations to be sought from 'subjects' were discussed: the perceived causes of their intentions, and the grounds for their beliefs (warrants) about self/other expected affective-cognitive reactions.

What this study claims it can do, is to show how persons think they would solve the 'problem' at the particular time they were asked, with the particular type of past experiences in mind, and the particular understanding of the situation they were presented with and why. The study will examine whether the above (past 'histories', subjective situational meaning) were directly or indirectly considered by the respondents, and - if that proves to be the case - argue in favour of persons' responses reflecting coherence and inner consistency.

At the same time, the nature and purposes of the study do not make it eligible to propose alternative cognitive models. If people's contents of predictions and their understandings do not appear to match the allegations of such models, the social cognitive theorists interested in mental phenomena are the specialists who will assess what - if any - the implications could be for them. Researchers interested in the contents of people's responses are not safe in claiming that such contents mirror real cognitive processes. What such researchers can do, is to challenge some theoretical assumptions which - directly or indirectly - address the issue of people's coherence and self-awareness.

In detail, apart from testing whether the allegations of particular cognitive models (eg. Karniol's) are reflected in people's responses, the general claims of attribution theory, and the extent to which they are mirrored in the contents of people's answers, will be unavoidably tackled in this study. As previously mentioned (chapter 2), attribution theories promote people's 'single actions' as the typical case of ordinary explanation, separating the effects of person dispositions from those of situations. Their methods of investigating such explanations are structured responses, acquired by means of rating scales, and their underpinning philosophy is that of reductionism.

Where non-reductionist philosophies have been applied, evidence exists to suggest that the insistence of attribution theories on separating effects (person vs situation, internal vs external) may be totally ungrounded. For instance, Antaki & Naji (1987) used the "causal connective *because* " to identify the explanations of 40 persons aged between 20-62. The persons' spontaneous conversations were recorded and transcribed so as to provide the necessary data. The researchers found that 'single actions' as events needing explanation did not account for more than 1/10 of the data. The most common category of event that was chosen by participants was that of 'general states of affairs' (33.8%).

A number of reasons why the latter category was used so frequently were suggested (namely economy and accountability). In any case, Antaki & Naji underlined that categories of explanations such as 'common states of affairs' are not taken into account by attribution theories, and that the separate view of person and situation is to blame for their limited scope. In spite of the above claim, the nature of research questions did not provide direct evidence of people producing coherent attributions when explaining their beliefs and standpoints.

The allegations of attribution theories were also questioned by Kelley (1989) in his review of attribution theory and research, which focused on the topic of perceived causal structures. In general, he pointed out, causal structures may be sparse or dense, depending on the number of factors accounted for as causes for a single event. Answers

to the question 'why', he added, may vary on the basis of which linkages are traced, and the type of factors (actual - potential, important - not important etc.) used to explain the event. According to Kelley this realisation imposes a number of questions :

" *How is a question of internality vs externality to be answered when both are thought to be involved proximally? And how is to be answered when an internal and an external cause are seen to be successive elements in the causal chain leading to the event?* " (p. 358)

The same author emphasised that "*the conception of perceived causal structures, in which effects are often multiply determined*", challenges the assumption that "*internal and external (or disposition and situation) attribution ratings would be inversely related*", where internal - external are seen as two opposite poles of explanation (p. 358).

Kelley regarded the above arguments as having both theoretical and methodological implications. He stated:

"*...rarely is the structure simple enough that questions about which factors caused an event or about the relative importance of several factors are fitting. From this perspective, improved attribution measurement requires not only less restrictive answering sets, but means of describing such structural features as chains or networks*" (p.359).

The selection of an appropriate method to serve the purposes of the present study is, in fact, the issue to be discussed in the chapter that follows.

F. Summary

The selection of an ill-defined 'problem' to be solved followed the requirements/ research conditions put forward in the previous chapter. More specifically, the choice of a specific 'situation', namely facing a positive HIV test and the possibility of AIDS, and its identity as a risk/hazard topic - which seems to interest and concern young people - ensured the presence of affect. Several of the topic's aspects, such as sharing the information with others, and generally coping with the psychosocial aspects of the situation, were illustrated as being of particular worry to the young, and were selected as appropriate behaviour to be tested.

Some existing evidence linking AIDS to this study's theoretical framework, particularly to concepts of rationality and making sense, was provided.

Finally, a number of 'scenarios', giving the basic research questions an explicit form were proposed. These 'scenarios' served the purpose of hypotheses, in the looser form of alternative findings to be verified by 'subjects' provided 'solutions', rather than strict statements liable or not to rejection. They generally referred to the question of one sided-attributions and perceived causal links to intention, the patterns and warrants behind expected reactions from others, the psychological meaning ascribed to HIV/AIDS, the flexibility in representations of coping (pattern shifting and pattern relationship), and persons' expressed uncertainty in the accuracy of their predictions.

PART II

CHAPTER 4: Design of the methodological framework

A. Considering integration as a methodological approach.

Nomothetic - Idiographic: The obstacle of antithetical philosophies.

Efforts to integrate nomothetic and idiographic approaches in psychological research methods, stem from the realisation that there are assets and liabilities in both. The terms idiographic (or idiothetic) and nomographic were introduced with their present meaning by Allport (1937). The Greek origin of this terminology helps explain the primary concern of each approach:

The nomothetic approach ["nomos" = law, rule; "theto" = lay, impose] focuses on the development of universal behavioural laws; its philosophical grounds are those of reductionism and its main concern is prediction, based on a "well-attested body of rules". Rules and laws - deriving from across-individual regularities - lead to the production of theories, the scope of which is to interpret behavioural phenomena with certainty and objectivism, in search of a single 'truth'.

The idiographic approach ["idios" = individual, proper to one; "grapho" = write, ascribe] focuses on the understanding of individual behaviour. Included in this understanding are not only those who appear to follow the rules, but also the exceptions. The prevailing philosophical basis of the approach is that of phenomenology and non-reductionism; the value of engaging in methods that provide 'accurate' predictions is disputed. One of the idiographic approach's advocates, Jahoda (1989), has argued that "*laws which ultimately predict and explain everything...do not exist in human affairs*" (p.77). In general, idiographic researchers are interested in the content of responses, so that their methods specify instead of generalising, encompass 'deviants' instead of ignoring them, and tolerate - even celebrate - ambiguity instead of overlooking it.

The difference in philosophy between idiographic and nomothetic is unavoidably reflected upon the research questions selected, the methods and analysis preferred, but also in the way in which 'subjects' are appreciated and 'handled'. For instance, the choice of interpretative examination, naturalistic environments and free-response questions of the idiographic approach mirror the value placed on persons as self-aware and self-determined creatures, as well as invaluable sources of wisdom from which privileged information about human nature can be drawn. Positivist researchers do not normally share these values. The criticism is that, in their own experimental research environments 'subjects' are kept 'naive' about the research propositions and make no real contribution as individuals at any stage (Heron 1981).

The difficulties in implementing integration are not only characteristic of psychological research and methods of knowing. Efforts to integrate various approaches or 'schools' in the clinical psychological setting face similar obstacles, and imply the existence of similar concerns in the discipline of psychology in general. The main question, which according to Messer (1989) has to be answered in the clinical setting, is whether being integrative (or eclectic) undermines "*the very premises of the theory of therapy which one draws*" (p.72). Messer has chosen - amongst other areas - the nature of relationship between therapist and client to illustrate the application constraints of such efforts, and has highlighted the barrier that arises from the different value various 'schools' place on human beings, during the therapeutical process. More specifically, despite their fundamental differences, both psychoanalytic and behaviourist counsellors/therapists - are encouraged to consider themselves as 'experts', contrary to person-centered approaches, where clients are regarded as the best 'experts' for issues that concern their personal affairs (see also chapter 8). Messer has concluded, "*the point is that the kind of relationship fostered with one theoretical framework is not readily integrated with that of another*" (p. 76).

The obstacles of integration in the clinical setting are parallel to those found in the methodological one. For example, the role of interviewer and interviewee in terms of

their appraised 'expertise', differs between the two methodological approaches. Messer has referred to this parallelism, pointing out the dichotomy between the scientific (behaviouristic/nomothetic) versus the humanistic (phenomenological/idiographic) approach, and has emphasised the determinant role of methodological choices in research outcomes.

In conclusion, it appears that efforts to integrate the two approaches may be hindered by the main barrier of philosophical antithesis, and that the core of the difficulty may lie further than the successful systematic selection of techniques from both sides. Where different standpoints for viewing human nature are present, 'fair' (unbiased) negotiation becomes problematic - if not impossible to achieve. The following examples have been selected to illustrate this point.

Examples of integration attempts

Jaccard & Dittus (1990) dealt with the theoretical integration dilemma in the area of personality, by claiming that the differences between the two approaches exist in reality only at the level of application. They disagreed with Lamiell's (1981) belief that generalisations do not provide any information about any one individual (eg. his/her consistency), and supported the view that, whereas both nomothetic and idiographic theorists search for general frameworks, the latter apply them to single individuals, "*in order to understand the factors guiding (the person's) behaviour*" (p.314). They continued by arguing that, idiographic theorists then evaluate the validity of the framework on a large number of individuals and reach a number of generalisations. As an example of integration ("aggregate-nomothetic paradigm"), they provided a method for assessing the relationships between beliefs-attitudes, attitudes-behaviour, and for looking at beliefs and decision options.

So, for instance, the attitude of each individual toward each of various decision options is measured by use of "standard semantic differential scales". Consequently, the predicted

behaviour that has the most positive attitude is selected, and, then, the consistency between attitude and behaviour is obtained individually for each person. Jaccard & Dittus claim that their approach respects individuality and is far more advantageous than traditional methods - such as Fishbein's - which cannot provide any meaningful individual measurements. In spite of their criticism, it is not difficult to evaluate that the similarities between their own and that of traditional methods have more things in common than not. For instance, the possibility of a person not fitting in the "general framework" , is not discussed, and the disadvantages of using standardised scales (i.e. language) are not reversed.

In another example, Anderson (1990), after highlighting the liabilities of both the experimental and the phenomenological approach, proposed the "personal design" as an appropriate integration theory and method for the purposes of social cognition. His belief was that "personal design" combines nomothetic and idiographic approaches, emphasises person-environment interaction, and still expects regularities across individuals. As Anderson has pointed out, the three basic aspects of his approach are: the functional perspective, the discovery of "cognitive algebra", and the emphasis on experimental control. The proposed algebric equations for understanding cognitive functions (eg. *blame*) are considered as universal patterns, which still allow for individual differences (eg. different background *values*).

As in the previous case, even though the "personal design" theory appears to integrate both approaches, some basic philosophical demands of the idiographic perspective are not satisfied. One is the 'destiny' of 'deviants'. According to Anderson's reported study, "nearly" all the participants exhibited the parallelism pattern... Idiographic-oriented critics would rightly claim that:

" *'Laws' are regularly broken not only outside the laboratory and in the course of time, but in the here and now of the experiment, by the recalcitrant and neglected minority who fail to implement the hypothesis*" (Jahoda 1989, p.77).

In contrast to idiographic principles, Anderson's theory also appears to be primarily concerned with reducing data to cognitive algebric symbols, and, although it recognises that there is a varied background (eg. *values*) to each identical result (eg. *blame*), it is not interested in exploring these dynamics further. In general, the admitted emphasis on experimental control does not permit the monitoring or tolerance of ambiguities.

While nomothetic theorists find it, apparently, hard to encompass ambiguity, advocates of the idiograghic approach are unwilling to accept the generalisation of observations, where generalising means composing strict predictive laws (Jahoda 1989). For these reasons it was earlier claimed that integration has to overcome the obstacle of antithetical philosophies. And since philosophical compromises are hard to make, it is no real surprise that in the attempts mentioned above, the adoption of a neutral integration stand-point has not been successful.

However, as Messer (1989) has emphasised when referring to the area of psychotherapeutic theories and research methods, borrowing or assimilating ideas is not only inevitable but, also, desirable. Nevertheless, the purpose is not to discover the one, the only appropriate method and technique, but to benefit and widen existing perspectives and continue the struggle for formulating better ones.

Evaluating the methodological proposals of new paradigm research

In line with the above arguments, it appears likely that striving for a neutral integration stand-point may well be a chimera. In that respect, new research paradigm is more realistic. It clearly adopts values of the idiographic approach - to do with human abilities and insights - accepting also notions of ambiguity and contradiction. In terms of methods, it, too, believes in a closer relationship between researcher and 'subject', viewed as the "*richest of all sources of data*" (Allport 1962). It rejects stereotypic concepts of "soft", "loose construing", qualitative, "subjective" research versus "hard", "tight construing", quantitative and "objective" research, but - most importantly - it does

not overrule the importance of generalisation. The obvious philosophical antithesis between generalisation and idiographic principles is dealt by re-defining generalisation as: "*general statements about the power, possibilities, and limits of persons acting as agents*", instead of looking at it as a tool for "deterministic" prediction (Reason & Rowan 1981a, p.490). Not surprisingly, within this paradigm, there is an acceptance of "*multi-level, multi-disciplinary modes of understanding*" that "*do justice to the person-in-context as a whole*" (ref. ditto).

The philosophy and research methods of the psychology of personal constructs, is in agreement with this paradigm. Having embraced Kelly's (1969) approach, Bannister (1981) defines psychological research endeavour as a " cycle", a "recursive" process of "circumspection, pre-emption, control", which moves between "loosening and tightening" of construing. The latter suggests, according to Bannister, that "*research can be both an act of the imagination and a hard-nosed testing process* ". It further implies, that "*the postulating of a creativity, pre-emption, control cycle gives you freedom to offer research contributions at and through any phase of the cycle...*(enabling you to) *both test specific hypotheses or prove via open-ended questions...*(and to) *contribute quantified data or thematic analysis of free-flowing material* ". Whilst firmly insisting on such freedoms, Bannister has not disregarded the importance of working within a linguistic-theoretical framework, which gives researchers and their 'audience' the opportunity to "*elaborate outwards from the specific study* " (p.199).

Conclusion

In an effort to benefit from a multi-level, open-minded approach, the present study complies with the above methodological principles. More specifically, the study endorses the re-definition of generalisation as stated by advocates of new paradigm research, and the conducting of research within a cycle of tightening-loosening and re-examining data, suggested by the psychology of personal construct. The study endorses these principles

because they agree with: a) its general philosophical basis, b) its interest in persons' construings, and, c) its goals of looking at the 'what' and 'why' of people's predictions.

Traditionally, 'what' questions are dealt with the use of quantitative data, and 'why' questions with the use of qualitative, so it is obvious that there is here a need for both. However, since the belief in people's verbalisations as valuable sources of insight has been a prevailing pattern throughout the previous chapters, it follows that direct, open-ended questions will be almost exclusively used as means of eliciting data. Additionally, in line with the guide-lines of new paradigm research, quantification will not be used further than to satisfy pre-justified purposes (see Reason & Rowan 1981a, p. 491). It should be noted that the possibility for both qualitative and quantitative content analysis of free-response material (eg.accounts) has been pointed out by various authors such as Mostyn (1985) and Brenner (1985), as appropriate for overcoming the limitations of using only one approach.

B. Examples of research methods as 'guides'.

Introduction

Following the opinion of authors such as Brown & Canter (1985), the research topic and goals must guide the selection of appropriate research methods for collecting and analysing data. It is reminded that the present topic concerns an ambiguous, ill-defined social problem and deals with the 'what' and 'why' of beliefs and justifications. More specifically, the research objectives are two-fold: the first is the exploration of theoretical dimensions (eg. attributions to person and/or situation characteristics), and the second is the monitoring and examination of two kinds of explanations: perceived causes and warrants (see chapter 2).

For reasons that will become apparent, a variety of methods proposed by researchers in the field of ordinary explanation have acted as influential material toward the formulation

of a methodological framework, which can meet the goals of this study. The three examples of methods, discussed in more detail below, share a belief in:

i) collecting free-response material

ii) trusting and respecting people's 'stories' as valuable sources of information

ii) drawing their research conclusions directly from people's 'stories'.

Three examples of methods

I. Antaki (1988b) has suggested a method for looking at explanations, involving the sketching of an "idealised picture" by the researcher, which is empirically verified by people's accounts.

This proposed "idealised picture" is a 'diagram' or 'model' which refers, firstly, to the "structure of beliefs", "*the network of (at its loosest) association or (at its tightest) logical implication among a certain set of views*" . This structure does not have to be objectively accurate ('rational'), "*but it is what the person genuinely believes* ". The 'diagram', secondly, refers to the "justifications", which indicate why two beliefs are linked. In summary, his view is that "*a person's explanation has a reasonably elaborate causal skeleton which is fleshed out with justification* " (p.63).

Antaki's empirical examples have included one study of transcribed oral accounts, and one of written. In the first, the construction of explanatory structures was created by the investigator, whereas in the second, respondents gave their own written diagrams of these structures. The advantages of this method obviously lie in the value placed on people's accounts and insights. Nevertheless, in comparison to the aims of the present study, there are no specific theoretical dimensions to be examined, and no specific reference to problem solving accounts. Further, in relation to written forms of data collection, the request from people to develop their own "paper-and-pencil" sketch of causal links, is to an extent problematic, because, as Antaki himself has put it, it does not respect free-response accounts, and it may be encouraging an artificial form of rationality.

II. The next method to be briefly described is that of Voss's (1988), who has proposed a way of analysing problem solving and reasoning in "ill-structured domains" (social problems). His method refers to protocols, but can be easily applied to all kinds of written accounts, that deal with similar tasks.

Even though Voss has emphasised that there is no single way or formal system to analyse such information, he has proposed three main conditions for analysis. According to his experience:

i) analysis must be 'model' driven, which means that the researcher must make a basic assumption about the structure of the written account,

ii) reliability must be ensured by developing a coding system for presenting these structures,

iii) provision of the whole or segments (quotations) of the (written) material must be provided to facilitate others to follow the logic of the analysis.

Finally, his general 'model' assumes that in cases of "ill-structured" problems, the solver initially develops a problem representation and then "delineates" perceived causes and constraints. The 'solution', in other words, consists of two basic structures: a) the general problem-solving structure, and b) the reasoning structure.

The above method has the advantage of specifically dealing with ill-defined problems, such as the one that is of concern to the present study. One of the disadvantages, that Voss himself has noticed in this method, is the fact that the analysis provides only one type of data, and that only one type of question is addressed. Indeed, the range of questions that are of concern to the present study could not be solely covered by this method in a satisfactory mode.

III. The last example of method offered is by Harvey et al (1988), who have developed procedures for analysing and interpreting free-response attributions of oral and written forms. The authors have supported the point that such procedures should be theory-

guided, since one cannot separate conceptual and empirical issues. The steps they have proposed for analysing such attributions are:

i) identification of attributions,

ii) defining of theoretical dimensions,

iii) coding of attributions

This technique has been formed in order to allow the quantification of "all theoretically meaningful dimensions". Harvey et al have pointed out that the nature of research goals should determine the type of analysis used. They have claimed that, whereas in some cases inferential statistical tests may be applicable, in others, descriptive analysis may be enough. In yet other cases, choosing to stop at nominal-scale statistical analysis may be viewed as both "useful" and "appropriate". Chi-square analysis is given as an example of appropriate test to be applied when examining internal versus external control attributions or other "related" theoretical dimensions (i.e. stable-unstable, situational-dispositional).

Although Harvey et al's method provides useful guide-lines for the present research, which is - partly - also concerned with similar theoretical dimensions and with some quantification of data, it does not satisfy its interest in the "why" of people's verbalised predictions and justifications, the content - in other words - of their accounts. The researchers themselves accept that attributions do not exist in isolation, but rather they form part of people's 'stories' (see also Antaki 1981). Nevertheless, their proposed method does not leave room for the exploration of such 'stories'. It follows, that the purposes of the present research dictate the adoption of a methodological framework that can account for its interest in theoretical dimensions and contents alike.

-Conclusion

The conclusion that can be drawn from the above illustrated methodological examples as to the necessary conditions for examining explanations, are the following:

a) Analysis must be guided by a 'diagram' or 'model', showing expected or alternative structures of beliefs and justifications.

b) Coding is essential for the purpose of description.

c) Quantification may be applied, depending on the research goals (eg. examination of theoretical dimensions). The nature of quantification also depends on these pre-determined objectives.

d) Both oral and written forms can be helpful, depending again on the research objectives and means.

e) Quotations must be used to support conclusions. This view is put forward by numerous other analysts, such as Mostyn (1985) who has argued that: "*segments provide not only the proof that the data produced the concepts the researcher is reporting, but also they preserve the language of the respondents*" (p. 141).

Reliability - Validity

The use of coding, quotations, and the idea of interpretations that do not go further than evidence can justify, deal - to an extent - with the problem of reliability, which, again according to Mostyn, stems from the low level of comparability in qualitative research, possible imprecisions in content analysis and the multiplicity of perspectives for looking at the data.

Brenner (1985) has suggested some guide-lines for managing the other well reported 'problem' of qualitative research, namely that of validity. He has proposed the examination of accounts for undesirable influences, the adoption of a non-argumentative, supportive, facilitating attitude from the part of the researcher - so as to deal with the respondent's motivational state - and, finally, data verification. The latter means evaluation of whether descriptions/explanations can be regarded as somewhat similar across accounts, a suggestion which could be interpreted either as positivistic or as simply highlighting the fact that similarities exist among people.

Reason & Rowan (1981b) have argued against the viewing of validity from the perspective of "traditional logic" (emphasis on methods), and has instead proposed the basis of "interactive", "dialectical" logic as more appropriate for humanistic approaches (emphasis on people). According to their opinion, the conceptualisation of validity in traditional ways agrees with the positivistic engagement in discovering the single 'truth'. Based on their beliefs, any approach that rejects this notion (of one truth) should view validity "*as more personal and interpersonal, rather than methodological* ", and as lying in the skills/sensitivities of the researcher (p.244). In this light, they have pointed out the necessity for analysts to consider emerging possibilities that may not be evident at first sight, to try out data (parallel to the internal validity notion), and to be genuinely critical of all interpretations.

Within the above paradigm, the issue of respondents' motivational state is overcome by respecting the 'subject', and valuing his/her co-operation. In terms of provided answers, respondents are considered *a priori* honest - except for cases where they feel somehow threatened or used. At the same time, there is a recognition within this paradigm that: "*a person may misconstrue his world, and may be deluded about his intentions in the sense that his stated purpose of an action is a rationalisation of some process within him of which he is not fully aware* ", hence the declared need for more co-operative research (Heron 1981, p.23).

C. Creating the methodological framework

Introduction

This part will examine how the previously selected principles and drawn conclusions guided the design of the method that was presently applied.

The main discussed methodological principle was that of the "cycle", that allows 'shifting' from the individual to the general and vice versa. Within this circle, interest in

the individual is complemented with search for general patterns (abilities/boundaries), within which all individuals exist -without exceptions. Following Bannister's (1981) argument that variables are often "*looked on as a reality rather than an interpretation of reality*" and are wrongly "*presented as if they must be taken into account*" (p.199), the use of 'traditional' variables (gender, age etc) was considered irrelevant to the purposes of the present analysis. Further, efforts to answer questions at an individual and more general level included the use of multiple levels of data collection and analysis. The conclusion in part B showed that both written and oral forms of qualitative data may be appropriate in order to meet such needs and to offer more than one perspectives. It also indicated that quantification of qualitative data is possible and useful, when looking at theoretical dimensions. The methodological framework below constitutes a general 'guide' to the methodological chapters that will follow.

Methodological design

The principle of construing at least one methodological cycle was satisfied through the design of two stages of data collection and three phases of analysis. The first two phases belong to stage one and the third belongs to stage two. The table below illustrates the methodological framework in more detail.

Table 4.1: Methodological Framework

	STAGE ONE		STAGE TWO
Questions	who,what,where		why, how
Data collection techn.	open-ended questionnaires		depth interviews
	Phase 1	**Phase 2**	**Phase 3**
	(Individual)	(General)	(Individual)
Research Strategy	Case studies	Survey	Case Studies
Data analysis	Pattern matching across cases	Frequencies/ chi-square test	Pattern matching across cases
Purpose	Coding system Interview guide	Data description General patterns	Insights Verifications

In stage one, the method of collecting written accounts - provided by open-ended questionnaires - had the advantage of offering the opportunity of both looking at a representative number of individual cases (small case studies), as well as at general patterns through data quantification. However, the self-administered nature of these questionnaires had the disadvantage of not permitting a close enough relationship between researcher and respondents. Even though interviews would have been preferred, the purpose of describing general patterns dictated the need for a relatively large number of respondents, and such a need would have been impossible to meet by interviews, due to limited time and money resources.

Nevertheless, there was an effort to satisfy the principle of respect and co-operation with the 'subjects' by asking direct questions, by allowing free expression and comments, and by not keeping them 'naive' about the study's objectives.

A closer relationship was hopefully achieved at the last stage of the research, where depth interviews were conducted with a limited number of participants. Depth interviews are recognised as the most appropriate for collecting explanation-related material (Brown & Canter 1985). During the interviews, the aim of the interviewer was to express "genuine concern" for the interviewee as a person, and allow him/her to "*ask questions exploring intent, seeking clarification and otherwise actively participating in the process of seeking understanding* " (Massarik 1981, p.203).

Regarding the techniques of data analysis, the quantitative ones were selected on the basis of Harvey et al's (1988) arguments, as presented in part B. Generally, quantitative description of data collected during stage one was complemented with nominal-scale analysis, where issues of theoretical dimensions were concerned. As for the qualitative techniques, pattern-matching - that is, comparison of an "empirically based" pattern with one or several alternative predictions - is described by Yin (1984) as the most "desirable" pattern of analysis for case studies. Across-case analysis for multiple case-studies, is

proposed by Yin as a "lesser" mode of analysis for descriptive and/or explanatory topics, and was used where appropriate.

Finally, the issues put forward by the 'scenarios' in chapter 2 were addressed during the various stages and phases of the framework as illustrated in the table below :

Table 4.2 The 'scenarios' within the methodological framework

	STAGE ONE		STAGE TWO
	Phase 1	Phase 2	Phase 3
Intention			
- Perceived Causes	NO	NO	YES
-One-sided attribut.	NO	YES	YES
Expected reactions			
- Patterns	YES	YES	NO
- Warrants	NO	NO	YES
Situation meaning			
-Patterns	YES	YES	NO
Uncertainty of Hypothesizing			
- Comments	YES	NO	YES
Coping			
- Pattern shifting	YES	YES	NO
- Pattern relation.	NO	YES	YES

It is evident from this table that not all topics were examined in detail at all phases. This does not mean that they were not tackled; it simply means that specific research questions were directly addressed at specific phases. In other words, the table provides only a segment of the whole methodological 'picture'. As an example, the previously stated (Table 4.1) role of phase one as a hunch/guide to the interview stage, is not presently highlighted. Similarly, the necessity of monitoring the situation's psychological meaning or the expected reactions from others for each interviewee (phase three) - in order to interpret explanations, and try out obtained patterns - is not obvious from the

table above. The whole of the methodological 'picture' will be outlined in more detail in the following two chapters.

D. Summary

Although desirable, 'fair' (unbiased/balanced) integration between idiographic and nomothetic approaches seems to be hindered by their antithetical philosophical standpoints. From the idiographic perspective, the adoption of the generalisation principle is problematic, since phenomenology and interpretative methods are more interested in the individual, and greatly suspicious of approaches that ignore "deviants" .

In light of the above, the effort to benefit from certain integration assets - and yet, retain a philosophical consistency - leads the present research project to endorse the re-definition of generalisation as "*general statements about the power, possibilities, and limits of persons acting as agents* " proposed by new paradigm research. It also leads it to endorse the principle of researching in a "cycle", such as moving the focus of interest from the individual to the general and vice versa. The cycle also allows for a multi-level methodological design, freedom in the type of collected data, and means for completing analysis.

The illustrated methodological framework was, finally, a combination of: a) the experience and suggestions of a number of theorists and researchers, sharing a variety of similar to this study's values and objectives, b) the need to meet the specific research aims and developed 'scenarios', c) the restriction of limited time and resources. It consisted of two stages, including three phases of collection, examination and analysis of data, with research interest focusing from the individual to the general and back to the individual.

CHAPTER 5: Research Procedure in Stage I

A. Introduction

This chapter will describe the methodology followed during Stage I of data collection, and will, thus, provide information on the first two phases of analysis and findings.

Stage I of the study was conducted according to the methodological framework (see Table 4.1), which illustrated its design (data collection technique, data analysis and purpose), and the 'scenarios' to be addressed (see Table 4.2). The details of this conduct are presented below.

B. Methodology

Procedure of data collection

A survey was conducted among students of the University of Bath. The Student Union of the University provided a list of 1000 students' names and addresses, selected at random from the computerized registration catalogues. A questionnaire, accompanied by a cover letter and self-addressed envelope, were then sent to all of the above students.

The covering letter (Appendix 1) informed students of the researcher's identity and her personal interest in acquiring the required data. It clarified the purpose of the research, emphasising the questionnaire's anonymity, and gave details on how to return the questionnaire. Their collection was jointly undertaken by the researcher and the Education and Welfare Office of the Student's Union, via the University's internal mail system. During that time, a series of advertisements were published at the Union's Newsletter, asking students who had received the questionnaire to co-operate.

Twenty six percent of the questionnaires were finally returned. The percentage was relatively satisfactory, given the fact that the Union itself was conducting two more

surveys at that same period, and considering - most importantly - the open-ended, time consuming, and intense self-focusing nature of the questionnaire.

The Sample

The sample consisted of 264 students of both sexes and various cultural characteristics (i.e. nationality, religion) - (see Table 5.1). The fact that the sample was well-educated, ensured 'subjects' ability to express themselves satisfactorily in a written form. This was considered as an important - although not necessary condition - for administering open-ended questions, the answering of which required elaborated monitoring of personal beliefs.

One sample characteristic that could perhaps be viewed as a disadvantage, was that of self-selection. What is argued is that, although in the light of different research objectives (eg. testing of knowledge, assessing abilities), self-selection may be seen as an instance of considerable bias, at least in the case of the present study, this feature was essential in order to ensure self- relevance and the participants' general interest in the topic. As can be seen in chapter 2, self-relevance was put forward as a necessary condition for the choice of 'problem' which 'subjects' would be asked to 'solve'.

The Questionnaire

The questionnaire (see Appendix 2) was mainly open-ended and consisted of six parts.

Part A provided information about the demographic characteristics of respondents, as summarized in Table 5.1.

Part B explored the participants' basic knowledge, concerning issues of HIV/AIDS. The purpose served in this part was more introductory to the questions that followed, rather than strictly relevant to the aims of the study. Nevertheless, these results will also be presented.

Table 5.1 Percentages of sample's demographic characteristics

Gender		
	Male	55.7
	Female	44.3
Age		
	17-25	73.4
	26-35	19.0
	36 over	7.6
Nationality		
	European	87.5
	Asian	6.4
	African	4.2
	Other	1.9
Religion		
	Christian	69.3
	Atheist	23.5
	Muslim	4.5
	Other	2.7
Educ. level	Undergraduate	69.5
	Postgraduate	30.5
Sexual ID		
	Heterosexual	96.5
	Other	3.5
Relationship Involvement		
	Not involved	44.7
	Involved	55.3

Part C invited participants to take the imaginary role of someone who has received a positive HIV test, and write a list of expected feelings and anticipated problems to be faced. The definition (hypothesising how I would feel, think in a certain situation) and advantages (salience, processing self-relevant information) of "situational role-taking" were discussed in chapter three. The present question identified the personal meaning that this specified situation had for each 'subject'.

Part D asked participants to tick a list of people they would choose to inform in case of HIV infection.The list included members of a person's ordinary informal and formal network members, ranging from very close to relatively distant relationships, and was open to the addition of other important 'names', which each participant would want to include. Participants were then asked to write a paragraph on the expected reactions from three groups of their informal network members (parental family, partner/s-spouse, close

friend/s). Although at this stage there was no specific research interest in persons' warrants (reasons for beliefs), 'subjects' were asked to provide some general reasons for **not** informing one, some or all of the people in the provided list.

Furthermore, part D invited 'subjects' to draw from their own memory one or more situations of crisis and tick a list of various support "activities" separately received from the same groups of people. These "activities" (financial, practical, advice, and emotional support) were adopted from Vaux (1988) due to their simple and comprehensive form. Examples of how each support type should be understood were also provided.

The purpose here was to explore persons' predictions (intention to inform, supportive or not reactions from others), and identify their general representation of general support in needy circumstances. It should be noted that persons' perception of available support in the past was the subject of interest. As Lazarus & Folkman (1984) have emphasized, perceptions of support can be as important as the actual support received, when dealing with demanding situations. In practical terms, this means that, unless perceived as such, any assisting attempt is not appreciated and recalled as supportive.

Concerning the phrasing of this last question, an alternative approach could have been to ask people to draw from their memory a somehow 'similar' situation, leaving again the selection to be free. This plan was abandoned as it would probably raise the objection from the part of 'subjects' that nothing 'similar' has ever been experienced by them. In order to deal with this problem, it was felt more appropriate to generally refer to a situation of 'crisis'. Although further details could have been provided, for instance examples such as pregnancy, rape, serious illness etc, no further specification was mentioned. This was preferred for two reasons. Firstly, it was not considered appropriate to pre-dispose participants, encouraging them to focus on a specific meaning for HIV by indirectly comparing it to either a stigma (eg. rape) or an illness situation. Secondly, it was recognised that the definition of any situation as 'crisis' is subjective and not experienced as equally distressing by all persons. As Snyder et al (1987) have

explained," *what may be a relatively benign event for one person may be a negative life event of major proportions for another (p.9)* - (see also Murgatroyd & Woolfe 1982).

Part E initially asked participants to hold on to the memory of some sort of personal crisis in their past, and write a paragraph about the things they would do or think in order to 'handle' that situation. A second question required from the respondents to take the role of a person facing an HIV positive test once more, and write a paragraph on the things they would do or think in order to 'handle' the specific situation. The objective here was to identify general patterns of coping representations and representations of predicted coping with HIV and the possibility of AIDS.

Finally, part F was interested in seeing whether 'subjects' would particularly consider informing HIV/AIDS counselling services and asked for some general reasons in cases of negative or uncertain answers.

Note that, overall, effort was directed towards keeping the questionnaire as short and straightforward as possible, respecting the fact that the requirement of relatively long, written answers on hypothetical and serious issues - demanding intense self-focusing and thinking - would be time consuming, and would possibly discourage potential respondents from completing it.

Theory-determined dimensions and categories in the analysis of findings

Certain dimensions and wide categories, employed to assist the analysis of collected data, were theory-determined. They served the purpose of facilitating the addressing of specific research questions, although their implementation was occasionally restrictive. More on the categories' limitations will be discussed later (for example see pages 113, 215).

1. *The situation's meaning.* The general dimensions used for analysing it were: a) 'social' and b) 'medical' (i.e. psychophysiological). The facilitating role of these dimensions in testing specific 'scenarios' and the rationale of the particular distinction was discussed extensively in chapter 3.

2. *The network members.* The general categories under which network members were classified were: a) "Inner-informal" (parental family, partner-spouse, close friends), b) "Outer-informal" (other friends / acquaintances, fellow students / work mates, tutor / employer), c) "formal" (doctor, student counsellor, priest etc).

The distinction between formal and informal support is well documented in the literature (eg. Veroff et al 1981; McGrae 1984; Vaux 1988). For research (or therapeutic) purposes, various 'layers' are often defined within the person's network, especially within that informal one (eg. Murgatroyd 1985, Albecht & Adelman 1987, Gaitley & Seed 1989). Here, the distinction of informal network members into "inner" and "outer" was adapted from the terms "in-group" and "out-group" introduced by Triandis & Vassiliou (1972), which implied a differentiation in closeness and supportiveness. Thus, the inner informal network group identifies with significant others, whereas the outer informal identifies with other members, who complement the informal network system.

3. *The coping forms.* The categories of coping used were: clear preference for a) emotional focused forms of coping, b) or problem focused forms of coping, c) or no clear preference. The rationale for implementing this categorisation was discussed and supported in chapter three. It was then clarified that according to Lazarus & Folkman (1984), emotional-focused forms include the products of all sorts of defensive mechanisms (eg. avoidance, denial, positive comparisons etc), as well as self-blame and self punishment. Problem focused forms include efforts to bring change to the limitations/difficulties imposed by different situations, as well as cognitive/behavioural changes.

C-1. Analysis and Findings: PHASE ONE

Introduction

As shown in the methodological framework (Table 4.1), during Stage I data analysis was conducted in two phases. The first focused on a representative sub-sample of respondents from the whole sample of 264 students. Data from the 'selected sample' was

analysed as case studies, as discussed in chapter 4. The analysis provided: a) a coding system for describing and also quantifying certain findings, and b) an insight into individual perceptions, offering a guide to the next stage of research.

Selection of 'case studies'

Twenty seven written accounts (10% of the whole sample) were selected to be separately analysed. They were specifically chosen so that their demographic characteristics would be almost totally representative of those of the general sample. The only exception was that of sexual preferences. Due to the existing stereotypes linking AIDS to specific groups (i.e. gay/lesbian persons), this characteristic was considered of special interest.

Table 5.2 Percentages of the demographic characteristics of the 'selected sample' compared to the general.

		N=27	N=264
Gender			
	Male	55.5 (15)	55.7
	Female	44.4 (12)	44.3
Age			
	17-25	74.0 (20)	73.4
	26-35	18.9 (5)	19.0
	36 over	7.4 (2)	7.6
Nationality			
	European	85.9 (23)	87.5
	Other	14.8 (4)	12.4
Religion			
	Christian	70.4 (19)	69.3
	Non-relig.	25.9 (7)	23.5
	Muslim	3.7 (1)	4.5
Educ. Level			
	Undergrad.	70.4 (19)	69.5
	Postgrad.	29.6 (8)	30.5
Sexual ID			
	Heterosexual	77.8 (21)	96.5
	Other	22.2 (6)	3.5
Relationship			
	Involvement		
	Involved	51.9 (14)	55.3
	Not involved	48.1 (13)	44.7

Presentation of case-studies

This section 'introduces' the twenty seven cases which constitute the 'selected sample'. Their actual names, unknown in most cases, have been replaced with fictional ones for purposes of easy identification.

Table 5.3 Presentation of the 'selected sample'

Name	Gender	Age	Nation.	Relig.	Educat.	SexID	Relat.
Achilleas	M	25	Britain	Christ.	p/g	heteros.	yes(mar/ed)
Aphrodite	F	21	Britain	Christ.	u/g	heteros.	yes
Apollo	M	22	Greece	Christ.	u/g	heteros.	no
Ares	M	23	Germany	Christ.	u/g	heteros.	yes
Artemis	F	22	Britain	–	u/g	bisexual	yes(<1)
Calypso	F	22	Britain	Christ	u/g	heteros.	yes
Chrysida	F	35	Botswana	Christ.	p/g	heteros.	no
Dimitra	F	21	Ireland	Christ.	u/g	heteros.	yes
Elene	F	18	Britain	Christ.	u/g	heteros.	yes
Euridiche	F	20	Britain	Christ.	u/g	heteros.	no
Hera	F	24	Britain	__	u/g	lesbian	no
Heracles	M	27	Britain	__	p/g	heteros.	yes
Hermes	M	21	Britain	__	u/g	bisexual	no
Hyphestos	M	35	Ghana	Christ.	u/g	unsure	no
Iphigenia	F	23	Malaysia	__	u/g	heteros.	no
Leto	F	30	Britain	Christ.	p/g	heteros.	no
Minerva	F	20	Italy	Christ.	u/g	heteros.	no
Nephele	F	21	Sweden	__	u/g	heteros.	no
Odysseas	M	22	France	Christ.	u/g	heteros.	no
Orestes	M	47	Britain	__	p/g	heteros.	yes(mar/ed)
Pandora	F	22	Britain	Christ.	u/g	heteros.	yes
Patroclos	M	23	Britain	Christ.	u/g	heteros.	no
Penelope	F	22	Britain	Christ.	u/g	heteros.	yes
Poseidon	M	41	Britain	Christ.	p/g	bisexual	yes(mar/ed)
Plouton	M	25	Britain	Christ.	p/g	heteros.	yes
Theseas	M	28	Sudan	Muslim	p/g	bisexual	no
Zeus	M	23	Britain	Christ.	u/g	heteros.	yes

CODING

The written accounts given by the respondents above, were examined in detail so as to - first of all - provide a general coding system that could be of service to the subsequent phases of analysis.

For reasons of "definitional clarity" and reliability, two coders, (the researcher and one psychology graduate used as an assistant) were responsible for the coding. The assistant coder was provided with a list of pre-defined categories and dimensions, where appropriate (see section B). He was also supplied with some relevant literature material, wherever it was considered necessary. In some cases (eg. 'situation's meaning'), this material constituted a point of reference for both coders, which helped them clarify doubts and provided them with a common basis for the discussion of disagreements.

For example, in answering the question of which sub-categories to include in the 'social' and 'medical' dimensions of the situation's meaning, and of which feelings/problems to place into which sub-category, the experience of authors who have monitored and categorised the psychosocial problems/feelings of people tested with HIV, diagnosed with AIDS or other terminal illness, was used as a guide (eg. Kubler-Ross 1970; Miller & Green 1985; Hughes 1986; Miller 1986; Miller 1987; Jager 1988; Sabatier 1988; Green 1988).

In other cases, the assistant coder was given instructions as to the required focus of his categorisations. For instance, in the question concerning expected reactions, the assistant coder was informed that categorisations should have the topic of support (or lack of it) and its variations as their central theme. Later on, when there was a need to re-categorise answers to the same question, so as to additionally examine findings according to the 'social-medical' dimension, analogous instructions were given (see section C-2).

The actual procedure started when the coders separately coded answers to 20 randomly selected questionnaires, and measured the intercoder reliability. The formula used for this purpose was:

reliability = number of agreements/total number of agreements+ disagreements

(Miles & Huberman 1984)

The level of this reliability was initially 77%. After common reconsiderations and discussions, this level finally reached 95% for the whole sum of questionnaires coded.

The final categorisation, as well as segments illustrating the logic of the coding system are provided below. These segments were taken from 18 out of the 27 (2/3) of the selected sample's case studies. The remaining 9 were reserved so as to serve a different purpose in the presentation of results during this phase (1). It should be noted that respondents often failed to distinguish between HIV and AIDS in their answers, hence the use of both terms in the presentation of results.

The situation's meaning.

The social implications were categorized in the following way:

S-1 Being considered 'responsible'

"*Accused of being gay or on drugs* " (Heracles).

" *Frustration at my own foolishness - (I know enough about it to have been more careful), guilt that I have passed it on to my wife* "" (Orestes).

" *Guilt about having it passed to someone else, anger at myself for being so stupid*" (Pandora).

S-2 Facing the situation alone

"*Feeling of loneliness. Isolation* " (Theseas).

"*Isolation, lack of social support and comfort, losing friends and partner* " (Zeus).

"*Isolation. Unable to talk to people* " (Leto).

S-3 Being treated as a 'deviant'

"*Ignorance of misinformed people, possibility of losing job and university place* " (Hera).

"*People avoiding me, prejudice in terms of jobs, loans etc* " (Nephele).

"*Other people's attitudes and hostility* " (Dimitra).

The 'medical' (psychophysiological) implications were categorized as:

M-1 Those caused by the unpredictability of illness development and/or lack of vaccine/treatment.

"*Fear of the unknown, angry, coping with my anxiety, on the edge waiting for symptoms to develop* " (Achilleas).

"*What is going on/what is going to happen to me? Recurrent nightmares, anxiety, facing the present and the future* " (Patroclos).

"*Coping with the anxiety after discovering I have HIV and before my immune system is destroyed* " (Orestes).

M-2 Those caused by the possibility/idea of death .

"*Sadness, depression, having to cope knowing that I will probably die, life insurance* " (Zeus).

"*Depression, desperate, suicidal* " (Elene).

"*Fear for myself and worry for those around me* " (Calypso).

M-3 Those caused by the physiological impact .

"*Unable to have children for fear of passing it on. Unable to have sexual relationships* " (Artemis).

"*Persistent coughs and colds, possible pneumonia, looking ill* " (Elene).

"*Not being able to have a normal relationship, not being able to have children without the risk of infecting them and my partner* " (Pandora).

As will become more obvious in the next phase of analysis, not all respondents attended - or attended equally - to all of the situation's meaning perceived aspects. The quotations above were selected so as to illustrate the logic of coding, and do not imply that the response of any particular participant was restricted to only those situational characteristics presented.

Expected Reactions from significant others (inner informal network members).

The patterns of reactions from the (parental) family as a whole or from individual members, were labelled in terms of expected support, as the examples below show. The reactions expected from family and friends fell into the same general categories, whereas the patterns of support expected from partners were more complicated. The latter was equally true for participants who at the time of the survey were involved, as well as those who were not involved in a relationship.

Reactions from the family

1.Unconditional Support (Un-sup)

"*Deep concern from my family, compassion and worry for my health and future. But always love* " (Patroclos).

2. Eventual Support (Ev-sup)

"*I would only tell my mother. Initially she would probably be shocked, upset and frightened of infection, but would still be caring and supportive of my wishes* " (Hera)

3. Varied reactions (Var-reac)

" *My mother would have a nervous breakdown. My father would be extremely sad and angry, but supportive. My brother would be sad sympathetic and supportive* " (Artemis).

4. No support (No sup)

" *Family: shock, anger, disappointment* " (Ares).

Reactions from friends

1. Unconditional Support

"*Friends, again supportive - I believe I have good, close friends who would help me to live through everything I would experience* " (Penelope).

2. Eventual Support

"*Close friends would be supportive - but I would expect shock and fear initially* " (Aphrodite).

3. Varied reactions

"*My friends would be very shocked, and some would be frightened and scared, some of them wouldn't see me again, but I know a few that would remain friends* " (Elene).

4. No support

"*Shock and probably loss of contact* " (Ares).

Reactions from partner/s

1. Eventual Support

" *My partner would be upset, angry maybe, but would be supportive because he loves me very much* " (Penelope).

2. Conditional Support (Con-Sup)

a) Providing partner was not infected.

" *Partner/s would show shock, anger, sympathy - depends if they have also been infected and if they passed the infection on* " (Pandora)

b) Providing sexual contact terminated.

" *I think my partner would prohibit any sexual aspect, but otherwise supportive* " (Calypso).

c) Providing infection was caused via non-sexual contact.

" *My partner would be shocked, may be disappointed, but may be supportive if infection was caught accidentally* " (Iphigenia).

3. 'Obligatory' Support (Oblig-sup)

"*As I have only had one partner who I'm still with, it would mean that we would both have the disease, and we would stay together for each other's sake* " (Elene).

4. Varied reactions

"*Shock, some supportive, some would probably ostracize me* " (Euridiche).

5. Uncertainty

" *My partners would realistically show great worry. I don't know how far they would go in remaining special friends* " (Patroclos)

6. No Support

" *Partner: disappointment, fear and end of relationship* " (Ares).

In summary, it appears that reactions from partners differed from those expected from family and friends, in that unconditional support was replaced by conditional or 'obligatory', and uncertainty was more likely to be expressed.

Patterns of Coping with crisis and HIV/AIDS

The categories of coping forms, used for coding and interpretation purposes were theory determined. These were: a) preference for emotional focused forms of coping, b) preference for problem focused forms of coping, c) no clear preference. Examples, illustrating this categorisation in practice is here presented in combination with observed or no observed shifting of patterns between perceived representations of coping in crisis, and coping with HIV/AIDS. This is an issue which will be further investigated and more generally described at the next phase.

1. No shifting of coping patterns observed.

a) Preference for problem-focused forms

In crisis: "*Discuss it with my wife. Plan how to cope with the problem. Set targets and guide-lines to work to. Reflect.* "

In HIV/AIDS: " *Talk with my wife, set out guide-lines and a reasoned approach. Talk to the doctor and counselling services. Review the current literature. Consider myself for research toward a cure* " (Achilleas).

b) Preference for emotional-focused forms of coping

In crisis: "*I pray because my faith and God are the most important things in my life*"

In HIV/AIDS: "*I would do the same as above* " (Calypso).

c) No clear preference

In crisis: " *I'm lucky to live comfortably, eat properly, be able to walk, etc. There are millions of people worse off than me. I pick up the pieces and start again (drinking and smoking a lot in the process). Look to the future. Get out and socialize as much as possible. Seek practical solutions.* "

In HIV/AIDS: "*Put more effort into the things unaffected (eg. studying, playing the flute). Going out and having or rather trying to have a good time. Seek continuous medical advice/information. Count my blessings. Place more emphasis on platonic rather than sexual relationships* " (Artemis).

2. Shifting of coping patterns observed

a) From problem focused to emotional-focused forms

In crisis: " *Take action to deal with the problem. All other responses are pointless* ".

In HIV/AIDS: " *There is no cure - so the only thing to do would be to proceed with life in as natural a way as possible until I peg it* " (Orestes).

b) From emotional to problem focused-forms

In crises: "*Talk to my partner and close friends about it. Think of good things about my life and personality. Always believe that things will get better* ".

In HIV/AIDS: "*Seek counselling, doctor, AIDS victims group. Find out all aspects of the virus - medical wise - so that I knew what it was doing to me, 'know your enemy'. Try to find a new dimension to my life - do things that are positive - something that would advance my knowledge, try not to let it overtake my mind and thoughts. Try to reach as many people as possible with my experience and thoughts* " (Penelope).

Although at this stage we have no evidence as to the shifting of patterns observed in the sample overall, or as to whether their coping construings in the two cases (crisis and HIV/AIDS) are related, the diversity in which persons appraise their coping tactics in case of HIV/AIDS is quite apparent.

Reasons for not confiding a positive HIV test

Some preliminary data on people's explanations for **not** intending to inform certain others was collected. Results led to the following categorisation in regard to network members and HIV/AIDS services:

a) Network members

1. Privacy/No need to know

"*Other people are not at risk from infection via me, therefore I don't think it should concern them*" (Heracles).

2. Others' Negative-societal reactions

" *Attitudes to persons with AIDS/HIV, even in supposingly professional situations, are still moralistic and I don't think the additional burden of other people's prejudices would be at all helpful. I would not tell my boss because I wouldn't want to lose my job and my work mates because of ignorance too*" (Hera).

3. Others' 'medical' worries/concerns

" *[I would not tell them] to relieve them from the pain*" (Euridiche).

b) HIV/AIDS services

1. Privacy/No need to inform

"*[I would not inform them because] I am independent and intelligent* " (Orestes).

2. Negative-Societal reasons

" *...Trying to help me would give other people a problem that most of them could do without. And anyway, bearing in mind how much publicity there is about the problem, if you get it, you have no one to blame but yourself*" (Orestes).

3. Perceived Inefficiency

" *They cannot cure the disease* " (Hyphestos).

More detailed examination of the explanations behind intention to inform others or not of a positive HIV test (behavioural intention) is not possible at this stage. Even so, it is important to note that, persons provide a variety of arguments and have rather strong reasons for supporting their case.

SEEKING FURTHER INSIGHT

Comparative presentation of summarized responses

The table below summarizes the responses of the 'selected sample'. These responses refer to their intention to inform members of their inner-informal network, the expected reactions from them - if they were informed - the number of support types (out of four) they would normally receive in another crisis, their mention of help-seeking as a salient coping mechanism in case of distress and in the case of HIV/AIDS, and finally the number of categories (out of three) mentioned, referring to the meaning ascribed (social and medical) to a positive HIV test.

Table 5.4 Summary of answers given by the selected sample

	Achilleas	**Crysida**	**Elene**	**Patroclos**	**Pandora**	**Heracles**
Would inform						
Family	no	no	yes	yes	yes	no
Partner	yes	no	yes	yes	yes	yes
Friends	no	no	yes	yes	yes	no
Reactions						
Family	un-sup	un-sup	ev-sup	un-sup	n.a.	n.a
Partner	ev-sup	no sup	obl-sup	uncert.	con-sup	no sup
Friends	var-reac	un-sup	var-reac	un-sup	un-sup	n.a
Support types						
Family	2/4	4/4	2/4	2/4	4/4	1/4
Partner	3/4	3/4	2/4	2/4	1/4	1/4
Friends	2/4	2/4	1/4	2/4	3/4	1/4
Help-Informal						
Crisis	yes	yes	yes	yes	yes	yes
HIV	yes	no	no	no	no	yes
Help-Formal						
Crisis	no	no	yes	no	no	no
HIV	yes	no	no	no	no	yes
Situat. Meaning						
Social	3/3	3/3	2/3	2/3	1/3	3/3
Medical	2/3	2/3	3/3	2/3	3/3	2/3

Table 5.4 (continues)

	Artemis	Theseas	Hyphestos	Poseidon	Minerva	Apollo
Would inform						
Family	yes	yes	no	no	no	yes
Partner	yes	yes	no	yes	yes	yes
Friends	yes	no	no	no	no	yes
Reactions						
Family	var-reac	un-sup	n.a.	n.a.	ev-sup	un-sup
partner	ev-sup	uncert.	n.a.	ev-sup	no sup	ev-sup
Friends	n.a.	un-sup	n.a.	n.a.	var-reac	un-sup
Support types						
Family	3/4	4/4	0/4	0/4	4/4	4/4
Partner	2/4	4/4	0/4	1/4	2/4	3/4
Friends	2/4	2/4	1/4	0/4	3/4	4/4
Help-Informal						
Crisis	no	yes	yes	no	yes	yes
HIV	no	no	no	no	no	yes
Help-Formal						
Crisis	no	no	no	no	no	no
HIV	yes	yes	no	yes	no	yes
Situat. Meaning						
Social	2/3	2/3	2/3	3/3	2/3	2/3
Medical	3/3	1/3	3/3	0/3	2/3	1/3

Table 5.4 (continues)

	Hermes	Ares	Zeus	Aphrodite	Hera	Plouton
Would inform						
Family	yes	yes	yes	yes	yes	no
Partner	yes	yes	yes	yes	yes	yes
Friends	yes	no	no	yes	yes	no
Reactions						
Family	no sup	no sup	ev-sup	ev-sup	ev-sup	no sup
Partner	no sup	no sup	ev-sup	ev-sup	un-sup	no sup
Friends	ev-sup	no sup	n.a.	ev-sup	n.s.	no sup
Support types						
Family	4/4	2/4	4/4	2/4	3/4	0/4
Partner	1/4	2/4	3/4	3/4	4/4	0/4
Friends	1/4	3/4	0/4	1/4	2/4	0/4
Help-Informal						
Crisis	no	no	no	yes	yes	no
HIV	no	no	yes	yes	yes	no
Help-Formal						
Crisis	no	yes	yes	no	no	no
HIV	no	yes	yes	yes	yes	no
Situat. Meaning						
Social	0/3	1/3	2/3	2/3	2/3	2/3
Medical	3/3	2/3	2/3	2/3	1/3	2/3

Table 5.4 (continues)

	Dimitra	Penelope	Odysseas	Iphigenia	Calypso	Leto
Would inform						
Family	yes	yes	no	yes	yes	no
Partner	yes	yes	yes	yes	yes	yes
Friends	yes	yes	no	yes	yes	yes
Reactions						
Family	ev-sup	ev-sup	no sup	ev-sup	ev-sup	n.a.
Partner	no sup	ev-sup	no sup	con-sup	con-sup	uncert.
Friends	ev-sup	un-sup	var-reac	n.a	un-sup	un-sup
Support types						
Family	3/4	3/4	4/4	4/4	2/4	1/4
Partner	2/4	3/4	3/4	4/4	2/4	2/4
Friends	2/4	3/4	3/4	1/4	2/4	1/4
Help-Informal						
Crisis	yes	yes	no	yes	no	no
HIV	yes	no	no	no	no	no
Help-Formal						
Crisis	no	no	no	no	no	no
HIV	yes	yes	no	yes	yes	yes
Situat. Meaning						
Social	1/3	3/3	2/3	2/3	2/3	2/3
Medical	3/3	0/3	2/3	2/3	2/3	1/3

Table 5.4 (continues)

	Nephele	Orestes	Euridiche
Would inform			
Family	yes	no	yes
Partner	yes	yes	yes
Friends	yes	no	no
Reactions			
Family	ev-sup	ev-sup	ev-sup
Partner	n.a.	ev-sup	var-reac
Friends	un-sup	ev-sup	no sup
Support types			
Family	4/4	0/4	4/4
Partner	1/4	1/4	1/4
Friends	1/4	1/4	1/4
Help-Informal			
Crisis	yes	no	no
HIV	no	no	no
Help-Formal			
Crisis	no	no	no
HIV	yes	no	no
Situat. Meaning			
Social	1/3	2/3	2/3
Medical	2/3	3/3	2/3

At first sight, the above findings are interesting, because they reveal that - among people with identical behavioural intention (i.e. intention to inform s.o.) - there are dissimilarities in the meaning ascribed to HIV/AIDS (i.e. mainly 'social', mainly 'medical', or both), their past support experiences (types of received support), and expected reactions from informal network members. At the same time, it is evident that, in general, people can ascribe a similar meaning to the situation irrespective of cultural or other characteristics (see table 5.3). The perceived causal links to the stated intention and justifications are not available at this stage. Nevertheless, an even closer look at some of the written responses can begin to provide an insight into the way persons make sense of the 'problem' and its appropriate 'solutions'.

Insight into individual cases

The following nine cases, one third of the 'selected sample', were chosen for this exact purpose. As mentioned previously (see section on 'Coding'), segments from these cases have not been used in the presentation of the coding system. As will be seen, a close investigation into individual responses, revealed that most answers were characterized by one or more 'themes'. These themes can be understood as primary needs, worries, beliefs, most of which seemed to constitute adjusted versions of older concerns.

Apollo the 'Companion'.

Apollo, who - as it appeared in the previous tables - intended to inform members of his inner-informal network, would have expected to receive full support from his family in case of crisis, and was also the only person, among those in the selected sample, who would have expected full support from friends in such a case.

Generally, the idea of friendship seemed to play an important role in the life of Apollo. For instance, one of the worst perceived threats of a positive HIV test was:

"*...losing friends*".

Although a threatening prospect, it was kept a distant one. This means that, even though in general Apollo expected to be labelled with the:

"...social stigma of an infected person",

he appeared confident enough that his friends - aware of this stigma as they would have been - they would nevertheless:

"...try to show that nothing has changed".

This reaction was evidently understood as positive and encouraging of the confiding task.

The friendship theme was additionally present in his construing of his general coping mechanisms, which were summarized as:

"Think a lot about the problem. Tell a close friend and accept advice from close friends".

Similarly, in the case of a positive HIV test, his prediction of the way he would cope was:

"Tell close friends and relatives. Ask for professional help-advice. Make new plans for life. Try to keep old friends".

Hermes the 'Loner"

Hermes predicted he would inform his family and other informal network members, but, although under other difficult circumstances he would have expected to receive full support from them, in the case of a positive HIV test, no support was mentioned.

Hermes did not appear particularly unfamiliar with such a prospect. He came forward as a person who preferred to deal with problems and emotions alone. He construed his 'usual' coping tactic in the following way:

"Put some suitable music and have a good cry!!...err...that's it!"

He said about his coping with a positive HIV test"

"I suppose I would try to do lots of things so as to keep my mind off the problem, but I would of course have a good weep from time to time, probably each night".

His denial to seek help also expanded to professional helpers (excluding doctors). He predicted for instance that he would definitely avoid contacting the HIV/AIDS counselling services. This decision seemed to be jointly attributed to the appraisal of 'helpers' as advice givers, and the understanding of himself as a person who:

"...loathes to accept advice".

Iphigenia the 'Ascetic'

Iphigenia stated her intention to inform her significant others, and indicated her previous experience of receiving all types of support from family and partner in case of crisis. However, in the case of HIV/AIDS, the impact of the sexuality taboo was expected to impose conditions on the support received, especially as far as the partner was concerned.

She wrote about her family's reactions:

"Shocked but will be supportive. (But depends also on how you get the infection)".

At that time she was not involved in any relationship with a partner, but in case of an HIV positive test she expected to face difficulties with:

"...find[ing] someone who is willing to live with you.

If she had a partner she would expect him to be:

"shocked, may be disappointed but maybe supportive, if infection was caught accidentally",

that is, obviously, via non-sexual activity.

Throughout her responses she did not appear to be particularly critical of the sexuality taboo. "Regret" was an emphasized emotion, expected to be felt in case of a positive HIV test. Finally, referring to the way she would handle the situation, she wrote:

"Carry on with life as usual; i.e. try not to think of yourself as a hopeless person, but stop sexual activities to prevent infections to others".

Hyphestos the 'Worshipper'

Hyphestos did not intend to inform any of his informal network members in case of HIV, and seemed to deal with difficulties in life more or less alone. Except for advice from close friends, practically no support was expected in any situations of crisis.

Two themes in Hyphestos' responses emerged: his uncertainty about his sexual identity, and his devotion to the christian faith. The latter was apparent in various of his answers, such as the one indicating which - among a list of persons - he would choose to inform. The only person he selected as a possible confident was his priest.

His 'usual' coping was construed as:
"Prayers, discussion with close friends, resignation from all social activities",
whereas his coping efforts in case of HIV were first of all described as:
"Remain prayful..."

HIV/AIDS was generally viewed as evoking:
"Disgrace...[as well as] loneliness and neglect".
This, in combination with his stated general reasons for not informing his network:
"I will feel ashamed to do so because they will automatically attribute my plight to homosexuality",
suggests that the concern about his sexuality and about the stereotypical linkage of HIV/AIDS with specific groups was a source of anxiety.

Chrysida the 'Distrustful'

Chrysida would only inform her doctor and priest in case of a positive HIV test. Her decision to exclude her family, from which full support would be received in other difficult situations, was generally justified as:
"There is very little they can do to help me out of the situation".

This prospect, however, was not seen as a bright one.

"Not being able to discuss my problem with friends or relatives,...[as well as] helplessness...",

were included in the list of predicted problems in case of HIV/AIDS.

Although her uncertainty about whether she would even contact the relevant counselling services was justified in terms of her being:

" ...doubtful if there is much they can do to help",

there was a deeper underlying worry, than the mere irreversible nature of the infection. The HIV/AIDS situation was described as causing general problems of:

"Embarrassment, self-pity, rejection by society, rejection of myself".

Reactions of *"pity"* from her family, and *"hatred"* and *"abandonment"* from the part of any prospective partner were an obvious source of concern.

Plouton the 'Pessimist'.

The motive of help-seeking and expectation of support did not appear to be behind Plouton's decision to exclusively confide news of an HIV positive test to his long-term partner. His prediction was that she would react with:

"Shock, horror and anger".

His motive to inform her may have been related to the 'medical' aspect of the virus (eg. protection from transmission), but there was no clear evidence of that.

In general, no type of support would have been expected in case of crisis from anyone, and no help-seeking or unburdening to others was mentioned in his construing of 'usual' and predicted coping. The feeling of *"shame"* was a general reason mentioned for not informing people of his network, and - categorically and simply put - *"rejection"* was the expected reaction from close friends.

Rejection was generally perceived as a major implication, expected to be faced in case of HIV. Plouton specifically predicted:

"Loneliness, relationships breaking up, outcast from community".

Poseidon the 'Secretive'.

Poseidon seemed to have two main motives for wanting to inform specific network members, namely the securing of emotional support from informal network members, and the receipt of formal assistance. He also seemed to have one central reason for not informing others, namely, expected reactions of insensitivity.

In more detail, emotional support was only expected from his wife, because:
"My mother [he clarified] *no longer has anything to do with my life and my father is dead".*

Friends were excluded as support resources both in crises and this particular situation. Especially the matter of HIV/AIDS was considered:
"...too personal to spread...[and] *others wouldn't help anyway".*

Concern with privacy can be further traced in his appraisal of the situation's meaning. A positive HIV test result would bring:
"...disappointment to people and friends",
and would cause talk among people who would pity and ridicule him *"just for fun".*

Nevertheless, formal assistance would be sought from his doctor, priest, and news would be shared with his tutor/employer. Although formal support was not mentioned as a general coping tactic, in the case of HIV/AIDS, Poseidon predicted that one way of dealing with the situation would be to:
"...attend counselling clinics; help others in the same boat".

Minerva the 'Protector'

Minerva's concern for her family, as well as her protective attitude toward them, was a recurrent theme throughout her responses. As it will soon become clear, it was not her previous experiences of lacking family support that determined her decision not to inform them of an HIV positive test.

The main threatening implication of HIV/AIDS was expressed as:

"...not communicating with people I care for".

She further explained her decision not to inform her family *"unless* [she] *developed AIDS"* in these words:

"I'd rather not pull everyone else with me, since things might not change [i.e. developing AIDS]".

Fear of rejection was clearly not her motive for not intending to inform them. The reactions she expected if her family were told were:

"Shock, disbelief...they may be furious, angry, but they would go through it with me".

Her statement agreed with previous experience of full support in past cases of crises.

Finally, her protective attitude was further evident when she summarized her predicted coping strategy for dealing with HIV, as doing everything to:

"Cause the least possible inconvenience for people I care for".

Odysseas the 'Fighter'

The motive behind Odysseas' decision not to inform - at least in the beginning - his family, was similar to that of Minerva's. He explained he would only inform them:

"When I have to (i.e. when I fall seriously ill) in order to save them the misery".

He expected his family to feel:

"...incurable sadness",

and mentioned that his efforts would be focused on:

"making the situation easier for others (family, friends)..."

Overall, Odysseas came forward as a person willing to facilitate conditions for others, whether these would be people close to him, or people in need of his help, and as not intending to give up hope. He stated about the way he thought he would handle the situation:

order to feel a sense of achievement before it is too late. Fighting the disease (it might work once!)".

Uncertainty of hypothesizing - Received Comments

This section will refer to a number of separate comments made by participants who were both part of the selected and general sample. Reference to these comments in the findings section was considered appropriate for two reasons:

a) a number of these comments directly addressed one of the research questions (i.e. acknowledgement of limitations/risks of discussing on a hypothetical basis, and lack of overconfidence in the accuracy of predictions) - (see also chapter 3).

b) certain comments provided valuable insights into the thoughts of participants while completing the questionnaires, revealing a non-simplistic and elaborate approach to the task they were asked to complete.

For instance, various of the respondents appeared worried about not being able to guarantee accuracy (assuming that this was the purpose of the questions). Other comments gave evidence of the participants' interest and their active involvement while responding, which - at times - led them to a spontaneous undertaking of co-researcher's role.

Before the provision of some relevant segments, it must be noted that - as a whole - respondents who wrote the following comments did complete all or most of the questionnaire. For instance, the following student concluded after answering all of the questions.

"This is one of the most difficult questionnaires I have ever read and experienced. It is very personal, very offensive and has no easy answers. How could one imagine he has caught AIDS? How can I predict my attitude and behaviour? How can I tell you about my real reaction? It is very irritating" (Male, Iraqi,33).

The next two participants elaborated on the same issue, although in a somewhat politer manner. The first noted:

"I hope this has been useful. I found it a very easy questionnaire in terms of understanding what you wanted, but it's a difficult subject and one which is difficult to anticipate how you would feel, cope etc., until you have to" (Aphrodite).

The second commented:

" I should like to add that this questionnaire is very difficult to answer as one cannot simply put oneself in the position of a person with HIV, especially if one doesn't know anybody with AIDS. It is more intense and complex than "suppose". I doubt these answers would reflect similar responses if one was to have AIDS at a later stage" (Female, Turkish,19).

The demanding nature of the questionnaire, and specifically the time factor, was also commented on.

" I am getting tired of your questions, but not because of not being involved in AIDS. It may be that I find them difficult and that I should spent more time answering" (Male, Norwegian, 23)

The problem of verbalization was tackled by a student who adopted a more 'scientific' approach:

" [The questionnaire] *was interesting to complete - but you have severe methodological problems, which I suspect you are aware of - namely that the responses are hypothetical and also the problem of expressing complex feelings as words"* (Male, British, 33).

An encouraging confession was received reassuring that:

"If I have not been formal, I have been perfectly honest and serious" (Hermes).

Finally, a student reflected:

"This survey made me think a little bit more about how it must or rather might feel like to be infected. Makes me feel just a little more thankful about my life as it is" (Female, British, 22).

D-1 Summary

The analysis and findings in phase one provided a general coding system to be applied in the next two phases of the study. Specifically, phase one revealed a variety of patterns in expected reactions from others - especially informal network members, illustrated the general categories of appraised situational meaning, and monitored perceived patterns of coping representations for handling crises, and for dealing with the situation of receiving a positive HIV test result . A closer investigation of a number of individual cases revealed that one or more themes were observable in person's responses, and it was noted that themes appearing in the 'solution' of a hypothetical 'problem' did not appear unconnected to past concerns. Finally, a number of comments made by students, which tackled the theoretical issue and research question of overconfidence or uncertainty expressed in self-other predictions were presented.

C-2 Analysis and Findings: PHASE TWO

Introduction

In the second phase of analysis, the focus of attention was extended to the whole of the 264 students sample. The analysis aimed at describing the data obtained, and at illustrating some general patterns observed. This was achieved by providing percentages of frequencies and conducting a number of chi-square tests using the SPSS-X programme. (For justification of this analysis see chapter 4). Note that because of the large number of chi-square tests carried out, probability levels needed to reach $p < .001$ in order to be considered significant.

I) Introductory Findings

General issues of HIV/AIDS: Basic knowledge and attitudes.

Results showed that the vast majority of the students were able to define HIV as a virus and AIDS as a possibly fatal syndrome. The nature of AIDS, however, seemed to be less clear than that of HIV, with some students defining it as a virus. Misunderstandings concerning the meaning of the available test were also apparent. The majority falsely believed that the available test indicates whether a person has AIDS and that a positive test means that the person has developed AIDS. This confusion can be possibly understood as part of some students' uncertainty about the HIV-AIDS connection or failure to consider the need for term distinction, when giving their answers. Additionally, a small percentage thought that a negative test indicates that a person's body can resist infection. Providing that the wording of this closed question did not cause any misinterpretation, the potential implications of such a belief are obviously harmful.

Finally, most students avoided a stereotypic answer to the question 'who is at risk of HIV infection' by choosing to tick 'everybody', instead of other listed 'risk groups' (i.e. gays, haemophiliacs, drug users, 'promiscuous' heterosexuals). Although the question was closed, a number of respondents commented that, in reality, use of condoms was the vital determinant, whereas others thought that, although everybody is at risk, certain groups have a higher chance of "getting it". Clearly, if deep understanding of such issues was being sought, the use of open-ended questions would have been more illuminating.

Table 5.5 Percentages indicating basic knowledge and attitudes to HIV/AIDS

Definition of HIV		
	Germ	1.9
	Virus	92.4
	Word for AIDS	2.7
	No Answer	3.0
Definition of AIDS		
	Virus	20.9
	Inherit. Illness	1.9
	Syndrome	70.7
	No answer	6.5

Table 5.5 (continues)

Stereotypic Understanding of 'risk groups' (one answer allowed)

HIV can infect:	
Everybody	87.8
Gays	5.7
Haemophiliacs	0.4
I.V drug users	2.3
"Promiscuous heterosexuals'	3.8

Meaning of test

	True	False
There is a test that indicates whether one has AIDS	70.2	29.8
A positive test proves that one has AIDS	42.5	57.5
A negative test proves resistance to this infection	11.9	88.1

II) Main Findings

Ascribed Psychological meaning to HIV/AIDS

Two open ended questions asking respondents to list a) a number of predicted feelings and b) a number of predicted problems that they would expect to have if ever tested HIV positive. Answers to these questions provided the data on the psychological meaning ascribed to this specified situation.

The coding system - elaborated in phase 1 - was used during this phase to describe the whole picture of perceived implications. The feared social implications were categorized in phase 1 as:

S-1 Being considered responsible (eg. guilt/shame/blaming).

S-2 Facing the situation alone (eg. isolation, lack of communication, loneliness).

S-3 Being treated as a 'deviant' (eg. prejudice, discrimination)

The psychophysiological (referred to here generally as 'medical') dreaded implications were categorized in phase 1 as:

M-1 Those caused by the unpredictability of illness development and/or lack of vaccine/treatment (eg. anxiety, helplessness etc).

M-2 Those caused by the prospect/idea of possible death (eg. denial, sadness, concern for psychological state/welfare of significant others etc).

M-3 Those caused by the physiological impact of possibly developing AIDS (eg. weakness, physical deterioration, loss of sexual contact etc).

Respondents' answers were considered as falling into one of the above sub-categories, when at least one of the sub-category's aspect (eg M-1: anxiety, S-2: isolation) was mentioned by the respondent. For example, respondents who referred to one or more feelings/problems included in sub-categories M-1, M-2 and S-1 were categorised as predicting mainly medical implications, those who referred to one or more problems included in sub-categories M-3, S-2 were categorised as predicting both, and so on. Although the nature and source of predicted implications were more important than the number, this categorisation could not account for the subjective importance of such implications for each respondent. For instance, it was impossible to monitor whether the fear of death (M-2) was evaluated as more serious than a whole group of social implications. This disadvantage was hopefully balanced by the non-reductionist methods used at phases 1 and 3. The results below show that 1/3 of the people expected to face mainly medical implications, whereas 2/3 thought that the nature of social implications would be more or relatively equal to the medical ones.

Table 5.6 Percentages of perceived HIV/AIDS implications

Social	20.2	(52)
Medical	31.4	(81)
Both	48.2	(125)

Intention to Inform network members

Respondents were asked to tick a list of network members, who they would choose to inform in case they ever found themselves in the position of a person with HIV.

It is reminded that in order to analyse the results, this list was divided into three categories:

1) Inner informal network: mother, father, siblings, close friends, partner/s or spouse - (significant others).

2) Outer informal network: other friends, fellow students/work mates, tutors/employers.

3) Formal network: doctor/s, welfare services, student counsellor, priest.

Table 5.7 Percentages of students intending to inform network members

Inner-Informal	91.6	(241)
Outer-Informal	18.6	(49)
Formal	79.8	(210)

Results show that the majority of students would wish to inform at least one person from their inner-informal group, and only a small percentage (18.4) would not. The opposite was true for the outer-informal. Most students would not want to share the information with any of the people in this category. On the contrary, the majority would wish to inform at least one person from their formal network, and, not surprisingly, that was in most cases their doctor. What was surprising is that 2 in 10 people would not have liked to inform even their doctor.

Predicted reactions from Inner-Informal network members

Three open ended questions asked for expected reactions of a) family (mother, father, siblings), b) partner/s-spouse, c) close friend/s.

The coding of these reactions in phase 1 as: unconditional, conditional, eventual support etc , were re-categorized in this phase (2) as:

1) reactions of support (eg. conditional , eventual etc).

2) 'social' reactions (eg. anger, blame, rejection etc).

3) 'medical' concerns (eg. health concern for both the respondent and others, fear of respondent's death/welfare etc).

The reason for this re-categorisation was that, whereas in the first phase the coding aimed at the description of a range of anticipated reactions in terms of support, in this phase the objective was to monitor predicted reactions according to the 'social-medical' dimension and expected supportive reactions irrespective of variations (i.e conditional, unconditional etc).

As can be clearly seen from the segments of responses provided in phase 1, these new categories cannot be regarded as mutually exclusive.

Table 5.8 Percentages of types of expected reactions from significant others

	Support	Social React.	Medical concern
Family	67.6	39.5	76.4
Partner/s	47.3	26.6	86.1
Friend/s	71.3	39.6	54.0

The table shows that the majority would expect support from their family, although most predicted their family would be overwhelmed with fear of them dying, and some degree of fear of spreading the infection. Reactions of anger, blame, etc were not excluded. Partners were expected to be more worried about their own health, as well as that of the respondent's, than readily supportive or accusative. Finally, friends were perceived as the most supportive and less concerned about the physiological aspect of the situation.

Due to the fact that these predicted reactions were not mutually exclusive, their relationship is not obvious from the above table. Some interesting findings were revealed when various $\chi 2$ tests were conducted. (**Note:** all tables with a $\chi 2$ value were calculated using raw data, but were translated to percentages for ease of comprehension).

Table 5.9 Percentages of supportive - non supportive family members and their 'social' reactions.

	Social	No social	Total
Supportive	21.7	45.9	67.6
Non supportive	17.8	14.6	32.4
Total	39.5	60.5	100

$\chi 2 = 11.03$ df=1 $p < .001$

It is evident from the above that students who did not expect their families to react with anger, blaming, rejection etc were more likely to predict supportive reactions from the families' part. Results accounting for expected reactions from partners are shown below.

Table 5.10a Percentages of supportive - non supportive partners and their 'medical' concerns

	Medical	No medical	Total
Supportive	35	12.3	47.3
Non supportive	51.1	1.6	52.7
Total	86.1	13.9	100

$\chi 2 = 23.5$ df=1 $p < .001$

Clearly, students were more likely to predict lack of support from the partner's part, when the partner was expected to be concerned with the physiological aspect of the participant's HIV status (fear of transmission etc).

Since 44.7% of the sample were not involved in a relationship at the time of the survey, the obvious question was whether involvement with a partner was associated with expected support. Such an association was not proven at a significant level. Apparently, the mere existence of a partner (and thus salient memories of supportive or not reactions) or non existence (and thus general stereotypical assumptions of behaviour on such an occasion), was not an efficient variable for making sense of persons' predictions (see Appendix 4, Table 5.10b).

In the case of friends, results were the following:

Table 5.11 Percentages of supportive - non supportive friends and their 'social' reactions

	Social	No social	Total
Supportive	20.9	50.2	71.1
Non supportive	18.7	10.2	28.9
Total	39.6	60.4	100

$\chi 2=23.8$ df=1 $p< .001$

As in the case of family members, prediction of supportive friends was more likely to be combined with non expectancy of reactions such as anger, blaming etc.

Perceived Patterns of Inner-Informal network support in case of crisis

Respondents were asked to state the types of support they had received from significant others in a needy/crisis situation in the past (which were therefore likely to expect in the future).

Table 5.12 Types of support received from significant others in crisis

	Financial	Practical	Advice	Emotional	None
Family	54.8	63.2	65.9	90.4	4.6
Partner/s	24.8	51.6	59.9	89.9	8.2
Friend/s	8.7	47.1	51.7	86.3	8.8

Most support, in all forms and in the same order would be received from the family, and secondary from the partner. This was not surprising, considering that 73.4 of the respondents were students below 25 years of age. Emotional support appeared to be the most important and required form of assistance, whereas financial, especially in the case of friends - possibly also young and with limited resources - was minimum.

Intention to inform and one-sided attributions

How does the intention to inform significant others relate to the main variables (i.e. meaning of situation, expected network reactions, perceived support patterns in crisis)?

Regarding the meaning ascribed to HIV/AIDS, intention to inform significant others was not shown to be directly associated with it at a significant level (see Table 5.13, Appendix 4).

Expected reactions from inner-informal network members (s.o.) were also not shown to be significantly related with the intention or not to inform them (see Table 5.14, Appendix 4).

Individual types of received support in the past and intention to inform was only found to be **significantly** related in the case of emotional support received from friends. In other words, students were more likely to inform their close friends, if emotional support had been previously received in crisis. However, as already mentioned, this intention was unrelated to expectancies of support from friends in case of an HIV diagnosis.

Table 5.15 Percentages of intention to inform friends of HIV and emotional support received in the past

	Emotional sup.	No emotional sup.	Total
Inform	81.3	10.3	91.6
Not inform	5	3.4	8.4
Total	86.3	13.7	100

$\chi 2=12.5$ df=1 $p< .001$

Although no individual type of received support in the past was significantly related to students' intention to inform family members, the intention to inform them was **significantly** associated with the receipt of at least one type (any type) of support in the past. In other words, although students did not seem to be influenced in their intention to inform their family by any specific type of support previously received, they were more likely not to inform their family, if no type of support had been received in the past in case of crisis.

Table 5.16 Percentages of intention not to inform family and their past supportive behaviour

	No support	Some support	Total
Inform	2.7	88.8	91.5
Not inform	1.9	6.6	8.5
Total	4.6	95.4	100

$\chi 2= 13.7$ df=1 $p< .001$

Additional chi-square tests did not show any significant relationship between expected reactions of support in case of HIV and types of received support in the past.

The meaning students ascribed to the situation and the expected 'social' reactions from their family were found to be **significantly** associated. In other words, students who were more likely to predict negative reactions (eg. anger, blame etc) from family members were more likely to also perceive a positive HIV test as having more social implications that students who did not predict such reactions.

Table 5.17 Percentages of ascribed situational meaning and expected 'social' reactions from family

	Social	No social	Total
Social meaning	12.1	8.1	20.2
Medical "	8.6	23.4	32.0
Both	19.8	28.0	47.8
Total	40.5	59.5	100.0

$\chi 2=14.3$ df=2 $p< .001$

Coping

Two open ended questions provided data on a) perceived coping patterns in case of need/crisis, and b) perceived coping patterns in case of HIV.

As mentioned previously, the basic categories for analysing this topic were theory determined, and their rationale was extensively discussed in chapter 3. The categories were: preference for

1) Mainly emotionally-focused forms.

2) Mainly problem-focused forms.

3) No clear preference.

The first category included all sorts of defensive mechanisms (eg. avoidance, denial, distancing, selective attention, positive comparisons etc, as well as self-blame/self-punishment). The second included efforts to bring change to the limitations/difficulties imposed by the situation, as well as cognitive/behavioural changes, such as: shifting the level of aspiration, developing new standards of behaviour, learning new skills /procedures).

Examples of the coding procedure, indicating preferences and some pattern shifting in dealing with the specified situation of HIV, were offered in phase 1. In this phase, pattern shifting was investigated in more general terms, and the relationship between coping representations of dealing with crises and of dealing with HIV were examined.

Table 5.18 Percentages of coping representations in two situations (past crisis and HIV)

	Past crisis	HIV test
Emotional-foc.	42.9	23.1
Problem foc.	35.4	51.3
No preference	20.8	23.1

As the table above shows, some shifting to mainly problem focused forms was observed in the case of HIV/AIDS, for reasons that are not clear at this stage.

Despite the observed shifting, the perceived forms of coping with any crisis and of coping with HIV or the possibility of AIDS were found to be **significantly** related. The implications of these findings for the research interest in the rigidity-flexibility dimension will become clearer later.

Table 5.19 Percentages of perceived forms of coping with crisis and HIV/AIDS

	HIV/AIDS			
Crisis	Emotional	Problem	Both	Total
Emotional	15.9	14.9	11.5	42.3
Problem	4.3	27.8	3.8	35.9
Both	2.8	8.2	10.8	21.8
Total	23.0	50.9	26.1	100.0

$\chi 2=51.4$ df=4 p .<001

Help seeking was a salient tactic, mentioned by persons when construing the ways they generally cope in crisis or would cope in case of HIV.

Table 5.20 Percentages of students who reported resorting to informal/formal network members as a coping strategy.

	In crisis	In HIV
Informal Help	54.2 (155)	30 (86)
Formal help	5.9 (17)	33.6 (96)

Considering that these findings were drawn from an open ended question about perceived coping tactics, and not from closed questions seeking specific information on whether

these resources are used, it is important that they are interpreted as complementary data to the rigidity-flexibility dimension in coping, rather than independent.

Finally, preference for a specific form of coping in dealing with HIV/AIDS was not shown to be strongly associated with the meaning ascribed to the situation or the perceptions of support in past crises) - (see Tables 5.21, 5.22, Appendix 4).

Intention to contact counselling services

Respondents were asked to state whether they would contact the available HIV/AIDS counselling services in case of a positive HIV test. Results showed that the majority (74.1) favoured such a prospect, the minority were adamant that they would not (8.7), whereas 17.1 stated they were uncertain.

Some obtained indications of general reasons as to why this 25.8 gave negative or uncertain answers, are here compared with obtained general reasons for not informing certain network members.

Table 5.23 Percentages showing reasons for not contacting services or network members of a positive HIV test.

	Services		Network members
Privacy	52.9	Privacy	58.1
Soc.React.	8.7	Soc.React.	58.5
Inefficiency	44.1	Medical conc.	14.3

It seems that fears of negative societal reactions were not as a whole present, as far as trained helpers were concerned, although some respondents felt they would feel threatened even within a supposingly 'safe' environment.

D-2 Summary

The analysis and findings in phase 2 described the data collected during Stage I in quantified terms, providing some general patterns of responses or 'tendencies'. In detail, phase 2 examined the possibility of significant relationships between intention to inform (behavioural intention) and other main variables, such as ascribed situational meaning, types of received support in the past, and expected reactions in case of HIV/AIDS. It investigated the association between various patterns of expected reactions from informal network members, and indicated the variety of meaning attributed to the situation by participants. It looked into the identified forms of coping with crisis and with HIV/AIDS for pattern shifting, and examined the possibility of a significant relationship between the two representations of coping. Finally, it examined the general desirability for receiving formal support from specifically trained stuff, and provided some reasons for participants' hesitation to resort to them.

E. Conclusion

Analysis in phase 1 indicated that, when construing 'solutions' to novel, hypothetical 'problems', people appear to be taking situational characteristics into account. Nevertheless, they do not all seem to attend to the same situational characteristics or to perceive them as equally important. Some of these characteristics appear to be regarded as more essential especially when they coincide with existing concerns. This is a preliminary observation, and further 'backing' is needed (see phase 3).

Analysis in phase 2 failed to provide strong evidence that persons' intention to inform network members (behavioural intention) can be directly and solely attributed to their understanding of the situation. Similarly there was no proof that this intention can be directly and solely attributed to previous experiences of receiving some concrete type of support (although the existence of some past support experience appeared important) or to expectancies of specific reactions from network members, in case they were informed.

It, therefore, seems likely that a person's explanations (perceived causes) of his/her intention to inform network members may be more complicated than a simple consideration of past experiences or, alternatively, a simple consideration of the situation's meaning. Similarly, a person's explanations (warrants) of the reactions expected from his/her inner-informal network members may be more complicated than a simple consideration of how these members have reacted in the past.

The social meaning respondents ascribed to HIV appeared to be associated with the expectancy of some negative reactions from the part of the family, but this association did not prevent them either from simultaneously expecting other kinds of reactions (support, 'medical' concern) or from informing them. It is also not clear whether knowledge of how significant others view the issue influences some persons' appraisal of the situation's meaning, or whether they assume others appraise the situation in a manner similar to theirs.

The observed shifting of preferences to other forms of coping (mainly problem-focused) - which was predicted by some respondents in the case of HIV - indicates that coping construings are generally not inflexible, and that the situation's perceived meaning can cause a change in this construing. At the same time, the significant relationship found between the two general representations suggest that some continuity in coping strategies is also present.

The above considerations and conclusions constitute the first necessary step for proceeding further into an examination of whether persons' own explanations do or do not verify these theoretical findings, and for acquiring further insight into persons' reasons for adopting certain approaches towards 'solving' the 'problem'.

CHAPTER 6: Research Procedure in Stage II

A. Introduction

This chapter will describe the methodology followed during Stage II of data collection and will, thus, provide information on the third phase of analysis and findings. The guide-lines for the procedures in Stage II can be found in the methodological framework (see Table 4.1), which illustrated its design (data collection technique, data analysis and purpose), as well as the specific 'scenarios' to be addressed (Table 4.2).The details of these procedures are presented below.

B. Methodology

Procedure of data collection

Forty six students (17.4% of the original sample) who, responding to the researcher's request, had provided their name and address at the end of the questionnaire, were contacted through the internal mail of the University of Bath, and were invited to participate in a follow-up interview. Fifteen of these students (5.7% of the original sample - 32.6% of the sample who had shown an initial interest), responded to this invitation within the proposed period of ten days by coming into telephone contact with the researcher, and were recruited for the interview. The conditions attached to their recruitment or rather the lack of them, are discussed in "The Sample" section.

A pre-interview meeting was separately arranged with each volunteer. The meeting had an informal character, where the researcher thanked the person for completing the questionnaire and for showing additional interest in the project. She also responded to questions concerning the project's general progress, and explained the purpose of a follow up interview. As a whole, volunteers appeared interested and readily agreed to "help out". Some concern over the interview's length was expressed, but this was dealt with by providing a time-limit of approximately an hour.

Regarding the 'subjects' agreement to participate, the researcher's identity as a fellow student (or as a fellow foreign student, as the case often was), proved helpful. It, additionally, assisted the creation of a friendly atmosphere, and the build-up of a co-operation on 'equal' terms.

Interviews took place at volunteers' own home or at the psychology laboratory of the University, according to their preference. Before the interview, confidentiality in relation to both students' participation and the content of their responses was strongly emphasised. This was considered necessary, given the University's small number of students, which made future social interaction between the researcher and volunteers more than probable. Note that, although volunteers did realise the personal nature of some questions to be asked, reassurance that no sexual issues would be discussed directly, limited concerns about confidentiality to a minimum.

The interview itself was open-ended and informal, but was designed in a semi-structured mode, so as to ensure that its specific research objectives were met, and that the agreed time length of approximately an hour was kept. After its completion, some students would discuss the issue further, and would occasionally ask clarifications on the physiological nature of HIV/AIDS. Such post-interview conversations were encouraged, and were often helpful in acquiring further insight into the person's understanding of situation and construing of themselves and others. Where necessary, post interview 'chats' were encouraged by the researcher for 'de-roling' purposes. These focused on interviewees' everyday activities or plans for the rest of the day.

Throughout the interview, efforts were directed towards building a relationship of trust, by making sure that the respondent did not feel 'judged' and by expressing genuine interest in what he/she was saying (active listening). Apart from steps aiming to make the interviewee feel valued and to create an atmosphere of trust, further steps toward successful exploring of what was being retailed were taken:

1. The interviewer often used paraphrasing or summarising of content responses. The objective was to check accurate understanding of what the interviewee was saying, assist clarification, and pace the interview.
2. Interruptions of interviewees' accounts or of (silent) reflection were carefully avoided.

Finally, interviews were tape recorded with the permission of the interviewees, and every tape was given a code in his/her presence.

The Sample

The sample consisted of 15 students of both genders and various nationalities, aged between 20-27 years old, all heterosexual. The students were all articulate, and all foreign students had a competent level of spoken English. Ability to articulate well is generally considered as an important, (although not necessary) condition for participating in any interview where the provision of explanations is required.

As in Stage I, the sample was self-selected. It was mentioned earlier that although self-selection can be seen as a considerable disadvantage - when knowledge, for example, is what the researchers are testing - in this case self-selection was essential for ensuring participants' interest in the topic (see also chapter 3).

No special conditions were attached to the recruitment of the fifteen interviewees. Their demographic characteristics were not representative of those of the general sample, as this was a tactic irrelevant to the stated goals of this Stage (II). It is reminded that the first purpose presently is to verify some theoretical findings of the previous Stage (I), and - in terms of theoretical dimensions - this verification will not be considered as valid, even if one 'deviant' is found among the interviewees (see also chapter 4). The second purpose presently is to gain individual insights and understanding of how persons make sense of themselves and others when making relevant predictions, and again specific demographic characteristics were irrelevant. It would not be surprising if the characteristic of

nationality (i.e. culture) influenced the interpretation of personal experiences and situations, but, again, answers to the main research questions, regarding persons' reflection of 'inner consistency' on their construings, would be unaffected. These demographic characteristics are, nevertheless, presented below, since they provide types of information that - in combination with individual responses - can, hopefully, help 'upgrade' interviewees to unique persons rather than faceless participants.

Table 6.1 Demographic characteristics of the sample in Stage II

	Aeolos	**Agamemnon**	**Alkmene**	**Ariadne**	**Ektor**	**Erato`**	**Hlectra**	**Iason**
Gender	M	M	F	F	M	F	F	M
Age	23	26	24	23	22	25	24	24
Nation.	Britain	Britain	Britain	Spain	Britain	France	Britain	Greece
Religion	Christ.	Christ.	Christ.	Christ.	None	None	None	Christ.
Educat.	PG	PG	UG	UG	UG	PG	UG	PG
Partner	No	NO	Yes	Yes	Yes	Yes	Yes	No

Table 6.1 (continues)

	Ikaros	**Nestor**	**Orpheas**	**Pares**	**Persephone**	**Prometheas**	**Telemachos**
Gender	M	M	M	M	F	M	M
Age	20	26	27	21	22	21	22
Nation.	Britain	Greece	Italy	Norway	Denmark	Zaire	Italy
Religion	Christ.	Christ.	None	None	Christ	Christ	None
Educat.	UG	PG	PG	UG	UG	UG	UG
Partner	Yes	No	Yes	Yes	No	Yes	No

The Interview Questions

The interview questions explored similar issues to those of the questionnaire presented in chapter 5. At the present phase, emphasis was placed on the explanations (causes, warrants) of offered predictions. As already mentioned, the interview was semi-structured and was based on the guide shown in Appendix 3.

In general, 'subjects' were introduced to the main issues by initially discussing the nature and source of the first 'messages' about HIV/AIDS they remembered receiving. They were then encouraged to imagine themselves in the situation of a person who has been tested HIV positive and: a) predict their intentions to inform network members, as well as state the causes of their intention, b) predict the reactions of network members expected to be faced, and the reasons behind this specific prediction, c) state ways they would expect to cope in such a situation, and compare their construing of coping in general with a crisis, with that predicted in case of HIV.

No reference to the answers given to the questionnaire they had previously (Stage I) completed was made. A period of at least six months had elapsed since that time and the interviewer did not necessarily expect 'subjects' to view the 'problem' in the same way. Not only she wished to avoid putting the interviewees in a position were they would have to justify previous construings or give the impression of confronting them with what would appear as 'inconsistencies' (of an attitudinal rather than an 'inner' type), but also recognised that this would have been a task irrelevant to the purposes of the present study.

C. Analysis and Findings: Phase 3

Introduction

As shown in the methodological framework (Table 4.1), the analysis of case studies in phase 3 provided the means for acquiring: a) insights into individual explanations (causes, warrants) of self-other predictions, and b) verification of previous findings. Questions were based on an interview guide (see Appendix 3 and chapter 4 for rationale), which was formulated after examining findings in phase 1.

The results from these case studies are presented below. Each case is separately presented. The last of the cases, 'Erato`', is additionally used to provide firstly a diagram

of 'syllogistic' structure, which, although individual in nature, summarises answers to the main research questions and offers a link between the two stages of the study. It is secondly used as a point of reference for the examination of common and unique features in the answers of interviewees.

When reading the interview segments, note that the initial 'A' refers to the researcher, whereas 'P' always refers to the interviewee. Note also that bold letters are used to highlight expressions of uncertainty in the persons' accounts.

Presentation of Case-studies

Prometheas

Prometheas' early memories of AIDS messages came from the media. This was not surprising since it will later become clear that the media was the main source of information for most interviewees. Like most other participants Prometheas pointed out that this new 'illness' was initially associated with drug-users and gays. However, an additional factor, censorship - imposed on his country at the early 1980's - was recognised as responsible for the whole issue to appear as a minor "scare".

The first mentioned problems he would expect to face, if ever tested HIV positive, were both 'medical' and social. This last category of implications was pursued further.

A. You seem to think that a lot of people would have difficulties accepting you.
P. Well, maybe a few close friends would stand by you...but even I think the close friends would sort of feel funny or it would take a lot of them to get used to it. But let's say people you are associated together at work or whatever, that are not really close friends, they would probably just sort of say Oh! he's got AIDS. So, you know, things like that, and the problem is they put your morale down and make you feel like not a real person and discourage you, you know what I mean?

Two points were of particular interest in the above:

1. The expectancy of stereotypic reactions from people that were not close to him, and

2. The importance placed on other people's reactions as factors that could help or hinder coping efforts (especially emotional mastering).

Additional reference to closeness in relation to friends was made later.

A. From what you are saying, the decision to inform friends is not simple.

P. Mmm...no, it depends.

A. What would it depend on?

P. Well, I have one very close friend. I would tell him because I wouldn't expect him to dismiss me or..and a few others that I'm not so sure about. We are not very close friends. **I'm not sure how they would react.**

A. But as far as your close friend is concerned...

P. I've known him for a long time, we've been friends for a very long time and is one of the few people that actually understands me and I understand him, although we are very different people. It's like a marriage sort of thing (laughter).

Other people's reactions and their contribution to coping was also mentioned again, when Prometheas was asked to state ways he would try to handle the situation (HIV), and compare it with ways he would deal in other situations of crises.

P. I suppose I would feel...I suppose I would be depressed for a while. I suppose I would try to live with it [...]. I may want to go back and see what I've done with my life or may just feel self-pity that nobody wants me. Depends on the people around me. I suppose it would contribute to me not feeling as a person, just feel as a misfit [...].

A. Would you say that this is one of your common reactions when in serious trouble?

P. No not really. I consider this as a major problem basically in terms of...there is sort of nothing you can do about it. Most problems you kind of try and solve them, but this is unsolved, you try and come to terms with it, acceptance. I have this problem, fine, I have

to get on with it. It may hinder you to do a lot of things, but I suppose depending on the sort of people around you...I know a girl, one of my sister's friends, she has AIDS, and some people sort of reacted funny, never actually got a lot of support from where she was working, her parents pay for all she needs [...].

The difference in employed coping tactics would obviously derive from the appraisal of the HIV/AIDS problem as unique, that is unresolved.

It was hypothesised that his knowledge of a person with AIDS may have been a source of influence on his views about how people (not close to him) would react. This hypothesis needed his own verification.

A. How do you think this girl is handling the situation?
P. I don't really know how she is coping [...]. Some times she comes to visit us and we say hi, whatever, and like she's O.K. A lot of people though don't really know much about it. They ask, does she breath the same air? And they don't know much about medical things behind it [...] So, it depends what sort of people you have around you. If they don't come into the same room...then you have a problem all the time.

It appeared, from what he said, that although he had never discussed the issue with her, he was aware of some comments made by 'ignorant' people behind her back.

Already it has been showed that Prometheas would choose to inform his closest friend, whom he trusted would not reject him, and some other close friends, even though his confidence in their positive reactions toward him was weaker.

A. Do you think you would let your family know?
P. Yeah, I would. But I feel I would have to.
A. Why is that?

P. Because I feel they have to know. I mean it's probably more difficult to keep it to yourself than not let your family know.

A. So, if I understand correctly, you are saying that for some reason you would have to let them know. Are you saying the reason is it would be easier to let them know than not?

P. Well, if I didn't tell them, I'd be kidding myself, sort of hiding it, and it's going to obviously affect me in some way, and they will probably realise that there is something wrong with me. They might think I'm weird or I'm acting strangely and I would have to tell them...

It is clear that Prometheas understood any decision not to inform his family as 'denial' of his state to himself, and as difficult to deal with in terms of justifying his "strange" behaviour. His intention to inform family included family members, extending to more than ten people sharing the same roof.

A. How do you suppose they would react?

P. (silence) I don't know actually. They may think it's wrong initially. I mean, even now a lot of people still associate AIDS with doing something wrong, you know. And eventually they will realise that it can happen to anyone and **I don't know whether they can accept it,** but they will live with the fact that I have it.

In spite of his initial hesitation, and although he seemed to recognise that his family probably shared the prejudiced views of other people about AIDS, he predicted that they would not react in a negative way.

A. You seem to be quite confident that your family would not reject you...

P. I assume they are, like, family and families stick together. I suppose in a way they would be sort of obliged, even though initially they may not want it to affect the family. And then also because, I mean, I get support, but not so much. I mean, we are a big family and it's not just small and cosy where everyone knows how things are for everyone. But, you know, we still have our closeness and we just generally, we sort of

stick together, help each other out when we are in trouble, and I would be shocked if someone abandoned me.

His beliefs that his family would stand by him was not a mere discourse. Memories of the family's past behaviour, closeness, as well as understanding of mutual obligations and unwritten rules, seemed to have been recalled. Although the kind of support he generally received was moderately valued, the expected role of his family in emotional mastery came through very clearly.

A. In what ways would they show this support?
P. I suppose, I mean, you sort of think, oh God I'm going to die one day and you get all depressed and they will try and keep your hopes up. Try and make you feel that at least you have something to live for, you shouldn't just feel that that's the end, there is more point in carrying on. Make you feel that if you are part of the system you can actually contribute.

Prometheas had a partner at the time with whom he was going out for six months. He said he would definitely inform her and tried to predict her reactions.

P. She would probably assume she didn't give it to me because she didn't go with anyone before, so she would think I got it from someone else, that I have been a 'bad boy' (laughter) [...]. Does she continue to live with a man with AIDS? She would maybe think, do I have it and if I don't, do I leave him for someone else? Maybe that seems to be the more sort of sensible thing to do. But I suppose it also depends on how strong she is or willing to sacrifice her self for me, or whether she thinks it's worth while, or what her family will say.

Note that Prometheas' shared experiences with his partner were limited, given the fact that they spent more time apart than together. In an effort to predict possible reactions, he tried to consider her course of thought. The above segment shows that he would expect

her to: a) evaluate the situation (he's a man with AIDS, he was unfaithful), b) her feelings (do I love him, is it worth sacrificing myself), and restrictions (family pressure), and seemed to conclude that there would be a potential conflict between 'rationality' and 'emotion'.

Persephone

Persephone remembered early TV messages, but also discussions at school about AIDS, which became very relevant when she and her family moved to Africa in the middle 1980's. On their return, two years later, she had her first experience of an HIV test.

A. Did you *have* to take the test then?
P. Well, we were like "strongly advised"; we didn't have to, but if we didn't they would find it very strange I think. So everyone had to go through tests [...]
A. How did it all feel like?
P. I was really worried. And I remember being through ...even though I didn't think I had it, because everyone was fussed about me taking the test. I got really worried, even though I had nothing to be worried about. And I remember waiting for the results and I was terrified, and then I took the test again recently, because of pressure from my partner...

Her second experience of an HIV test seemed to be somewhat more traumatic than the first, although both times she had undergone pressure. As we will see later, her partner got over-anxious when he found out that she had lived in Africa, and virtually blackmailed her into taking the test. From what she said, she gave the impression that her partner would have also probably found it "strange" if she had refused to take the test, just as the authorities would have before.

P. [...] And again it was like a nightmare going through just the waiting process. Because you get really ...because you get really worked up by everyone around you.

And you start thinking about what to tell the family, what to tell your friends. In fact last time I started thinking about actually having it myself and you know, I was really terrified. I didn't know what to do in the end. And on my way to pick up the test, I was just thinking how shall I behave when I get back to the class. Am I going to be able to face them?

The approach of the clinical staff was obviously seen in a negative light, and their attitude as being responsible for increasing anxiety.

A. What exactly happened before taking the test?
P. Well, the doctor...or maybe the nurse, asked questions. I said I had lived in Africa and they wanted to know if I had practiced safe sex. And I had to justify myself all the time...

If the test had proven positive, she said she would have to tell her family , close friends and her partner. Her partner was the one who had 'sent' her to take the test, so she felt she was obliged to tell him first.

A. How do you think he would have reacted if it was positive?
P. He wouldn't have understood it. No way, I don't think. He wouldn't have any understanding at all, if I had it. He would have just been terrified. Because he was so anxious. For a whole week before I took the test he didn't eat, he didn't sleep, he had gone as far as to puke, because he was feeling insecure about the situation. He was feeling really scared. And that was without knowing. Can you imagine if I had it? He would have died (laughter).

Discussion was then directed towards her family. She contrasted the rejecting attitude of her partner - who in spite of the negative test had stopped seeing her soon after - with that of her family.

A. So you think you would have informed them if the test had been positive?

P. Yes, I would have told them. I definitely would have. I was even thinking how much I was going to upset them. And I told them later that I took the test. I didn't tell them then, because I was so relieved that it was negative.

A. How do you think they would have reacted?

p. They would have been very sad, obviously. But they wouldn't have hated me or turned against me...I don't think...But, obviously they would have been very sad. Cause to them, well to me too, it seems like if you get HIV you are doomed in a way. There doesn't seem to be any way out. And it's in fact worse than cancer and all the other serious diseases, because in a way everything can be cured, except for this. That's what we tend to believe anyway.

Nevertheless, she pointed out that other relatives would not have been informed. She was clear about the reasons:

P. I know they [immediate family] would be supportive and that's why I would have told them. I wouldn't tell it to someone that I would expect they would turn their back to me. I don't think those people [other relatives] would accept it. So I wouldn't tell them.

A. Why do you say that?

P. Because I think they relate HIV with, you know, to people that have done...have committed a sin. They are very religious. And they relate people catching it to that being a punishment for their lifestyle. And if I was HIV they would have thought that I was living a very wild lifestyle, which I don't. So they would have, you know, been completely shocked I think. They can't see...they wouldn't have any understanding of people catching it through blood transfusions or anything else. They just have a set group of people that they think have it.

These reactions were totally antithetical to the unconditional support expected from the immediate family. Again it was of interest to explore the basis of her beliefs.

P. Well, that's the thing, because **I have never experienced it so I don't know exactly how they would react.** This is how they have reacted when people have died in the family, when people have had diagnosis of cancer, like last year when my mother's brother died of it. They were very supportive, so I really base it on things that have been related to death.

A. Are you saying then that the reason you would expect support is based on the way they have reacted when someone in the family was dying?

P. Yes, but not only that. Also because they are my closest in the family. And, you know, because they love me and I don't think they would turn against me. The same as I wouldn't do if they had it.

As far as friends were concerned, close ones were expected to be sad for her, and especially for the restrictions in her lifestyle from then onwards. She also thought they would be even more supportive after having gone over the phase of panic, caused by lack of factual knowledge. She justified the reactions expected from close friends:

P. **I can't say a hundred percent,** but this is the feeling I have already. It's a feeling. You know who is going to support you and who is not.

A. How is this feeling created?

P. I don't know, I guess in your mind you tend to gather and compare past experiences, but it is all done unconsciously so you never actually sit down and make a conscious evaluation.

Other people's reactions (not close ones) were quite a different story.

P. I think it has to do with the attitude people have toward HIV and AIDS and who gets it. Because up to now, whenever you hear about famous people, like Freddy Mercury, everyone keeps saying, "he was bisexual wasn't he?". And I think some people they may not understand, if I got it, how did I get it ? [...] People have this prejudice I think about how you catch it.

Persephone was then asked to compare her predicted coping reactions, which she had previously talked about in some length, with that of handling other crises. Although the difference was indirectly pointed out (no clear-cut solution), the importance of others in enhancing her strength, irrespective of situational context, was underlined.

P. Normally, I guess what I do is...I probably have some kind of solution to any problem that comes up and then...but then you want to see if your friends and your family approve of your way of dealing with it in a way. And if you find that they are, then you feel stronger , if not you start to doubt yourself [...] So, if I had HIV or AIDS and my family told me, "listen, you have to be careful, limit your activities, you should be careful not to give it to someone else", that would be contradicting what I felt - that I should lead a normal life - then I would have a hard time. But if they were saying the same, then I would try and forget it I think.

Hlectra

Hlectra's memories of early AIDS messages were associated with debates surrounding its origins and its impact on the gay community. When asked about perceived implications, she referred to the stress of telling others - especially her family - and problems such as career, insurance and discrimination. However, the implication prominently mentioned was the probability of death.

P. I think also personal problems about dealing with or facing the fact that there is a good chance you are going to die of it. Like, the fact that there is so much experimentation with drugs, they've tried different things, but nobody really knows what the results are or if they're just prolonging things [...]. I think I would be terrified...I think you go through all the ideas of whether you would just commit suicide to get it over and done with. I mean I imagine myself I would wait and keep hoping that some day you are going to get better. Or somebody would discover some miracle cure. But the biggest thing is that I would be really really frightened.

She mentioned she would try to cope by telling family and joining support groups, as she thought she would probably feel isolated in a society of 'normal' individuals. At the same time she realised that informing others would come at a later stage in her coping efforts. She justified that by saying:

P. I can imagine that there would be a long phase where you pretend that nothing really happened. That it must be all wrong. And I wouldn't want to tell anybody. And then you eventually decide that you have to deal with it, and then I would have to go and get some support from other people.
A. And I think you already said you would tell your family...
P. Yeah, I would. I would tell my mum first of all.
A. How do you think she would take it?
P. I think she would obviously be terribly upset. And very frightened for me. I think she would be very supportive. I don't imagine her panicking or thinking I was going to infect them by being around or living there or anything like that. But I think that has to do with her being informed about these issues and so it's not such a mysterious subject or...

Clearly, one reason she did not expect negative reactions from her mother, was the awareness that her mum was 'well-informed', and as Hlectra mentioned elsewhere, her mum had, in fact, attended seminars on the matter, as part of her teaching profession. That, in combination with memories of her mother's behaviour in past situations of need, allowed Hlectra to predict supportive reactions, as the segment below shows.

A. Where do you base your expectancy of support?
P. That's definitely through previous sort of crises situations, where I've much doubted there could be other people who can support me and that are willing to put a lot of their time into giving you that support.

Closeness, was a determinant factor in expected reactions from partners.

P. It depends on what kind of relationship you have, cause I think it's a huge responsibility for someone to take on, and I think probably if you haven't established a very strong basis in your relationship, it would be a lot to ask from someone to continue, and I don't think I would even want them to take this responsibility.

Hlectra seemed to be very clear about her expectations. This was pointed out to her, with the request to say more about the basis of her beliefs. Note that the possibility of her knowing someone in that situation was not suggested to her by the researcher.

P. I don't actually know anyone who has contracted it[..]. **I'm just really imagining the circumstances.** I think maybe it is similar to thinking you had any very serious disease, if you found out you had cancer or from discussing with people what would you do, if that was to happen to you.

Throughout her responses, her desire to "sustain a normal life" , as well as her need for privacy were evident. At the same time, approval and encouragement from others was also appraised as important.

P. What about friends?

A. Some close friends I would tell. Mmm...I don't know how generally I would tell people, but I think that may be a personal thing of not generally telling people much about my private life anyway. So I don't know...I also wouldn't want people to change their reactions to me because they knew that I was HIV positive [...].

How did Hlectra compare her predicted coping efforts with that in other difficult circumstances?

P. I think the similarity is not wanting things to change very much. To actually be able to cope and carry on; that's very similar to the way I normally choose to cope. Mmm...The difference, I think, is, or would be, my own fear of the unknown, of not knowing what

was going to happen to me. I've never been in a situation where I have felt that there is nothing I can do about it. I think that would be very hard to deal with.

Since she had earlier on compared the circumstances of HIV/AIDS with that of cancer, it was interesting to see whether the way she predicted she would cope with HIV was perceived as different. There were already some indications that similar meaning was ascribed to both situations. Indeed, the prevailing situational characteristic of death, emerged once more.

P. Not particularly, no. I think if I was to find out I was dying, the only difference might be that if I found out I had cancer, very often it can be dealt with. But I think in general, if I was to find out it was a very serious form, and I was dying, I would find it much the same.

Ariadne

Ariadne's initial feelings towards AIDS "sufferers" were those of sympathy, although, as she pointed out, she never thought this new "disease" would ever affect her. Her perceptions changed a few years later, for reasons which she explained.

P. I think it has to do with what I heard from the mass media and my private life, because I started going out with someone who I wasn't sure whether he was bisexual or not. I thought this is it. It's very easy for you [to get it]. I just changed my mind and started believing that the danger is not far.

Ariadne did not generally distinguish between HIV and AIDS, but associated both with loss of life. Throughout her responses, several patterns emerged. One was her love of life, and the determination to live it fully, if ever in the situation of a person with HIV/AIDS. Linked to the understanding of life as precious, was that of her self-appraisal as an "extrovert" and fighter.

A. Why would you tell them [parents] straight away?

P. Well, in general, I'm an extrovert; I like talking about myself to people; and especially in that case I would need support. And the ones that really love you by definition are the members of your family. So I would need psychological and practical help to start with [..]. Because I've heard that you can extend your life, and, as you know, life is sweet and when you know that you are going to miss it, then you do everything to enjoy even the last moment. So, if you go through therapy and treatment you need money, so I would go to my parents and ask for help.

Similar were her reasons for intending to inform her close friends.

P. [...] Because at this stage you need support, you need to talk about it. Additionally, you feel you are going to miss them, and in a way I'm not the sort of person that would imprison myself and become an introvert suddenly. I like to talk to people and know their opinion, what they think.

It appears that the main reason for informing others would be to get support and to share emotions, a tendency which she linked to her self-appraisal and her definition of extroversion.

A. How would you deal then with such a situation?

P. I think it would be a frustration at the first stage. I mean, getting to know what happens to me. I would be very depressed. I don't say that I could get over it, but I would try hard to re-build my mood in a way and enjoy life as much as I can.

When asked to compare coping with HIV/AIDS with the way she construed her coping in crisis, similarities but also differences were found. Similarities regarded her self-appraisal as a fighter and life lover. Differences were attributed to the characteristics of the specific situation, such as time restrictions and it being an issue of health.

A. Is that the way you would normally cope in a situation of crisis?

P. Well, I think I'm not the person to say I'm going to die and cross my arms waiting for it to happen. Just the opposite [...]. I would have tried to leave something behind me, something to do with my career. Just to leave life happy [...]. I would like to do things that I like and always wanted to go back doing, but didn't have the chance due to lack of money or time or anything. Which I now know I can always go back to, and I'm not doing now because I have no time restriction. In that case, it is time you run out [...] And also health is a different matter compared to job, education or things like that. It's different. So it would have to do with the factors that are related to the issue each time. I don't know...I mean...but this is in general terms the way I react.

How did Ariadne think her significant others would react and why. She predicted her parents would be shocked, because it would be something affecting their own family. She further added:

P. [...] But I don't know. I mean I can't tell. I'm sure they would have a shock, but they are not the type of parents to ignore me or kick me out, but they would be really sympathetic and helpful and willing to do everything to keep me alive, if possible.

Was the above belief an ungrounded expectancy, linked to her previous statement that family members "love you by definition", a simple discourse? Or was she able to justify what she was claiming? From what the segment below shows, her 'syllogism' followed a certain course. She initially justified why, according to her opinion, her mother and father were aware that this is something that can happen to anyone. She then explained why she believed her parents knew she was sexually active, but did not condemn her behaviour as immoral. After tackling these situational characteristics - that are often a cause of parental rejection - she then concluded that her parents would behave as in any other case of crisis - that is, they would eventually be totally supportive.

A. You say your parents would support you. Why do you think that?

P. I'll tell you what. I thought that my dad, not so much my mum because I'm closer to her and she knows a lot about my life, but I thought my dad was very conservative and narrow minded as a person [...]. And when I decided to go to England, he probably thought that - being biased and prejudiced about affairs and relationships that occur abroad - life would be more free for me. He said, you have to be careful now that you go to England, especially with AIDS. It was the first time he said anything like that, which meant that he knows I have sexual relationships [...].

A. Have you ever discussed about AIDS with your parents other than that?

P. We haven't talked about it a lot. But the way they talk to me, and the way my mum advices my brother to use condoms and things, means they are aware this could happen to their kids. Obviously, they don't think their kids are not moral as such, so there you go - they believe it can happen to anyone.

A. But how does that show that they would be supportive?

P. Because this is always the case. They try...What happens is that they keep saying "be careful because you won't have our support", but when something happens to me, then they are willing to help me because they love me and I'm sure about that...

A. So, are you saying that they would support you because they are not unrealistic about the danger and also because they love you?

P. Yeah, that's right!

Ariadne was concerned about certain physiological aspects of HIV/AIDS, which she thought "science" had not clarified. This uncertainty reflected on the way she thought her friends would react, but also her speculation about how she would react to a friend with AIDS. She mentioned sympathy and care, but also a slight caution, because she believed there is still uncertainty about the modes of transmission. She used the word "instinctive" knowledge when asked to explain her general expectancy of support from friends, but also justified the possibility of being wrong in her prediction by referring to the "peculiarity" and hypothetical nature of the specific situation

P. It is also a very peculiar issue the one that has to do with AIDS. I mean, I couldn't blame some of my friends in case they said ...and tried to keep a certain distance in order to protect themselves. And in a way I would want to test their reactions. Of course some of them are not well informed [...] **And it's O.K. to talk about it , I mean, even I say, if it was me I would have...I don't know how I would react if it was a real fact. I mean, people like to develop all these theories about how they would behave, but you don't know...**

Telemachos

Telemachos pointed out aspects of HIV/AIDS associated with its medical and social identity, such as uncertainty of AIDS development, infecting others without knowing, fear of possible rejection from friends.

P. [...] And then the other is obviously the fact that there is no cure for it, and that's a scary thought...a bit like cancer.

Regarding his intention to inform others, Telemachos set up a priority list with people he would inform. First parents, then girlfriend, and last close friends. When asked to justify his intention to inform his parents, he pointed out that this decision would be based on the belief that they would support him. In order to reach this conclusion, he appeared to have considered several factors.

P. I think, when you say something like that, you have to be sure that you tell someone that will not...you know, that loves you under any circumstance. [So] I would tell my parents because I know that, whatever I do, they are my parents, you know [...]. So, for example, if I had a girlfriend, I'm not sure I would tell her first, not because I would want to hurt her or anything, but because I know that if I told my mother she would help me, because she has helped me before.

A. How do you mean?

P. She has helped me before at one period when I though I had cancer, which in the end wasn't true. But in that period I was worried about it and the time I went to do some tests, I was very very scared and I think I didn't tell anyone for quite a long time, about a couple of weeks. And I was really nervous about it, so one day I decided to tell my parents, well my mother. And she got quite worried about it and just said, you know, go to the hospital...And so I went there the day after. It is strange that before I didn't want to go to the hospital really, because I was scared that if I had it I wouldn't know how to cope with it. So I didn't tell anyone and I didn't do anything about it, until I spoke to my parents [...].

A. How do you think they would have reacted if it was HIV?

P. I don't think they would be angry at me. Obviously if it was through...maybe if I was taking drugs and it was through a syringe, then they wouldn't be too happy about it (laughter). If it was through sex, it is less serious from their point of view [...] So they wouldn't be angry, in fact they would be very sympathetic, they would do anything they could to help me. (silence) But I guess, even If I was a drug addict, they would probably still love me and help me. **Of course there is always the chance that you may be wrong**, but what I know is that there is maximum trust there, and love.

The factors Telemachos considered seemed to be:

1. Experienced feelings of family trust, love and help.
2. Past reactions of parents in a situation of health crisis, perceived as somewhat similar to HIV.
3. The meaning he believed his parents would ascribe to AIDS, depending on the source of transmission.

The reasons Telemachos would choose to inform his close friends could be generally labelled as facilitation of coping including sharing the burden of the implications, getting support (advice), and drawing strength from their (possible) fidelity (testing friends).

A. You seem to think that there is always the possibility that some friends would let you down.

P. Yeah! That's why I would probably tell three or four of my friends and that's it.

A. Why would you tell them?

P. Because for one you would find out who are your real friends, because if they continue to be my friends even under these circumstances, then that would give me a lot of strength and courage. And the second is that, I guess something like that I would find very difficult to keep inside. I would have to tell some people. And more than one person, because possibly more people would give me more ideas, more advice about what to do [..]

As the segment below indicates, the reasons behind this expectancy of support seemed to be based on:

1. The closeness and long-time friendship (development of trust).
2. The experience of support in previous situations of crisis.
3. The understanding of mutual obligations, part of his friendship definition and roles.

P. The people I would tell would be the ones that I've known quite a few years [...] And so it would be the friends I had from the years from school say, which are still now my best friends. You have to judge who you can trust and who you expect to receive support from. That's partly from past experiences, past situations when you had problems, you've spoken to them and found they were the most helpful.

A. So the reason you would inform them is because you trust they would help you...

P. Yes, but I would also tell them because I think they have to know these things about me, as this is what good friends are for. Whether they would want to know or whether they would be happier not knowing I'm not sure. I think possibly they would be angry if they found out that I haven't told them, because it would show that I didn't trust them [...].

Finally, the perceived similarity and/or difference between coping with a situation of crisis and coping with an HIV positive test was explained.

P. I guess I would react in the same way I did when I thought I had cancer. You know, not telling anyone at first, smoking and drinking a lot. Then afterwards I would try and get support, pull myself together I suppose. The difference is that with AIDS there is no hope whatsoever. So instead of trying to get well, you have to accept your bad luck.

Ikaros

Ikaros, like a number of other interviewees, referred to cancer as an example of situation with similarities to AIDS. Unlike cancer, though, AIDS was perceived as a source of negative reactions from the public.

P. [...] despite of what people claim, being open and sensitive to these issues, there are undertones that these people are promiscuous, drug-users or something bad. Maybe they think he deserves it. They don't actually say that, but...

Negative public reactions were an aspect of situation which seemed to be of great concern to Ikaros. Although he did not expect such reactions from his own friends, he did expect forceful social dynamics to cause pressure on them.

P. I think they [friends] would be O.K. about it and give me some help. I don't think they would disappear off the scene. But I'm worried about what their social network would say, like their families, knowing that, you know, our son has a friend who's got AIDS, and that would cause negative feelings to him. There would be a lot of pressure ... And then you know, you are helping someone who is down all the time, and the relationship wouldn't be the same. But I would like to think that they would stay around and help me out.

In conclusion, the first identified factor pressuring his friends would be the influence of social networks, whereas the other would be the imbalance in the give-and-take relationship due to his own illness and therefore weaker position, if ever in that situation.

A. You seem quite confident about their own reactions...
P. **Well, obviously I'm not one hundred percent sure**, I just have a feeling, and, I mean, I know from other things, I also know from myself as well, that if they got it I wouldn't disappear. I would be helping them all the time. So maybe because of that I **would like to think** that they would do the same to me[...]. I think I'm more worried about the social networks that are attached to people who would know me, not the people themselves. It is very easy not to be humanistic and sensitive about something when you are distant from it. Like their social networks would be more distant than my friends.

What the segment above shows is, firstly, a recognition from Ikaros' part that his expectancy of supportive reactions from his friends is based partly on past experiences of his friends' behaviour and partly on an assumption of how he would have reacted, if he were in their position. It is, additionally, a recognition that his prediction can be better understood as a wish rather than a certainty. The segment, secondly, shows that Ikaros' previous mentioning of the reactions and influence of social networks is based on his 'theory' that prejudice co-exists with lack of personal contact.

When Ikaros was asked whether he would inform his parents or not, several elements were considered.

A. Would you tell your parents?
P. Well, I think of course I would tell them. I mean I think they would be broken hearted [if I didn't tell them], and then they found out that I had it or that I died suddenly or something. Because obviously you don't want to upset them. It is also like placing a demand on them. Like, I'm sick and you've got to help me. But I would tell them because I know they would be my main support and my main help. No matter what,

whatever happened to me. They are the ones that would be there all the time, as they have been in the past. So I think they have a right to know as my family [...], they deserve to know.

Ikaros apparently weighed the pros and cons of both possibilities: telling them, and not telling them. The disadvantages of telling them would be: a) his parents would be upset, b) telling them may feel like placing a demand of support. The advantages would be: a) his parents would be more upset if they found out later, b) they would provide his main source of support, c) they have a right to know.

A. You said before that you feel your parents would have a right to know. Why is that?
P. Well, obviously between the family there are some communications, you are part of the family and that is a biological bond. They've helped me, brought me into this world...Maybe I'm just brought up with that tradition that the family should know... And I don't think the fact that it is AIDS or cancer or whatever would make much of a difference. Just the fact that I'm going to die.

In predicting their support, already reference to past experiences had been made. In the segment above, evaluation of his parents' perceptions was also taken into account.

Ikaros had been going out with his girlfriend for three years, and he said they were planning to get married. The reasons he gave for intending to inform her, if ever in that situation were: a) to provide her with an option to choose whether she wanted to continue the relationship, b) to clarify who was 'responsible' for the situation.

P. [...] But I don't think my partner would want to stay around and nurse me through a terminal illness, especially if I got it through my own stupidity with someone else, not as a result of her... Well, who can say, it depends on how the relationship is at the time, but I wouldn't blame her if...I would understand...

Finally, Ikaros' construing of coping with HIV compared to coping with another crisis was expressed in the following way. Similarities and differences were apparent.

P. I usually keep things inside a lot. And when I talk about any worries I may have, I don't let a lot of emotion out. If I was to cope with AIDS I think I would have to be more open, or else it would be very difficult... Because, as I said, it's like a stone dropping on your head, and you can't afford to be so proud.

Ektor

Apart from the media, Ektor's main source of information on AIDS came from school. He particularly remembered a lecture from the head master and an expert.

A. What was the subject of that discussion?
P. I think it was more like...sort of discipline at school...I mean sex is not something you really talk about [...]. So I think it was more to do with, you know, you are not supposed to have sex while you are at school, but if you do, be careful with AIDS that can be transmitted in such and such a way.

His understanding of the implications, if ever in the position of someone with HIV, clearly focused on the situation's social aspects. Indications of this perception were evident throughout his responses.

P. [...] I think a lot of people have the impression that it is not very likely for it to happen, if they are heterosexuals. But when it happens it's quite devastating, you don't know what to expect really...I don't think the illness is the problem. But ...just people's perceptions...

Ektor was then asked whether he would inform his immediate family and he answered positively. In predicting their reactions and grounding his beliefs, the centrality of other people's reactions as a perceived situational characteristic was again evident.

A. How do you think they would take it then?
P. They'll be shocked. And I mean they are very old-fashioned, they are very unaware of what it is. Their knowledge is very limited. You know, they would bombard me with questions about this and about that, about what's going to happen, how did it happen. I think in a way, half the problem would be coping with this. With people, other people's reactions. I suppose...I think my dad would be more shocked than my mother, because in a way he's more old fashioned...I think they are probably still one of those people that think only gay people or something...are more likely to get it.
A. Would the mode of transmission make a difference to their reactions?
P. Actually, I never thought of drug abuse until just now. But say, if it was drug abuse, it would be different I think. Because I think drugs is a more severe issue. Something they are absolutely totally against. They are not very keen on homosexuality, but I think drug abuse is even worse. But at the end of the day, I don't think it would affect their support. They would still support me.

Ektor appeared to seriously consider the meaning that the situation would have for his parents, and yet he predicted support.

A. So why do you say they would support you?
P. I don't know. I mean it's a lot to do with your relationship with your parents. I think ...it is a big issue, but if it happened...nothing as big has ever happened...but from past experiences you can expect them to support you. Past experience of different things, not just things that happened to me, but also to my brother.
Support was his main reason for informing family, close friends, and partner. Expectancy of support from friends was based on his definition of the word friendship as mutual respect and assistance, that would also lead him to support them, if in need.

P. [...] It's slightly different from parents, because with friends you tend to... well, with the ones I care about the feelings are mutual. I think if I'd feel in a certain way towards them, they would feel the same way towards me. That's why they are so close. It's mutual respect. In other words, if they came around to me and told me they are HIV positive, I would do whatever I can to support them.

Respect was also mentioned in connection to informing his partner, but a certain obligation and need were also evident.

A. What would be your main reason for telling her?
P. Well, I would out of respect [...] I think you have to, anyway, you need to...
A. Do you think she would be supportive?
P. Yes, I think so. If she doesn't support me, then that's fine, you know...Perhaps she's not worth knowing. **But you can't really tell...** Anyway, I think general understanding is more important than anything [...]. It has to do with your relationship, how much you understand another person. **Perhaps you are wrong, but it doesn't really matter.**

In order to cope with it, he said he would try to maintain normality. His already familiar to us perception of situational meaning was present.

P. [...] If you are talking about the fact that it is fatal, then I don't find that too bad, it's like being told you are going to die sooner or later, which you will anyway. You might be run down by a car the next day or something. But with other things, like [the fact that] you might transmit the disease to somebody else...then that is pretty serious. But I don't think it [death] is too much of a problem. It's not a problem, but it is striking me as something I couldn't do anything about. And as I said, perhaps the most difficult thing is to cope with people's reactions.
A. Are you saying then that you are seeing it as a problem with no solution?

P. I guess action wise I don't know how much I could do at that stage. But it has more to do with the state of mind. **I don't think anybody can say they are prepared for it. Nobody can. You hear of people dying with AIDS, you've seen films about it, but it is entirely different when you are experiencing it.**

Pares

Pares received initial information on HIV/AIDS from the media, but had also participated in a campaign awareness at school. Although he had acquired a substantial amount of knowledge about the topic, he still considered it a "grey area", in terms of scientific certainty, and that physiological aspect seemed to prevail in his understanding of the situation.

Pares was initially asked to predict whether he would tell his family, if ever he discovered he was infected. He said he would inform his brother first, as he thought the shock would be harder for his parents to overcome. Pares was then asked to give reasons for his prediction, and he defined the role that his brother would play as that of a 'consultant'.

P. I think it is because it is AIDS and my parents are slightly old-fashioned... Another reason is that they would probably... I don't know, they tend to draw premature conclusions and... **But I should also say that maybe I am presenting the problem bigger than it is.** Because after all my parents wouldn't push me away, I think... but just actually telling them... I feel it would be a great help if I told my brother first, sort of consult him first.

In the previous segment, previous behavioural patterns of his parents were already identified. Pares understanding of the meaning the situation would have for them was implied, when he mentioned that they are a bit "old fashioned". Why did he then subsequently predict support?

A. How do you think they would react, if you told them?

P. Of course they would be very sad. I think the immediate reaction from them would be that I had done something wrong. They would probably react by saying "how could you put yourself into that situation"? **Maybe I'm wrong**, maybe they realise that you can get it through other ways more than I think.

A. You seem to think, though, that their initial reaction would be negative...

P. They may see it as my fault. I think it is a very natural reaction. But whatever they say, I think they would stand by me and help me out. And that may also be because my mother is a nurse, and I guess she knows a lot more about this than I do.

Pares had already pointed out that his experience told him that his parents drew "premature" conclusions. More details were given later, when asked to justify the nature of expected reactions from them.

P. It's just the way I've experienced them before. That they ... you know. I know them for long and I know how they react in different situations. They tend to panic (laughter)...but when they have, it never lasted long. They sort of settle down and go about things quite constructively. But they have a tendency to panic, initially. That's why I said I would be very concerned about how to go about it, to make that panic as less as possible.

As far as friends were concerned, the decision of who to inform was connected with the effort to try and live 'normal'.

A. How would you decide which friends to tell?

P. I don't know, of course **it is very difficult to put myself into that situation.** But I imagine that you want to go on as normal as possible. And therefore you don't want to push people away from you. And so I imagine you make a judgement of whether you think the person ... you try to predict how they would react, and how it is going to

be. [...] Because of the way society in general reacts. So you calculate the risk of telling people.

A. How do you do that?

P. Based on past experiences definitely. I mean that's how you find out who you can trust. And also it has to do with attitudes...

A. And if the evidence were conflicting?

P. I would base it on past experiences. Because after all what I would base this decision on would be whether you can trust them not to pass it around.

Pares answer was interesting. At first sight it appeared like in "calculating the risk" of who to inform, the weight of friends' (prejudiced) attitudes was minimum. A closer look into his response shows that this is not so. Pares did not necessarily expect support or other positive reactions, but hoped that, even if rejecting, his friends would not betray his trust by telling others, and that was in agreement with his declared wish for maintaining normality . In any case informing others remained a "risk".

Further evidence that he did not disregard the importance of considering the situation's meaning came from his response referring to his girlfriend's reaction.

A. Do you think she would be supportive?

P. Well, I think she would try to deal with it. I think so... **The reason I'm hesitating is because it is difficult to know.** Because again I'm relying on past experiences, and I've never been in a similar situation before [...].

His coping construing in HIV was related to his need for normality, but reflected also a general coping pattern which he assumed would be applicable even in that hypothetical situation.

P. [...] So, if I was living with my family, and I knew that they would be very concerned about me or about getting infected, even though they would have no particular reason, then I think, for example, I would move out. If that would make it easier [...].

A. Do you see any similarity between what you have predicted and the way you generally try to deal with difficult situations?

P. Generally I would say that I often ...I prefer the quiet solution to most things, the one that would benefit most people and sort of keep things quiet. I always avoid arguing if I can. And...If I have a choice I would pick the one that is also easiest for other people. I can't say I have been able to apply this to major problems before. I can only assume that it would be the same.

A. That seems to fit with what you said before about moving out of the house if it was better for your parents.

P. Yes. I try, at least, to see things from other people's views as well. So yeah!

Alkmene

Alkmene admitted that she tended to initially disregard media messages about AIDS, because she felt that for a long time they somehow still remained associated with specific groups of people. Friends seemed to have played an important role in her awareness, and gathering of 'reliable' information.

P.[...] But then, it was like a year after, a friend of mine called me and she was quite upset. And she said "you know there is a lot of talk about this new disease and it's very dangerous when you have relationships with guys, because you don't know what they have been doing before they met you". So she set me thinking, because I realised that it basically concerns everyone. And after that, I talked about it with friends, informally and formally, with friends that were doing clinical work and knew a lot. So I got let's say valid information about it [...].

The meaning she ascribed to AIDS also seemed to have developed along with the levels of awareness she reached.

P. Well, earlier on, a couple of years ago, the word AIDS itself was associated with death [...] I had oversimplified things. But after that, as I was gaining more information I started thinking about problems with the family [..] I realised you have to live with it for a while, so I started thinking about social reactions. Basically that you wouldn't be accepted by your friends and your family and your work environment [...]
A. So is that the kind of reactions you would expect if you were ever in that situation?
P. I'm not sure any more. If I was asked this question two years ago I would definitely say yes. But, nowadays, I think a lot of people have realised that it can happen to a lot of people, and if they are open-minded enough they wouldn't treat you as an outcast [...].

She viewed herself as such an open-minded person, since she now had accepted that HIV/AIDS was not restricted into specific groups. However, she realised that the way her parents understood the situation was significantly different and gave her reasons.

P. I don't think they would treat me in a bad way [...] because they would probably think that I would need their support. But their own idea I think, and the way they would treat the subject when talking to their friends, that would be completely negative. And the way they treat it now...

Variations, though, existed between her father and mother.

A. What exactly do you mean by negative?
P. They are negative in the sense that...especially my dad [...], he doesn't want to modernise himself or he doesn't like the way young people live nowadays, so he would, like, blame... he blames things on people, without having a good reason for doing it. Anyway, he's against a lot of young people's ways, and casual sex and all this stuff he's against. [...] And what he does is, he oversimplifies things to something like bad, which

can happen to drug addicts, homosexuals and people who sleep around. Although he knows it's not like that, I think he wants to believe it is like that. Maybe it's safer, you know [...]. But I think my mum is more open minded, to be honest [...].

Alkmene would nevertheless inform her parents, but not straight away.

P. [...] I would like to have some time, give it some time so I could get used to it myself first, and then I would tell them, so that they get used to the idea too. [...] I think I would tell my brother right away, because he's young too, and I would trust his judgement. I think he would be much more sympathetic [...] because he knows that these things can happen to everyone. But my parents... I would leave them for the end I think. Well, not the end, I mean a couple of months after I found out.

Even though she thought her parents would need time to get over the shock once informed - especially her dad - she did expect eventual support. She said that, despite their conservative attitude, her parents did share a loving relationship with her, and would realise that, given the circumstances, denying their support (that is, punish her for her 'immoral' behaviour) would be pointless.

P. [...] because at some point they would understand there is nothing to be done, and that the only thing it can be done at the time is support you, nothing else. It's the only option they have. But of course I think that would change them as individuals, if such thing ever happened.
A. Are you saying that you relate their eventual support with them also changing attitude towards the whole issue?
P. Yes, yes! They would have to see things differently then, wouldn't they?

Support was one of the reasons she would inform her parents, but the first reason mentioned was obligation.

P. They should know... because it is a family matter anyway. It should be handled collectively. The family as a group should handle the matter, and I would expect some support from them [...]. But it is a combination of reasons I think.

Regarding her partner, similar priorities were suggested as reasons for informing him.

P. [...] So he has to know right away for his own health sake. And I would tell him first because it might be vital for his health, and unconsciously because I would be needing support from him. Without that being the first reason, though.

As previously with her parents, the relationship with her boyfriend was emphatically referred to as a loving one. Support was expected after an initial shock and the ground for this belief, or better still wish, was his past behaviour towards her in situations of need.

P. [...] But I think he would support me. After getting over the shock. I think... I hope... he supported me other times when I really needed him, but of course these other times didn't have anything to do with his health; **so I can't really be sure** that... if he was infected by me... I don't know whether he would blame it on me. I want to believe that he wouldn't.

Close friends would be informed. Alkmene predicted that friends would support her, and based it on their past assistance in crises, as well as knowledge of their attitudes. And yet, as we will later see, absolute certainty was not present.

P. Where do you base your belief?
A. Well, chats and discussions, when we talked about it, about what if...this would happen, this kind of chats, or the way they view the matter. There is a couple of them that are very close to me, I've known them for years and they've always been there for me. [...]

The ambiguity of AIDS' meaning as health and stigma was perceived as responsible for public reactions.

A. Do you think things would be more or less the same if instead of AIDS we were talking about cancer?
P. No, of course not. Cancer is supposed to be very decent, whereas AIDS is a shame to have. [...] Because [in cancer] there is no sex involved and the sex is ... And the whole thing started with people who are heavily criticised by common standards, so it will take people a long time to realise it's not like that.
A. How would it be different for your parents?
P. They wouldn't be shocked. They would be very sad, but it would have been much easier for them to accept [...].

And, finally, in terms of her coping construing, similarities to coping with any other crisis regarded her need to seek immediate emotional support from friends, the trust in her brother's opinion, and the delayed resort to her parents. Differences in this 'common' pattern were predicted only in the case where her expectancies, especially of friends' reactions, proved inaccurate.

P. [...] The thing is, well, **I can't be one hundred percent sure**, because I mean even people you think they would be supportive, as this particular friend of mine, if you just break the news to them they might get very shocked and... you can't really picture or have clear ideas... This is a very serious matter and when it happens to you or your closest friends, you might get more shocked than you had expected.

Aeolos

Aeolos referred to a wide range of perceived implications, if ever in the position of someone with HIV: confronting the possibility of premature death and other medical, as well as social implications, as illustrated below:

P. [...] And then there is, what do I do? Do I keep this to myself or do I tell people? And if there are people with whom I've had sexual relationships with, then I have a responsibility to tell them. And who do you tell? And once you start telling people, what's the reaction going to be? Will they want to know you any more? [...]

How was Aeolos' scepticism applied when providing actual predictions? He said that he would inform his parents, siblings, very few friends and previous partners. The main reasons for informing his family was to seek support. Did he expect to receive it?

A. How do you think your parents would react to such news?
P. I think initially they would be very very shocked. It's a very big thing for anybody. I think with that shock might come some distance, but I don't think it would be a permanent thing. And maybe a fantasy rather than...**it may be my fantasy...** I don't think they would shut me out... I think they would accept it... I think they would look after me.

As the following segments will show, the grounds of his prediction can be understood in terms of a four-step-syllogism including:
1. perception of family values ,
2. past experiences of support in crisis,
3. evaluation of current situation,
4. consideration of parents' understanding of situation .

P. [...] With most things that I couldn't cope easily, they have looked after me. I think generally, whenever we needed support we had it... I'm not saying that whenever we asked for anything we got it, it's not the same thing at all. But I think certainly my family share a belief that they are always there for each other.

This certainty was contrasted with relative uncertainty when it came to friends.

P. It's difficult. Friends, I think, are less... for me anyway, than family, in that in my family there is a bond that is just there. You never stop to question whether you should give to somebody in the family [...]. With friends I think there is a much stronger element of choice. And we've shared some intimate things, me and my best friends, and that has been alright. Obviously, that is a bit different I think to telling them that I've got AIDS. **So I'm perhaps less certain of friends.**

Already we saw how steps one and two were taken in the course of grounding his prediction of support from parents. The segment below will highlight the content of step three and four:

P. I think the stigma has moved on a bit. It's no longer identified with the gay population. And my mum is a counsellor, so she has been involved in some health promotion. And the message was how it is everyone's problem. And my father is a doctor [...]. So it is not something that would be totally alien to them. And so I don't think they would reject me because of stigma [...].

The reason for informing previous partners was identified as "moral obligation", although the possibility of blame made it a difficult task. Even though Aeolos did not have a permanent partner, he talked about the expectations he would have from his "ideal" girlfriend.

P. If I was involved in a relationship at the time, then I would tell my partner, but also previous ones. I would feel sort of a moral obligation. [...] I suppose I believe that if it is a serious one [relationship], then - at least what I would be looking for - you would be able to talk about that, and perhaps give and receive support. Again **that may be a bit of idealistic fantasy**. I can think of some past relationships where they would have probably run a mile...

Aeolos was asked about his predicted mode of coping with HIV, compared to his construing of 'usual' coping'. In order to give an answer, he thought it necessary to compare situations for their similarity.

A. So, do you see your own coping with HIV as different from coping with let's say a stressful situation?

P. A lot would depend...Some things would be different, for example, I've never ever had to face up to a situation where I'm going to die. All the problems I've had so far have been problems which, although stressful, could be resolved. One way or another, and life could go on. I suppose I would probably still try to use my own ways of coping, but there would be restrictions to some of them. Like this business of telling friends, and how difficult it could be [...]. A lot would depend on how they reacted.

Nestor

Nestor had associated most of the information he had received about HIV/AIDS with the death or announcement of HIV status of famous personalities. He talked at some length about the case of Freddy Mercury, and concluded with what that case had "taught" him.

P. [...] I mean, I don't know the exact story, but I think that everyone has to be absolutely sure about their partner before doing anything at all...you know.

Nestor had perhaps the most conservative attitude towards the HIV/AIDS issue, and, in a sense, the most rigid approach in his predictions. It was, therefore, important to examine his responses with considerable attention. For instance, Nestor showed less clear signs of uncertainty or hesitation than other interviewees, when offering predictions. It is, thus, essential, to see whether, in spite of his relative rigidity, he nevertheless considered both situational characteristics and past experiences.

A. If you ever found yourself in that situation, what problems would you expect to face?
P. First of all, it depends on the environment you live in [...]. Here in England I think an AIDS patient has better chances of getting help and support to deal with it and feels less isolated, than countries with less sufferers.
A. Are you then associating support with a high rate of occurrence?
P. Yes. I mean, the problem here is more common and the public is more used to this idea. So I think there is less prejudice around.

The above belief had a direct application to expectancies of support from his own friends, whom he would not inform, although he believed they were bound to know once the symptoms appeared. These expectancies were gloomy indeed.

P. I think I've got some friends that I'm close to since I was small, and I guess in a way they would be sad about me, they would understand my situation. But I don't think they would support me much. In fact, I think **they would most probably** ostracise me, because they don't know much about the way it is transmitted. So I would be gradually isolated and be seen as someone who can only cause damage to others.

Note that, although the situational characteristics seem to have a direct influence on his predictions, reference to past experiences was made. However, these past experiences of closeness with friends appeared to hold a weak position compared to his perception, or even knowledge, of how his friends understood the situation. Note also in the first of Nestor's following phrase his expressed belief that his friends' ignorance of facts is not something he shares.

A. That sounds quite pessimistic... But I'm sure you have your reasons for saying it.
P. Yes, because I think information is a vital factor in every situation. I've heard that there is no problem sharing cutlery and stuff, and of course I know that a person with AIDS would need a lot of support. So friends play an important role. But little information causes negative reactions. I've never actually talked with my friends about it,

because they all had long term relationships before it started, so they know they don't have it. And also possibly the whole issue was always quite irrelevant to us. We simply discuss it as any other contemporary issue, but not as something that can possibly affect us.

Nestor realised that his parents were not really in a more advantageous position in terms of information. But he would nevertheless tell them, because he believed that he would need their support. In contrast to his friends, his parents were expected to eventually support him, although initially a lot of explanations would have to be offered. He saw their support as a vital part of the parental role.

P. I think that because the illness is associated, at least in my country, with unacceptable practices, like homosexuality and promiscuity, before I clarified things my parents might be suspicious about my lifestyle. But then again, my parents know me well, so at least **I think I could persuade them** that it was not abnormal lifestyle that caused the illness.

A. If you failed to persuade them, would that make a difference in terms of support?

P. I don't think so. After all parents are always parents, and they will try to handle the situation, difficult or not, in the same manner.

A. Is that the way they generally handle difficult situations?

P. Well, I can think of one difficult situation in the past, that is when I was trying to get into University. They treated me really well then, but I can't think of any situation where I particularly needed their help. But I mean, there are some particular laws among parents and children which make it hard for any parent to reject his kid.

The above segment shows that 'similar' past experiences were considered, but were thought as slightly unreliable because of their rarity. His statement, "parents are always parents" was not a reflection of his belief that all people are cross-situationally consistent (see also expected reactions from friends). Rather, his opinion was based on his belief that "natural laws", parental roles and obligations, as well as love, would eventually win

over prejudice. Observe how Nestor justified the initial suspicion of his parents, which he had previously described as "only natural".

P. Well, I was never particularly running after girls like others, friends or my brothers [...]. So I assume that my parents might think that in my new environment I have maybe, you know... Especially in a country where homosexuality is so common. They would need time to make sure I wasn't lying...

In other words, Nestor assumed that his parents' suspicion would be based on their consideration of two elements:

1. His past 'reserved' behaviour in regard to relationships with the opposite sex.
2. The 'reputation' of the country he currently lives in regard to sexual preferences.

In general, Nestor's anxiety focused on the possibility of being 'misunderstood' as gay, and not being able to convince others (except hopefully his parents) of the opposite. He referred to this same problem when comparing his predicted efforts to cope with AIDS with those in case he was diagnosed with cancer. Apart from the fact that in this latter case hope can be sustained, the other difference mentioned was the reactions of the social environment.

P. [...] If you have cancer nobody misunderstands you, nobody would blame you for doing something wrong. But in the case of AIDS, anybody can assume what they like. And this makes things worse for a patient with AIDS. That he may have been misunderstood.

Nestor had previously referred to the similarities, ending with a didactic 'message', not dissimilar to the one he had started his initial account with:

P. To me, AIDS is still a relatively unknown disease. The only thing we definitely know is the negative consequences for the human body, so I would try to deal with it by living a more restricted life. Perhaps it would be similar to cancer. Try and cut down on bad

habits, like smoking, alcohol, keep warm... [...]. I would try to persuade my environment to avoid making the same mistakes that led me to that situation.

Iason

Iason differentiated the feelings he would expect to have if diagnosed with AIDS, from those he would have if tested HIV positive. He said in the latter case things would be probably worse, as he would have more time to think and blame himself and his bad luck. The health aspect appeared to be his main concern. The social aspect was considered as a less serious problem.

A. Do you suppose you would let your parents know?
P. Yes, of course. I would tell them and friends. I don't think my problem would be society. Rather it would be my own condition, not whether people found out. Of course I would be thinking about it. But much less...

He later talked about the differences/similarities between AIDS and cancer.

P. [...] It would be the same. Or almost the same. AIDS is a little bit more serious. If you ask why, well... it sounds different. I mean, I wouldn't mind telling people, as I said before, but it does sound a bit different. Possibly the fact that people talk a lot about AIDS nowadays, and not so much about cancer. But the result is the same.

Although he realised that AIDS might also "sound a bit different" to this parents, he predicted unconditional support. He based that on past experiences of support, as well as on the understanding - shared by both him and his parents - of AIDS as predominantly an illness.

P. They would be shocked, not because their child... Well, I don't know. It's not a light burden to know that your own child has AIDS, you know...That doesn't mean that you have to write him off [...] I don't think they would treat me badly, or accuse me for not being careful. They would simply try to help.

A. Where do you base this belief?

P. They've done everything for me in the past, so... It's not just AIDS. In any illness they would do the same [...]. They would bring me to the best doctors.

Iason's reasons for informing his parents were the following:

a) To share negative feelings (i.e. fear). That was also a reason for informing his close friends.

P. To me, parents have the priority... secondly my best friends [...]. I would definitely tell someone. I wouldn't keep it a secret. Maybe the reason I would tell them is that I would probably be afraid, and I would like to share the fear with someone. But it would have to be someone really close.

b) To receive financial and emotional support. That was also a reason for informing friends.

c) To meet an obligation and family role, which had become part of his coping construing in situations of crisis.

P. First of all, I have the obligation to tell them. Secondly, our relationship is such that, well... the thing is, that no matter how many good friends I would have, the first person I would ever go to is my father, you know... So it is a family thing as well, the way I was brought up in this family.

Support was also expected from his "ideal" girlfriend, for reasons which he explained.

P. If she didn't want to know me any more, then that would mean that it wasn't a serious relationship. I would expect a great deal of support. The way I imagine this ideal relationship. Because I haven't had really that many in the past. So that's why I'm saying what the ideal for me is.

Iason's reference to his prediction of coping clearly indicated his reservations about its accuracy, due to its hypothetical nature.

P. **Well, I can sort of imagine in what situation I would be...but I can't really imagine how I would react** [...] I might just jump off a high building, or I might be calm and say, well, that's life... It could be that my parents and friends, the way they would talk to me... I mean, that might make all the difference, encourage me, you know... And just as I would be about to slash my wrists, they could make me see the whole thing more realistically. But it all depends.

A. You seem to be saying, if I'm correct, that external factors would influence you considerably. Do you find any similarities with the way you handle situations in general?

P. Generally, I'm this type of person. Little things can have an influence on me. A big influence, actually. Like this phase I'm in now... I'm really under a lot of pressure. It's kind of a dead end in terms of my future and I can't see any light [...]. Well, I'm talking about my current situation... But anyway, the way I deal with things is quite childish , I suppose. [...] Of course there is a difference. I mean, yes, the way you deal with situations is a matter of personality, but on the other hand, having AIDS is different, in that it has to do with your health...And because it is so crucial, you can never be sure how you will react.

Agamemnon

Agamemnon was the most laconic of all interviewees. Although he volunteered information more readily towards the end of the interview, encouraging him to share his thoughts was not an easy task. After the interview was over, he was asked whether the

questions had made him uncomfortable. He replied that he found it generally awkward to talk about himself. As we will later see, some of his responses during the interview had indeed showed that he perceived himself as a private , as well as "cool" person.

Agamemnon, like most interviewees, said he would inform immediate family, close friends and (future) partner. Emotional support appeared to be his main motive for informing them, if ever in the situation of a person with HIV. In the case of his parents, another motive was also present.

P. I would need some kind of support, emotional support. But at the same time I would feel bad if they were the last to know. I would feel as though I had let them down in some way.
A. Why would that be? Are you saying that they have a right to know?
P. No, not at all. It is my choice. They don't know everything about me. It's not necessary, I suppose, for them to know these things. But, if it's such a serious problem, I guess they have to know. Generally, though, I like to keep things mostly to myself.

The expectancy of emotional support from the people he would choose to inform was mainly based on the kind of relationship, the emotional bond they share; a bond which was built through experiences of difficulties in the past.

A. What about friends?
P. I have two or three friends that I consider really close. I would tell them. I wouldn't like to tell everybody, because I know the way people react when it comes to such things.
A. How do you think your friends would react?
P. I suppose they would be also shocked, but they would try to help as much as possible. Emotional support especially... I'm not sure in what other ways they could help. I guess they could offer me a job (laughter).
A. And what evidence do you rely on in order to make this prediction?

P. Again, I rely on the kind of relationship we share. I can't really think of any such serious mess... you know, in the past, so **it is difficult to say with absolute certainty**. You know what I mean? But, when I say friends, I mean real close ones. The ones I would share secrets with, people that would come up with solutions to my problems, that sort of friendship.

Apart from Agamemnon's slight uncertainty, which was attributed to the lack of similar situations in the past, another point worth noting is his clear distinction between expected reactions of friends and those of 'others', repeatedly found in the responses of many interviewees. In addition, when referring to the perceived differences between cancer and AIDS, Agamemnon talked about the differentiation between his own reactions towards a person with HIV/AIDS, compared to those of 'others'.

P. People think of AIDS in a different sort of way. If someone has cancer, people find it kind of normal. They say, let's help the poor guy, he's sick. I don't mean your family, but society, you know, the way people are...
A. So why do you think people react like that when it comes to AIDS?
P. Well, I guess information has something to do with it, but it also depends on the kind of people. I mean, I, personally, never had such an attitude. So I wouldn't discriminate anyways. I wouldn't say things like, "oh, he's gay" and things like that. Even at the beginning when it was meant to be only gays... I was just cool about it. It was just like cancer. Same thing. Same blow. But a lot of people are prejudiced.

Note in the following segment that his 'usual' coping was perceived as adequate for handling HIV/AIDS: Agamemnon divided all problems into two big categories, and provided one general strategy for dealing with each. AIDS fell into one of these categories, and, therefore, the strategy was more or less given and familiar.

A. How would you cope with it then?

P. I'd keep cool. O.K. I've got AIDS. Maybe it's because of some sort of mistake, but there is nothing you can do about it. That's the way I generally react. If it's a problem you can solve, then that's O.K. But if not, there is no point in going on about it. You have to go on with life. No matter how much you try, you're not going to change things. So you just accept it and live the rest of your life..

A. So, AIDS is one of these problems you just have to accept?

P. Yes, you can't solve it can you ?

A. Would the fact that it would be difficult to tell others make things harder?

P. Well, it would affect me. I wouldn't like people to point at me. But I never tell many people much about myself anyway, and there is no reason why I should do that then. If they didn't know, there wouldn't be any problem.

Orpheas

Comparisons between AIDS and other health related conditions were attempted by Orpheas at the early stages of the interview.

P.[...] And of course with all this myth surrounding AIDS... because even though there are more people dying with hepatitis, and this is also through sexual contact, there is a myth about AIDS, which is so strong that can isolate you from the rest of society. [...] You automatically feel like a parasite [...] So it is worse than just being disabled, because others may see you as a physical threat.

In deciding who to inform, Orpheas referred to the conditions of closeness, which was seen as partly influenced by distance.

P. [...] When you are living apart, it's easier to keep things to yourself. You definitely need support from some people, and these would be people that form part of your social network at the time.

Another condition was whether he would be asymptomatic or not. In the first case, he said he would not inform his parents, who did not seem to play a central position in his support network. In the second case, he said his parents would realise anyway, because of the development of specific symptoms.

P. [...] But if you are HIV positive, If you don't have any symptoms, I mean, that would be more long term and unpredictable, so it is bad to drag down with you other people.

Since his prediction was that his parents would be informed if he had AIDS, he was asked to also predict their reactions.

P. [...] It is difficult to predict reactions. But I can say that my parents would pretend that everything was fine. Pretend they were joyful and carefree when I was around, and miserable behind my back.
A. It sounds like a 'rehearsed' scenario? Is that so?
P. Well, yes. I remember how things were when my brother was dying of cancer. My mum would pretend she didn't know it [that he was dying], and would unload her emotions when he was not around, so as not to go mad [...].

Although he was afraid he would drag his parents down with him, if they were informed of his condition, different reactions were expected from friends. He gave his reasons for intending to tell them, if ever in that situation.

P. [...] My closest friends would definitely know. Some things are hard to keep to yourself. Although, I suppose, in some ways you would rather keep it to yourself, if you could.
A. What would make you tell them then?
P. I guess you tell people you are close to, because you know they would be sad, I mean they would care, more than others. So, in a way, this other person shares the problem with you. And that makes you feel less lonely.

Nevertheless, sharing the problem was not his main motive for informing his partner.

P. I would tell her right away. First of all, because I would want to protect her. Secondly, because it should then be her choice whether to risk it or not. And I'm not sure I want her to risk it either. So, I guess it's a matter of obligation, and not so much the need to talk to someone.

Orpheas was clear about the manner in which expectancies of how friends would react are formed.

P. [...] **I'm not sure whether I would be isolated. I don't think so. I don't want to believe it** (laughter). I don't think that, if suddenly I told someone I've got AIDS, he would shut his door to me or try to avoid me. But I'm not sure. Because I try to imagine how they would react by placing myself in their position. I don't think I would react negatively. But the whole atmosphere that the mass media have created in a way makes you feel insecure. They influence people's perceptions...
A. You said before that you try to put yourself in their position. How safe is that?
P. Well, I believe that my close friends would share similar feelings to mine, I mean, given our closeness, and the fact that being friends means that we share some common views. **But again, I can't be certain about anything. [...] It's quite difficult to know about anyone's reactions beforehand. You always hope or think that you know, but always with some caution.**

His caution was extended to the question of his coping in HIV/AIDS, and to its comparison with his coping construing in situations of crisis. Note several points:
1. His understanding of personality continuity,
2. The influential factor of situational characteristics,
3. The observed experiences of other people - in perceived as similar situations - as reasons for his avoidance to express overconfidence.

P. I think people's coping mechanisms don't change. But they express themselves differently, depending on the situation. I can't be sure how I would react. I would need to have experienced something similar before I could give you an answer. I suppose, well, assuming that a person may get drunk whenever he feels lousy, what would happen in a situation where he always feels lousy? (laughter). For example, I'm not sure I would feel scared any more when doing dangerous things, like I do now (laughter).[...] But, I'm not sure whether I would feel like living, waiting for tomorrow to come. Then again, seeing how people react when they find themselves under great pressure, I mean, I haven't met anyone with AIDS, but I did know people with cancer or leukemia, and seeing how they wanted to live every single moment maybe things inside change, the way you see life [...].

Erato`

Erato` is the last of the interviewees whose case will be presented. As mentioned in the introduction, material from her interview will be used to design a diagram of 'syllogistic' structure. The purpose of this is not, obviously, to generalise particular responses, as these are totally personal and do not apply - at least in that exact form and combination - to other individuals. It is to provide a summary of basic points that can serve as answers to the main research questions put forward in the two research stages of the present study.

The presentation of this case will, thus, differ, in that segments of the interview will be presented uncommented, followed by a diagram illustrating the syllogistic 'structure' of her responses and observations.

The interview with Erato`

[...]

A. What would be the main problems you would expect to face?

P. Pity, I think would be one of the first...It would be what I would hate the most, because it is easier to handle despise or accusations than pity [...]. But pity is something that would really scare me. It would make me suspicious about people's motives [...].

A. Would you tell anyone?

P. Depends on the kind of decisions I would take at the time. Of course I could decide not to live, to take my own life. That's one of the very possible decisions that I could take. If not, If I decided to live, then I could decide, for example, to help in some kind of experiment... But that would mean that I would tell the persons closest to me, and of course my partner. It depends also on whether I could afford not to tell. But I mean, I would feel obliged to tell my partner...

A. What do you mean by persons close to you? Who would you tell?

P. Maybe I would tell my family, but only if there was no way to hide it. Because they would be terribly upset... But then again, if I was alone, they would be the only persons I could rely on [...], so in that case I would tell them.

A. Let's summarize. You said that if your decision was to live, and you had no alternative sources of support, then you would tell your parents...

P. Yes, I wouldn't like a lot of people to know. And because parents obviously get upset, I would rather if they didn't know. Possibly... But if my health was deteriorating and it was evident, then I would tell them. Though I would try to keep it from them until then.

A. And if you did tell them eventually, how do you think they would react?

P. Well, to them, AIDS means death, but also social rejection, because of the sexual connotations. And then they would ask questions... Of course it would depend on how I got it. If you could trace it back to blood transfusion, then that could be justified to others, and there would only be sadness, you know. It would be like, oh it happened because of the doctors, it wasn't her fault [...]. They would consider it a social embarrassment, although eventually there would only be pain for losing their child [...]

A. Does that mean that eventually you would expect them to be supportive?

P. Yes, I believe they would support me... They wouldn't reject me. But it would be harder for me to accept this support, if I knew they felt embarrassed.

A. Tell me, where do you base these conclusions?

P. **Well, I suppose my conclusions are subjective. I mean, I was never in a similar situation...** But I know in the past, one of their relatives was a drug addict, and that was in a way similar, because - to them - it is something unacceptable, as well as potentially fatal... And I know they were feeling embarrassed, and although they were sorry for him for suffering, they did hint to him, on several occasions, that he was in a way responsible... So that shows that they have a certain morality, even when it comes to health matters. That doesn't mean that they wouldn't be caring and helpful, after all they are parents, but the problem of morality would be there. And, I suppose, it would be even worse with AIDS, because - that is to them - drugs make you kind of irresponsible for your actions.

[...]

A. You've already said you would feel obliged to tell your partner, and you would also rely on him for support. How do you think he would take such news?

P. Generally, it depends on the relationship. I think in such a serious relationship, when you know someone for a long time, some negative feelings such as blaming would be probably buried [...]. If you have a real emotional bond with someone, I don't think he would easily leave you when you need him the most [...].

[...]

A. And friends?

P. Mmm... I'm not sure. It would depend on how obvious it was and how long it would last. If it was years before you... well, then it would be worth telling, because I guess you would need people around you [...]. I would do it only if I felt the need to share it with someone [...]. But it wouldn't be easy. Because, even when it came to close friends, I would be prejudiced and think that maybe they would pity me. But I guess, even for the small possibility that someone would ostracise you, not because he rejected

you, but because he did not know how to deal with it... [...]. And so you gain the identity of sufferer, you get into the role of the patient, whether you want it or not.

[...]

A. It seems to me that you are particularly worried about reactions of pity. How do you explain this?

P. Well, I know that I myself would find it difficult to face, let's say a friend with AIDS, and treat him as normal, hide my feelings and so on. I have actually felt like this with people that were terminal patients, and I was trying very hard to hide my shock and emotions. So I imagine it would be hard for a friend to pretend that everything was o.k., if I was in that situation. I mean, when you are sick, you are automatically different [...]. But I guess not all people would be worried about this. Some people even look for pity, because this way they can achieve things, emotional support for example. It is the way I see it, I suppose. It is a very strong feeling, though, and it might have to do with some life experiences [...]. So I think I never want to be treated as a person in need...

[...]

A. How do you imagine yourself coping in such a situation?

P. [...] I suppose you wouldn't be able to plan for the future. So your whole life is turned upside down. Your priorities and the way you evaluate the seriousness of other problems changes dramatically. I would be more interested in surviving, that is - if my choice was to go on living. And I would probably do things I'd enjoy. [...] But my behaviour towards people wouldn't change, my personality, my basic beliefs...

A. Mmm... That's really interesting. Where do you base it on, though?

P. **I suppose it's partly a game with your imagination, you try to hypothesise how it would be like.** But it is also certain experiences, similar in a way, not in seriousness, because I've never had to cope with my own death, but important decisions that follow the same kind of logic. Situations that involve dilemmas, whether it is your last chance to do something or not. When it seemed as though it was my last opportunity to take some decision, and I said to myself you just have to go on with it, now!

Erato`'s 'syllogistic' structure

The figure below (6.1) shows the main meaning ascribed to the situation by Erato`, as well as her own interpretation of why this situational characteristic is perceived as central in her ascription of meaning. As the figure illustrates, her decision to inform others would primarily depend on whether she would decide to live or not (primary condition). The double arrows indicate interrelation.

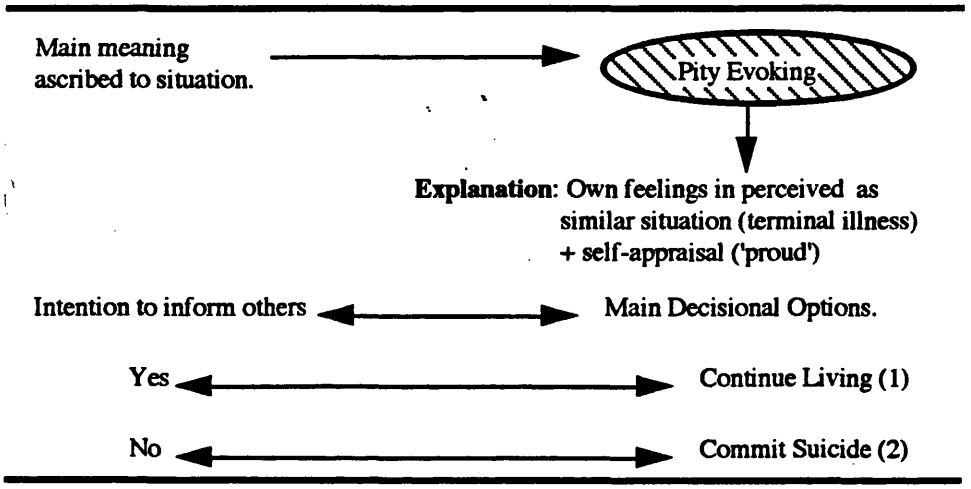


Figure 6.1 The case of Erato`: Basic Structure of her 'syllogism'.

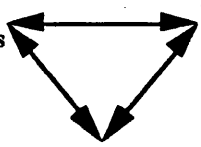
The second presented figure (6.2) explores the 'living' option (1). Interrelations (secondary conditions) are again indicated by double arrows. They are present in connection to informing parents and friends and are responsible for causing hesitation. No (secondary) conditions are attached to her intention to inform her partner.

Option No. 1 : Continue living

A. Intention to inform

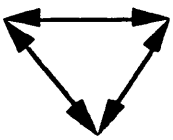
A.1 Intention to inform partner 

Perceived causes of intention: OBLIGATION, support.
Expected reactions : Eventual support.
Warrants : Emotional bond + Situation of need.

A.2 Intention to inform parents 
Illness development
(= inability to hide it)

No other sources of support.

Perceived causes of hesitation: Expected reactions
Expected reactions : Social embarassment, blaming, sadness, support.
Warrants : Meaning of situation to parents
+ Past behav. (to what parents perceive as similar situation) towards family member
+ Parental role.

A.3 Intention to inform friends 
No illness development
(= long term condition)

Need to unburden.

Perceived causes of hesitation: Expected reactions
Expected reactions : Hidden shock and sadness, pity, ostracism (?)
Warrants : Own reactions in perceived as similar situation in the past.
+ Definition of patient 'identity'.

B. Coping Construing : Comparison between HIV/AIDS and crisis.

Differences: Change of priorities (AIDS : focus on living)
Similarities: Unchanged personality (beliefs, behaviour toward people)

Figure 6.2 The Case of Erato': Exploring Decisional Option No.1.

The General and the Unique in Erato`'s account

Similarities, as well as differences, were detectable in the construings of all interviewees. Apart from Erato`'s case, other examples of interviews will be given as references, so as to support a variety of points. However, the reader should note, that this selection must not be taken to mean that the accounts of some persons were more interesting or worth noting than those of others.

I. "The General..."

Similarities in construings regarded the application of the following theoretical dimensions of: a) situation versus person dispositions, b) rigidity versus flexibility, and, c) uncertainty versus overconfidence.

a) Situation versus Person dispositions

Erato` was able to ground self-predictions well, by directly or indirectly considering the meaning which she ascribed to the situation, as well as personal characteristics, norms and preferences. She was also able to ground predictions about significant others, by considering the meaning she thought significant others would ascribe to the situation, as well as memories of shared experiences, and perceptions of existing norms, all part of her common 'history' with significant others.

The reader can compare Erato`'s interview with any other, to note the similarity in the ability to ground predictions, as well as in the elements accounted for in this grounding. Take the account of Alkmene as another example. Alkmene was reluctant to notify her parents of her condition straight away, if ever tested HIV positive. After considering the meaning the situation would have for them, and their possible reactions, she predicted that delaying to inform them would give her time to get used to the idea herself, and then break the news when she would be psychologically prepared. In spite of the disadvantages of informing them (initial negative reactions), expectancy of eventual support, but also the understanding of the 'problem' as a "family matter" having to be "collectively" 'solved', finally contributed to her evaluating this option (letting them

know) as the best possible. The meaning her parents ascribed to the situation was not perceived as similar to her own, and this was again grounded on the basis of previously declared beliefs and prejudices from their part. Their eventual support was perceived as unavoidable, given the "loving relationship" which they shared, and the realisation that - for them - any other behavioural option (eg. punishing her) would, at that stage, be pointless.

Whenever the available evidence (situation meaning and 'histories') were found to be conflicting, persons appeared to weigh the advantages and disadvantages between telling and not telling significant others. This weighing was not always evident, but it became more clear whenever persons were encouraged to elaborate further on their warrants. As an example of such weighing, the reader can refer to Ikaros' account on his intention to inform his parents. A determinant factor in the formation of this intention, was his parents' "right" to know.

Individual understandings of rights, roles, and obligations were generally among the most influential elements when making predictions. For instance, Orpheas' obligation to protect his partner's health was the primary cause for informing her. Nestor referred to natural "laws" which, according to his opinion, determine the parental role. Telemachos - partly - warranted his intention to inform close friends on his understanding of what their 'rights'- as friends - are.

The above observations refer to interviewees' intention to inform members of their inner-informal network and their expected reactions. The reasons for not planning to inform other people, as well as the grounding of their possible reactions, were based on a stereotypical understanding of how the 'public' reacts to people with HIV/AIDS. This understanding was often part of the meaning ascribed to the situation (i.e. rejection from society). In other words, at a first glance these predictions appeared to be one-sidedly attributed to situational characteristics.

b) Rigidity versus Flexibility

Erato`, like all interviewees, considered the meaning that the situation had for her, when predicting the way she expected to cope with a positive HIV test and the possibility of AIDS. She found both similarities and differences with situations she had to face in the past, and evaluated whether, given the differences, her coping in those situations could be sufficient in dealing with HIV/AIDS or not. At the same time she predicted that her basic beliefs and personality would generally remain unaltered.

Interviewees attributed differences (or not) between dealing with HIV/AIDS and with any other crisis, to the characteristics which they, personally, ascribed to the situation. For instance, Prometheas and Aeolos stated that this situation was much more serious than anything they had faced in the past, and could, thus, find little analogy in the way they expected to cope. In contrast, Agamemnon categorised the situation under the 'title' of 'unresolved problems' and predicted that he would cope in almost the same manner as in any other situation under the same 'title'.

Apart from the evaluation of situational characteristics, similarities were also explained in terms of central personality features (self-appraisals), whenever these were perceived as linked to specific coping efforts. For instance, Iason perceived himself as a person whose coping style and reactions were easily influenced by significant others' behaviour towards him; Ariadne saw herself as an "extrovert" (i.e. a person who likes talking about herself to others) and a fighter; Pares illustrated himself as a person generally favouring quiet solutions. So, although the above interviewees did underline the existence of some unique situational characteristics, a drastic change in coping style was almost understood as a metamorphosis of personality.

However, it must be noted, that the preferred coping styles of Iason, Ariadne and Pares were not seen as hindering the effective handling of the 'problem'. In other words, a metamorphosis was not perceived as simply 'unnatural', but also as unnecessary. In another example, Ikaros appraised himself as a person who, even though talkative when

it came to personal worries, he, nevertheless, avoided the expression of emotion. However, when construing his plan for dealing with the specific situation of HIV/AIDS, he stated that, given the powerful feelings it would evoke, this coping tactic (not showing emotion) would have to be reconsidered, if coping were to be successful.What the above evidence suggests is, that both continuity, as well as flexibility is detectable in persons' construings.

c) Uncertainty versus Overconfidence

Erato`, as all other interviewees, was cautious not to appear overconfident in her predictions. Variations in the degree of hesitation did exist, but persons, in general, were not unrealistic about the risks involved in making predictions on a hypothetical basis; nor were they unaware that, no matter how well predictions are grounded, persons are not always predictable, including themselves.

The reader can look back at the highlighted phrases within any interview for evidence of the above. Persephone, for instance, emphasised, that overconfidence was unrealistic, even when offering predictions concerning her parents, to whom she was extremely close. Ektor pointed out the risk of talking on a hypothetical basis, Iason was uncertain of his own reactions, and Orpheas clarified that instances of stated confidence in his accounts can be better understood as "hopes".

II. "... the Unique"

Differences in the accounts of the fifteen interviewees were found in regard to the prevailing meaning which each one of them ascribed to the situation, their perceived causes and motives, the use and combination of warrants, their self-appraisals, their past experiences and relationships with significant others, and their predicted way of coping with the situation. All these elements synthesised a unique profile for each participant, and revealed a well-grounded personal 'theory' behind each prediction.

Erato`'s account differed from that of other participants in that the meaning she primarily ascribed to the situation was that of "pity evoking". Hlectra , for example, ascribed a meaning which emphasised "death", whereas Ektor ascribed one which emphasised "negative reactions from others".

Erato` attached conditions to her informing significant others. Few other participants did that. Erato` predicted reactions of social embarrassment from the part of her parents. Few other participants mentioned it. The epicentre of Erato`'s self-appraisal appeared to be the perception of herself as a "proud" individual. No other participant shared this exact appraisal, but focused on one or more personal features (i.e. secretive, cool, quiet, open-minded, private, heterosexual, etc) which rarely identified with that of another person.

Apart from the differences in grounding, in experiences and in personal themes, a number of participants literally had their own theories in connection to a variety of issues. For example, Prometheas stated his belief that one of the ways in which family members assist emotional mastery is by encouraging the person in crisis to feel - once again - part of the family 'system'; Persephone pointed out that the approval of significant others is important when taking decisions, because in such cases the person tends to consider the interests of significant others as well as his/her own; Ikaros appeared convinced that the nature of human relationships depends on a give-and-take balance which, he believed, is disrupted when one part becomes unable to sustain it (as in the case of terminally ill patients); Alkmene explained her father's denial to face facts, as a coping mechanism that allows him to feel 'safe'.

D. Summary

The presentation of fifteen case studies in phase 3, offered interviewees' insights into their own predictions concerning self and others. Their acquired explanations also served as material against which previous findings (Stage I) could be tested and verified. In more detail, phase 3 examined the perceived causes of intention to inform or not significant others (inner-informal network members) and checked whether intentions were attributed in a one-sided way (to situational characteristics only or past experiences/histories only).Warrants of expected reactions from significant (and non-significant) others were also acquired, and comments/ expressions of uncertainty (about their own and others' reactions) due to the hypothetical nature of the situation were monitored. Finally, during phase 3, it was tested whether persons' explanations verified the relationship between coping construing in a situation of HIV/AIDS and one of crisis, a relationship which was discovered earlier on in the study (phase 2).

With the exception of the last case study, data were presented in the form of comments/ interpretations accompanied by analogous interview segments. The last case study (Erato`) was presented in the form of large uncommented segments, followed by a diagram, giving the structure of her 'syllogism' and offering a summarised version of main points/findings. Similarities and differences in the accounts of interviewees were presented, with the case of Erato` being the main point of reference.

E. Conclusion

Procedures during Stage I (chapter 5), led to the acquisition of some theoretical findings, which - during Stage II (present chapter) - were tested against persons' own explanations for purposes of verification. Stage II also provided further insight into persons' reasons for adopting certain approaches toward 'solving' the 'problem'.

More specifically, analysis and findings in phase 3 appeared to verify that people's explanations give evidence that individuals take both situational characteristics and past preferences/ histories into direct or indirect account, when making predictions. That applied equally to their own intention to inform significant others, and the expected reactions from significant others. In the latter case, persons were able to differentiate between the meaning that - according to their own experience - significant others ascribe to the situation, from the one which they themselves ascribed.

However, when predictions referred to non-significant others, respondents appeared to explain reactions on the basis of stereotypical perceptions of how 'society' in general reacts. Lack of closeness, and, therefore, lack of a rich data base of recorded past experiences with others, seems to be the 'key' for understanding such phenomenical differences in the grounding of beliefs.

Findings at this phase (3) also verified previous results (phase 2), which suggested that flexibility, but also continuity, are evident in people's predictions and explanations. This was particularly evident in attempted comparisons between coping construings of the specified situation (HIV/AIDS) and that of other crises, where both similarities and differences were predicted.

Analysis and findings in phase 3 also acquired several perceived causes (not mutually exclusive) of intention to inform significant others. These were:

1. Facilitation of coping (getting support, unburdening/sharing the problem, verifying number of 'true' friends)
2. Moral obligation/responsibility, understanding of rights and roles.
3. Consideration of disadvantages/meaning of not telling significant others: a) giving the impression of unjustified behaviour, b) denial of problem, c) giving impression of lacking trust, d) pointless hiding of the obvious (development of symptoms), e) suppression of personality characteristic and familiar coping mechanism.

Perceived causes (not mutually exclusive) of intending not to or hesitating to inform significant others were:

1. Lack of closeness with significant others.
2. Expected negative reactions and feelings (eg. blaming) from significant others.
3. Protection of significant others against negative feelings (eg. sadness).
4. Fear of (indirectly) placing demands (i.e. support) on significant others.

In their accounts, respondents made reference to their uncertainty about the accuracy of their predictions. For instance, where obligations and/or roles were not mentioned as causes of intention to inform significant others, less confidence in predictions was observed. That was especially true when the situation they were presented with (HIV/AIDS) was perceived as not having adequate similarity to anything they had experienced before. Alternatively, where confidence was expressed, this was accompanied by comments dictating that their expectations should be better understood as 'hopes', rather than certainties. Additionally, confident predictions of support expected from partners who were non-existent, were accompanied by clarifications indicating that these referred to the 'ideal' partner.

Overall, interviewees appeared to have their own personal 'theories', which they were able to ground well. One or more perceived situational characteristics - different for each respondent - as well as one or more personal themes played a significant role in the formation of these 'theories'. These observations confirmed - to an extent - the preliminary observation of phase 1, suggesting that persons' interpretation of situational characteristics, as well as the consistent appearance of certain personal themes, often reflect already existing patterns.

Finally, it must be noted once more, that the ability to draw general patterns/conclusions, should not be taken to imply that all respondents viewed the 'problem' or its 'solutions' in the same manner. Based on the present findings, the way each person makes sense, the richness and complication of individual worlds, cannot be adequately understood by simply examining general dimensions. On the contrary, it was found that each

interviewee had his/her own unique way of interpreting the problem , had his/her own reasons and modes of grounding predictions and beliefs, so that, in the end, each person had his/her own unique contribution to make towards assisting the scope of gaining some insight into the way persons make sense.

PART III

CHAPTER 7: Discussion of findings

A. Re-examining the 'scenarios'

In this section we will discuss the basic findings in connection to the 'scenarios' put forward in chapter three. We will examine which of the alternative 'scenarios' proposed were verified, and highlight some implications for theories that contributed to their formulation. The reader can refer back to table 4.2 for a summarized presentation of the issues and the phase in which they were primarily addressed.

Intention

a) Perceived causes.

The relevant scenario (see chapter 3), suggested that the - not mutually exclusive - links people will recognise as leading to their intention (to inform or not to inform others of an HIV positive test), can be explained in terms of: i) outcome expectancies, ii) normative beliefs. Findings presented in chapter six (see conclusion) indicate that, indeed, these categories offer a formula for explaining perceived causes of intention.

However, the contents of outcome expectancies of various persons did not refer to the same outcome! To an extent, expectancies were formed depending on how people understood the features and implications of a given situation, and were not exhausted in expectancies of others' reactions which could hinder or facilitate coping (as implied by the example accompanying the relevant scenario). In more detail, in the context of the given 'problem', outcome expectancies sometimes identified with expectancies of possible reactions (i.e. support, rejection), and/or other times with expectancies of impacts on 'reputations' (eg. giving the right/wrong impression, justifying behaviour to others) and/or self-perceptions (eg. retaining or not what were perceived as central self-characteristics).

As for normative beliefs, these included a variety of personal and social norms (obligations, right, roles etc), as expected. However, normative beliefs were weighed or defined in different ways by different participants. For some persons, the moral obligation to protect their partner's health was the primary cause (highest priority) of their intention to inform him/her. For others, the primary cause of the same intention was the need and anticipation of support. Some persons included in their explanations of expected reactions from friends references to friendship definition and their mutual responsibilities, whereas others did not. Some persons linked friendship definitions to the content of their expected reactions from friends (i.e. the responsibility of the 'real' friend is to be supportive). Others associated their definitions with their own intention to inform friends of their condition (i.e. the responsibility of the 'real' friend is to share aspects of his/her personal life).

The above findings imply that a strict and limited interpretation of these two categories (outcome expectancies and normative beliefs), does not seem to agree with the way people make sense of their own causal links as far as intention is concerned. Already in chapter three it was mentioned that the strict interpretation of these two elements as fundamental components of the Fishbein model has been a subject of criticism.

What it must be pointed out is that the acquired explanations as to what links persons suggest as leading to their intention could be categorised under a variety of other labels. The suggested 'scenario' constituted one way of attempting to interpret results, and, although this 'scenario' was apparently verified, it should be viewed as only one of many possible approaches to making sense out of persons explanations of causality. For instance, one general observation was that some persons seemed to weigh subjectively perceived advantages and disadvantages between the two poles of a specific intention (eg. informing parents of an HIV positive test or not informing parents of an HIV positive test). The choice was not apparently determined only by the number of elements found in each 'list', but also by their subjectively perceived and clearly communicated weight. And

of course, this balancing should not be viewed as a process which is always conscious, but as one which can become such if persons are asked to elaborate on their warrants.

The idea of balancing gains and losses for the self and the significant others agrees with Jannis & Mann's (1977) 'schema' for understanding cognitive and motivational aspects of planning future action. The researchers created a 'balance sheet', which, according to their view, conceptualises "*the many different 'reasons' a person has for arriving at a complicated decision*" (p.136). This includes instrumental effects for self and others, internalised moral standards, ego ideals, components of self-image, as well as anticipated social feedback.

Following the opinion of Jannis and Mann, this type of considerations (gains and losses for self and significant others) take the form of anticipations which are often conscious and verbalised. Occasionally, they may be preconscious, but can be brought to consciousness if called to the decision maker's attention. The writers have recognised that the importance of these considerations is subjective, but at the same time they have claimed that it is possible for persons to make "unintended errors" of "omission" (overlooking obvious and knowable losses) or "commission" (having false expectations about important gains that are overoptimistically expected).

This latter point of their theory will be further discussed (and criticised) later. It will be argued for example that persons may have reasons (not necessarily conscious) for failing to consider certain aspects which the balance sheet evaluates as essential. For the moment it would be illuminating to state the authors' aim for creating the balance sheet, and reveal their philosophical stand-point concerning the scientific purpose for examining predictions. So, quoting Jannis & Mann's own words, the balance sheet "*is especially valuable for analysing the degree to which a decision maker does a thorough and accurate job of exploring the full range of alternatives...*" (p. 135). And further, "*there would be little purpose in using this vocabulary if it did not [...] improve our ability to make predictions about the way in which external events and communications will influence a*

decision maker's behaviour " (p.147). By now, it should be obvious to the reader that their motive for taking up the examination of predictions lies in a diametrically opposite direction from that of the present study.

b) One-sided attributions.

Three alternative 'scenarios' were formulated in chapter three. Two of them favoured the attribution of intention to 'single actions' (i.e. situation or person dispositions), and, therefore, supported the view that people see the effects of internal-external factors as separate. The third favoured the position that people consider directly or indirectly both person and situation characteristics in their accounts, and that their intention cannot be solely attributed to one or the other. The last 'scenario' was supported by findings in phase 2 and 3, it was therefore tested both at a general and an individual level. More specifically, during phase 2 it was tested whether intention was significantly related only to situational or only to person characteristics. During phase 3 it was examined whether both elements appeared to be present in people's explanations. More about the theoretical implications of the above findings will be discussed later.

Expected reactions from others

a) Patterns

Findings showed that 'subjects' predicted a variety of reactions from significant others (inner informal network members), if they were ever to inform them of their HIV status and the possibility of them dying of AIDS. Some persons expected reactions which appeared compatible (eg. worry, support), whereas others expected antithetical reactions to be experienced simultaneously or in a sequence (eg. blame, sympathy).

It was mentioned in chapter three that Karniol (1990), whose theory addresses the issue of prediction of affective/cognitive reactions from others, has proposed that individuals need to find an intersection between the available target knowledge and the episodic representation. An example was created to illustrate some of the practical implications of this theory. Thus, it was explained that, according to this theory, a person would

consider whether her perception of her father as 'cold' agreed with the idea of supportive network members associated with illness, and would probably decide that her father would simply not be supportive if she were ill. Apart from suggesting that compatible reactions are only to be expected, this way of intersecting target knowledge also implies that others are perceived as characterised by an inflexible behavioural rigidity, or, in the words of trait theories, as cross-situationally consistent.

Findings in phase 3 showed that, although people do tend to label significant others (eg. conservative, open-minded etc), in light of new evidence (evaluated as such in personal terms), labels are open to re-consideration (see in chapter 6 'Ariadne's' re-evaluation of evidence regarding her 'conservative' father). Additionally, such labels do not always seem to directly influence expectancies of how significant others will react in a direct manner, because consideration of roles, obligations, as well as emotional ties, play an important part in predictions (see in chapter 6 'Alkmene's' account of her conservative, but eventually supportive father).

b) Warrants

As with the warrants concerning intention, three alternative 'scenarios' were provided in chapter 3, concerning expected reactions from others. The first suggested that persons would ground their predictions on knowledge of others' past 'history' only; the second that they would ground them on knowledge of what meaning others ascribe to the situation only; the third, that both the above would be directly/indirectly considered. The third 'scenario' was supported by the findings (phase 3) which indicated that persons took into account significant others' 'histories', as well as the meaning these others ascribe to the situation. More about the theoretical implications of these findings will be discussed later.

As far as non-significant others were concerned, predictions seemed to be based on stereotypic understandings of how 'people' in general react towards people with HIV/AIDS (subjective consensus information), and not on the way they would

personally react to someone if he/she were in their own hypothetical situation (alternative 'scenario'). This latter 'scenario', putting oneself in someone else's shoes was only applicable when significant others - especially close friends - were concerned, and was chosen as a 'strategy' when sufficient information on what meaning friends ascribe to the specific situation appeared to be lacking. Participants explained their tactic on the ground that past common experiences and closeness allowed them to assume that they shared similar norms and definitions.

Regarding non-significant others, Karniol's theory appeared to be justified by persons' accounts. The theory suggested that, when rich target knowledge is lacking, predictions are based on stereotypes. However, one should not assume that in those cases person information was not considered. When participants referred to non-significant others, with whom they, nevertheless, shared some degree of familiarity, consideration of person characteristics did take place (for an example, see 'Persephone's' consideration of the religious beliefs of her relatives). However, the lack of shared experiences, emotional ties and obligations, as well as the generalised way in which reference to those others was made (eg. "my relatives"), caused predictions to appear as directly influenced by stereotypes (situational information regarding reactions to persons with HIV/AIDS). Other times participants referred to expected reactions from society in general (eg. "the way people are"), and in those cases person characteristics were obviously unavailable.

The situation's meaning

As mentioned in chapter three, Karniol's theory has further suggested that when two generalised representations are linked to one situation, the person has to find an intersection between the two. This implies that the double meaning of a situation is dealt with by disregarding or suppressing one of the two. This would logically mean that only one set of perceived implications (referring to either the one or the other meaning) would be anticipated. Similarly, one set of compatible reactions from others would be expected.

Already the previous section has indicated that this latter suggestion was not verified by persons' predictions.

In regard to the meaning ascribed by 'subjects' to the situation, it was found that the degree to which persons choose to attend to HIV/AIDS as a medical condition or stigma varied. This means that some participants appeared to be more concerned about the 'social' implications of HIV/AIDS, others about the 'medical', and others did not seem to considerably distinguish these implications in terms of importance.

Apart from the fact that these findings challenge the assumptions of Karniol's theory, they also support evidence that the ascription of situational meaning is totally subjective, and that - as with any ill-defined situation - there are substantial differences in the way persons make sense of HIV/AIDS.

Overconfidence versus Uncertainty

Findings (see phase 1 and 3) showed that people's predictions were accompanied by statements of uncertainty (or caution) regarding their accuracy. Although some 'subjects' showed clearer signs of cautions than others, persons were generally able to and did realise:

a) the limitations/risks of discussing on a hypothetical basis

b) the unreality of expecting strict, cross-situational consistency in the behaviour of others, as well as that of their own.

More about the theoretical implications of these findings will be discussed later.

Flexibility versus Rigidity

Already findings about the expressed uncertainty/caution found in predictions suggest, that persons are not as rigid in their construings as some theorist argue (eg Nisbett & Ross 1980). In the present research, flexibility was especially examined in association to

situation handling, and was defined as the ability of persons to shift to other coping styles, whenever the consideration of specific situational characteristics indicated that previous coping patterns may be inadequate.

When forming the 'scenarios', flexibility was defined as the opposite pole of rigidity, in that, although in both cases a significant relationship would be expected between persons' predicted coping styles in HIV/AIDS and those in another situation of crisis, in the case of rigidity no shifting to other coping patterns would be observed. However, flexibility was also contrasted to "lack of continuity", in that, although in both cases shifting to other coping patterns would be expected, in the latter no significant relationship would be observed between persons' predicted coping styles in HIV/AIDS and those in another situation of crisis.

The above 'scenarios' were examined in phase 1 (shifting to other coping patterns - individual level) and phase 2 (shifting to other coping patterns and significant relationship between preferred coping styles - HIV/AIDS and crisis - general level). The flexibility 'scenario' was confirmed, but it was further tested at phase 3. There, evidence indicating that flexibility, as well as continuity were reflected in people's accounts was additionally collected.

More about the theoretical implications of these findings - especially in connection to the notion of cross-situational consistency - will be discussed later. For the moment, it is interesting to note that the findings seem to support the definition of coping given by Lazarus & Folkman (1984) (see chapter 3), which suggested that when internal/external demands are appraised as exciting existing resources, cognitive and behavioural efforts are directed elsewhere. It is reminded that Lazarus & Folkman's categorisation of coping styles was used in the coding of results. The authors' general observation that there are preferences in coping styles was confirmed. Another of their observations, that there are, nevertheless, no rigid categories of people, was also confirmed. In more detail, although the results showed that preferences exist, people were not rigid in their predictions and

were ready to shift to another style (i.e. from using equally both, to using problem-focused forms), if they thought that the situation demanded it.

Lazarus & Folkman have suggested that the specific appraisal of a situation may define the coping style to be used. So, for example, they have proposed that, if a problem is perceived as unresolved (situational appraisal), shifting to emotional-focused forms of coping would probably occur. In phase 2 of the present study, no significant relationship was found between coping styles and situational appraisal, but a shifting to problem-focused forms of coping was generally observed. Had the coding in this phase allowed for a categorisation of implications in terms of 'resolved-unresolved', instead of only 'medical-social', then a significant relationship between the ascribed meaning and coping patterns may have been found. The coding of answers only in terms of 'medical-social' understanding of the situation's meaning was, therefore, an obvious limitation at this phase.

More valuable in that direction were the findings in phase 3. It was there observed that the main meaning/s individuals ascribe to a positive HIV test, did seem to influence preference for coping strategies. However, rarely was the dimension 'resolved-unresolved' the only situational aspect to be taken into account. At the same time, shifting was perceived as possible within certain boundaries, so that, for instance, people predicted it under the condition that it would not radically re-define their self-concept. In conclusion, the flexibility scenario was confirmed. The importance of continuity was evident in people's accounts, but instead of constituting the opposite to the flexibility pole, it simply defined its boundaries.

B. Answering the main research questions

The main research questions formulated in chapter two were:

1) Is direct or indirect consideration of both situation characteristics and personal 'histories' (as experienced by the 'subjects') evident in persons' construings?

2) Are 'subjects' unrealistically overconfident or are they allowing room for doubt when offering self-other predictions?

3) Are persons' accounts coherent as well as flexible ?

In planning this study, the aim was to produce answers that would serve as material in responding to the central objective/question, namely: "Is inner consistency reflected in people's accounts?". It is reminded that inner consistency was defined as the person's consideration of the meaning he/she ascribes to a given situation and his/her 'history'/preferences in a perceived as similar situation in the past. It was also explained that two notions, linked to the idea of inner consistency, are those of coherence and flexibility.

1. Findings suggest that, indeed, <u>persons consider both situation characteristics and personal 'histories' in their accounts</u> (self-other predictions and explanations).

It was mentioned in chapter two and three that attribution models (such as Kelley's), which are generally interested in the ordinary explanation of causality, promote 'single action' as the typical case of such explanations. Based on reductionist methods, they advocate the separate effects of person and situation.

This study did not find evidence to support such separation. Its non-reductionist approach revealed that people's accounts refer to both situation and person characteristics, and that their network of causal links are complex. Of course, when persons are not asked to ground and elaborate on their warrants, they may only offer the 'product' of their already completed elaboration (eg. the outcome of weighing advantages

and disadvantages of possible action etc). This elaboration is not always conscious, but, as findings of this study showed, it can become conscious, if necessary.

In conclusion, people's accounts seem to be coherent, and, as Antaki has claimed, they appear to be "moored" into their network of beliefs. This point was verified by use of both qualitative and quantitative methods. It follows, that the question arising from Kelley's (1989) review of attribution theory and research (see chapter 3), namely, how can we explain the distinction between internality versus externality, when both are thought to be involved "proximally", or are understood as successive elements in perceived causes, has no answer. It appears that we cannot explain this distinction, possibly because it is based on an artificial separation, which - as Harre` (1981a) has argued - reflects more the scientific perceptions of psychologists, engrossed in the study of laboratory 'subjects', rather than the 'reality' of ordinary persons.

As seen in chapter two, theories supporting the fundamental attribution error claim that people act illogically, since some studies have showed that 'subjects' ignore consensus information when making predictions. And that, especially in novel (including hypothetical) contexts, such direct consideration would have allowed 'subjects' high accuracy. In support of the above, Nisbett & Borgida (1975) conducted a study, where 'subjects' were asked to make self-predictions, having been given consensus information (see chapter 2). Instead of following the 'logical' route (i.e. predict that they would behave in the same manner in which previous 'subjects' had been reported to act), participants predicted they would behave in their own different way. The researchers commented that, regretfully, 'subjects' grounded their predictions by providing explanations which focused on "*reactions to features of the experimental situation and their past experiences in somewhat similar situations*". The researchers further concluded that persons do not account for situational constraints in their predictions.

The present study found that persons do not ignore consensus information and situational constraints. It, therefore, agreed with findings of other studies (eg. Krosnick &

Sedikides 1990), proposing that people are, indeed, able to use such information. However, contrary to the same studies, the present findings do not support the claim that situational constraints are ignored when strong knowledge structures (as in the case of self and familiar others) are present, or tend to be ignored when - even irrelevant - person characteristics are available for consideration.

More specifically, the present study found that persons appeared to directly consider subjective consensus information (society's prejudiced attitudes/rejection of people with HIV/AIDS) in their predictions of how unfamiliar others would react to them (without disregarding background person knowledge, if available and appropriate). However, when predictions referred to persons for which the 'subject' had rich background information on - including the self (i.e values, norms, behaviours in perceived as similar situation, emotional ties, obligations/roles), then the effect of situational characteristics appeared to be less direct, since the relative importance of some of these characteristics was overwhelming.

The above results supported Cantor's (1981) opinion that a) non-apparent use of consensus information hardly implies that situational constraints are not considered, b) an indirect consideration of situational constraints may be taking place when people are asked to make self-other predictions, c) a non-apparent and direct consideration of situational constraints simply shows that 'subjects' make their own private interpretations and have their own reasons for expecting or not certain outcomes (see also chapter 2).

It should be noted that Nisbett & Borgida's criticism on their 'subjects' irrationality was based on two (interrelated beliefs); a) that a given situation is identically perceived by all participants (the situation is the 'same'), and b) that the processing of information is simply a matter of cognition, which is seen as separate from affect (see also Nisbett & Ross 1980). Thus, according to the researcher's rationale, the 'subjects' 'failure' to follow the 'logical' route should automatically place humans in the category of irrational beings. So, firstly, the possibility that the separation between cognition and affect is

artificial - especially in the case of social interaction problems (see also chapter 2) - was not taken into consideration by the researchers. As Honess (1986) has noted, it is the 'policy' of information-processing models and laboratory-type social psychological experiments to see our emotional life as uninvolved in predictions about the self and others and to regard such predictions as mere hypotheses which do not involve hopes, disappointments or betrayals of trust. Secondly, the possibility that this conceptualisation of rationality is inapplicable to human beings, was at no stage of the experiment addressed by the researchers.

Already it has been shown that participants in the present study did not perceive the given (hypothetical) situation (facing an HIV positive test and the possibility of AIDS) in exactly the same manner. Additionally, whereas some participants focused on the similarities between AIDS and another terminal illness (usually cancer), others insisted on the differences, depending on which situational features they attended to and how these were subjectively evaluated. It follows that similarities in prediction do not occur because of the mere presence of specific situational characteristics, but because of persons' similar interpretations of them.

Similar implications are present for theories and models advocating their belief in "fundamental human rationality", since both are based on the same traditional conceptualisation of this notion. More specifically, theories and models which support the idea of rationality as applicable to individuals, also separate between situation and person dispositional effects, and perceive cognition and affect as two separable notions. We have already discussed the case of attribution models (eg Kelley's) which "*look as though they are formalisations of a thoroughly rational sequence of well ordered thoughts*" (Antaki & Brewin 1982, p.10). As with advocates of human irrationality, theorists claiming that people are fundamentally rational believe that individuals are 'able' to understand a given situation in the 'same' way. Contrary to advocates of human irrationality, theorists claiming that people are fundamentally rational believe that individuals are able to directly consider and be guided in their decision by received

messages (information). And, therefore, by 'feeding' them with the correct messages, persons are bound to achieve the 'rational' goal. We have already discussed why the findings of this study challenge this conceptualisation of rationality in a traditional way.

In chapter three we also referred to Ingham et al's (1992) challenge of such a traditional conceptualisation, which was the product of studying young people's accounts on the way they handle the issue of safe sex. We saw that they suggested certain impediments to the acceptance of such a traditional conceptualisation. The way persons interpret messages and terminologies (eg. what 'knowing your partner' means), optimistic bias concerning risk, reputational issues, and social representations of sexual behaviour, were part of these impediments and were all issues with an evident influence deriving from affective factors. One of the researchers' conclusions was that, since persons appeared to have their own reasons for not following the 'rational' course, one possible way - among others - for looking at rationality, is rationality "as varied" (Ingham 1991). Considering that participants in the present study not only had their own reasons for expressing specific intentions and expecting specific reactions from (familiar) others, but also appeared to retain inner consistency (consistency in their own terms) when putting these reasons forward, it seems that this way of looking at rationality ("as varied") is supported by the study's findings.

2. Findings provided evidence that <u>persons do leave room for doubt in their self-other predictions.</u>

The dimension of uncertainty versus overconfidence is directly linked to our previous discussion of whether persons consider situational constraints or not. Two recent studies, described extensively in chapter two (Dunning et al 1990; Vallone et al 1990), have claimed that people are overconfident about their self-other predictions, exactly because they do not take into account situational characteristics (i.e. constraints). As a consequence of this 'deficiency', persons wrongly assume that human behaviour is cross-situationally consistent, and proceed into overconfident predictions which do not

leave room for doubt. Adopting what they called 'lessons' from studies such as Nisbett and Borgida's (see previous section), the above authors supported that their own findings can be additionally applicable to the domain of ordinary explanation.

In chapter two, the methodologies of these two studies were criticised at some length. The basic points of this criticism concerned the experimenters' failure to provide adequate situational information, or their disregarding of the importance and consequences of the various degrees of familiarity that 'subjects' shared with their 'targets' (variations in richness and strength of knowledge structures). Finally, their reductionist approach, which excluded 'subjects' own explanations, was criticised. In conclusion, it was argued that because of their methodological limitations, what these studies assessed in reality was not 'subjects' degrees of confidence in the accuracy of their predictions, but, rather, their degrees of confidence in the strength of their wishes. In other words, it was argued that the researchers mistook the expression of 'hopes' for 'statements' of certainty. Findings in the present study supported the above argument, since persons emphatically underlined in their accounts that absolute certainty, even when it came to self-predictions, was unrealistic (see phase 1 and 3). In general, persons accompanied predictions by actual statements of caution or clarifications, saying that what they were in reality expressing was 'hopes'.

Of course it is true that some participants showed clearer signs of caution that others. But, then again, experiences and interpretations were also different. For instance, not all persons could think of situations in their own 'histories', that could satisfy them as 'similar enough', and not all of them referred to emotional ties, obligations/responsibilities as guiding their predictions. Returning to the theory of 'decision making' of Jannis & Mann (1977), this states that "errors" of "omission" or "commission" resulting in "incomplete" and "unrealistic" balance sheets are to be expected when caution ("vigilance") is "totally absent" (p.135). In the present study, none of the participants committed themselves to statements of overconfidence, but it is

true that their expectations could prove to be overoptimistic (or overpessimistic as the case may be) if ever tested against 'reality'.

Persons may prove 'wrong' in their anticipations either due to the repression of facts that constitute a threat to their self-image, or simply because the formation of anticipations is based on the hypothesis of "unchanging regularities", which, although unavoidable for the purpose of forming expectations, it is occasionally invalidated by the course of events (Langford 1986). It is awareness of this occasional invalidation that led participants in this study to believe that a risk is always involved in making predictions.

Disregarding the fact that persons may have reasons for omitting certain considerations (i.e. threatening consequences to self-image) and insisting on the shakeable notion of objective reality, Jannis & Mann declared that important considerations, which appear to be repressed or avoided, should be brought into consciousness for the sake of doing a good 'job' when exploring alternatives and reaching decisions. To eliminate what they called "*the undue influence of unrealistic rationalisations* ", they have suggested the need for "*effective confrontations that challenge fantasies and illusions* " (p.340). Overall, it seems that, although the balance sheet provides a summary of the many different reasons behind persons' intentions and decisions, its purpose, which is to assist the evaluation of decisions in terms of their consistency with an objective reality, is incompatible with the effort to understand how individuals make sense of themselves and their social context. The approach of the present study, its findings and their interpretation are in that respect clearly differentiated from those of Jannis & Mann's.

3. Findings supported that <u>flexibility is mirrored in people's accounts</u>.

In chapter two it was shown that a number of personality theorists had been anxious to prove that human behaviour is cross-situationally consistent. They believed that, if that was proven, the idea of personality continuity would be safely established. However, their rigid approach to personality continuity (implying the existence of rigid 'traits') often clashed with obtained evidence, indicating that the belief in behavioural consistency

is probably utopic. It was mentioned before (chapter 2), that instead of abandoning the idea of continuity as equally utopic, many personality theorists abandoned instead the objective of showing trait stability, and re-defined the notion of flexibility as evidence of social intelligence, rather than as a threat to the concept of personality (not behavioural) consistency.

The findings of the present study supported the re-conceptualisation of continuity as compatible with the notion of flexibility. More specifically, flexibility was evident in the way persons predicted they would cope, if ever in the situation of a person with HIV. First of all, a degree of shifting to coping styles - which were different to those perceived as 'used' in cases of crisis - was monitored in the general sample. Secondly, a flexible approach to coping was observed in accounts of interviewees in the third phase of analysis.

Nonetheless, this flexibility was not perceived as unrestricted. At a general level of analysis, a significant relationship was found between representations of 'usual' coping and those predicted. At an individual level of analysis, a sense of continuity was found to be setting the boundaries to the degree of flexibility expected to be achieved (for example, see 'Erato`s' account of predicted change in priorities, but unchanged "basic beliefs" and "personality"). In the study by Cantor et al (1984) on inner consistency described in chapter two, one of the researchers' findings was that old concerns were found "situated" in new contexts. This observation proved valid in the present study. Phase 1 and 3 showed that not only concerns, but more widely, issues of self-image and self-presentation were applied in the given new context. For example, persons saw some personal characteristics (subjectively defined) as central, but nevertheless, their character did not have the form of non-negotiable (rigid) traits, especially when they were perceived as seriously hindering effective coping (see "Ikaros).

Returning to the issue of behavioural cross-situational consistency, a final point need to be noted. Participants' caution in expressing overconfidence in their self-other predictions

could not but indicate that persons themselves appraise this type of consistency as rather unrealistic.

It was discussed in the previous section that differences in the degree of expressed caution among participants was monitored. One possible explanation to this is that people's experiences and perceived similarities with past situations allow for such differentiation in confidence. Another possible - and not mutually exclusive - explanation, and one that is linked to the concept of flexibility, is that some persons are (for various reasons) more rigid than others. This is in no sense a threatening realisation. Variations in flexibility are as natural and expected as are variations in the effectiveness of coping among individuals. In fact, personal construct psychologists associate difficulties with too 'tight' or too 'loose' types of construings (Fransella & Dalton 1986). As we have seen from the study's findings, even rigid construings appear to be inner consistent, and, although they may be ineffective in terms of coping, they cannot be labelled as irrational.This is a point of antithesis with Ellis' (1976) theory, where rigidity equals with irrationality, and persons' consistency is evaluated in terms of consistency with an objective reality, instead of consistency in persons' own terms.

Arguing from the point of view of metacognition, Langford (1986) has rejected this notion of objective reality and has supported the idea of human rationality (in its non-traditional conceptualisation). According to the theory of metacognition, persons are in possession of meta-beliefs, which means that they have beliefs about their beliefs. Therefore, as Langford has claimed, our behaviour is not a function of reality, but rather a function of our beliefs about reality. He has further suggested: "*the principle advantage of this is that since we are able to construct a picture of reality which extends beyond our immediate situation, both temporally and spatially, our behaviour is a larger slice of reality than would otherwise be the case* " (p.23). In other words, metacognition allows us to have perceptions and form expectations which extend beyond our immediate and restricted experiences. At the same time, having beliefs about beliefs means that persons

are in a position to test whether the 'object' of their meta-beliefs is true or false and adjust their beliefs accordingly.

Quoting Langford, what the existence of human metacognitive ability suggests is that "*to have beliefs of any kind is ipso facto to be rational*" (p.23). It follows, according to the same author, that differences in rationality among individuals can be attributed to the possession of true rather than false beliefs. Obviously, these variations, like the variations in 'tight' and 'loose' types of construings, can become obstacles to effective coping. However, in the same way that persons can adjust their beliefs by testing their subjective value, results from the present study showed that they can also reach a certain degree of flexibility, the boundaries of which are defined by perceptions of both person and situation characteristics.

C. Meeting the research objective

The main objective of this study was to provide an answer to the general question of whether inner consistency - as was presently defined - is reflected in people's accounts, their self-other predictions and explanations. In order to answer this general question, the latter was broken into three main research questions, and these questions were further segmented into loose (alternative) hypotheses, named 'scenarios'. The 'scenarios' and the main research questions (inner consistency effects) have already been answered and discussed previously in this chapter.

Before moving on to finally meeting the basic research objective, it is necessary to refer back to a particular study, which addressed the issue of inner consistency and which was examined in chapter two. By doing this, we will be able to compare findings, but most importantly, we will be able to clarify further the contribution of the present study in this particular area.

In chapter two a relatively lengthy description and discussion of a research project by Cantor et al (1984) took place. In summary, the researchers concluded that different participants formed different plans, expressed different reactions and predicted different coping strategies when proposing 'solutions' to the same "common life task" (ill-defined problem). The researchers' hypothesis for a subsequent longitudinal study was that the same person would form various problem-solving strategies to deal with different situations, but, in spite of this, objective measurements would support the argument of inner consistency (in cognitive terms defined as consistency between procedural and declarative knowledge).

Several advantages in the study's design were pointed out in chapter two. The interest here is in the disadvantages (objections), which were also discussed in the same chapter. The first point of objection referred to the fact that the search for inner consistency identified with explanation and confirmation of mental phenomena. It was argued that, although useful, this focus offered no information on the various components (personal factors, situation appraisals, goals, expectancies) and their relation, as perceived by the participants themselves. In other words, participants were unable to provide their own evidence of whether, how, and why they thought these components were linked.

The second point of objection referred to the fact that the 'problem' selected (coping with the new environment of University) was not as ill-defined as the authors would have wanted. It was argued, that although all social interaction problems are ill-defined, given the expressed criticisms on what 'subjects' cannot do, a 'problem' with threatening implications (ambiguous and stressful) and with considerable implications for the lives of others (involving moral dilemmas, obligations, roles, reputations) would have been more appropriate.

The above two points of objection were both taken into account when designing the present study. Overall, the selection of an ill-defined problem, and the acquisition of participants' accounts and explanations, allowed the examination of whether

assumptions, based on theorists' interpretations of persons' 'actions', are justified by 'subjects' own interpretations of their 'reality'. In line with this, findings showed that persons offer predictions which are consistent in their own terms. Inner consistency was found to be reflected in persons' self-predictions and explanations.

In the course of meeting this research objective, different persons appeared to handle the 'same' problem in different ways. First of all, it was revealed that persons ascribe different meanings to the 'same' situation, predict different intentions, and different ways of 'solving the 'problem'. In addition, it was possible for one individual to interpret two different situations (eg. AIDS and cancer) in a similar way and predict similar ways of handling them, even if the two situations appeared to have considerable differences to the eyes of a third observer (i.e. the researcher). It seems, therefore, that people can only be seen as facing the same situation when they interpret it in a similar way. According to Bannister & Fransella (1986), the above also implies that people are not necessarily similar due to the similarity of their experiences, but only due to the similar interpretation of these experiences.

In recent years and in an effort to analyse discourse, several analysts tend to view the importance of interpretations as outweighing the importance of the individual. For instance, the theory of 'interpretative repertoires' emphasises the fact that the functional context influences the construing of different versions in people's accounts. Wetherell & Potter (1988) have given an empirical example (race relationships), where extracts taken from the interviews of a single individual frequently revealed what the authors described as conflicting and 'inconsistent' views (variability within and among accounts of the same person).

Based on this finding, Wetherell & Potter challenged what they called "*the assumption that the individual actor can be assumed to be a coherent consistent starting point of analysis* " (p.176). As a consequence, the authors proposed the abandonment of the individual as the principal point of analysis, and suggested that "interpretative repertoires"

(language units) could instead be used for this purpose. The suggestion was based on their belief that, contrary to the 'incoherent' and 'inconsistent' individual, interpretative repertoires can be safely considered as internally consistent.

The findings of the present study do not support the belief in the 'incoherence' of individuals. Variability does exist among a person's accounts, but the construction of these accounts is - at any time - consistent with the individual's perception of the 'problem'. Variability also exists within the same account, but the findings underline the need to acquire persons' subjective definitions in order to make sense of it. It seems that a collection of interpretations alone, separated from their very source - the individual - can not tell us enough about the way in which persons make sense of themselves and their environment, assuming of course that the latter is our ultimate aim.

It is important to underline that, by supporting the idea that persons are inner consistent, no differentiations are implied in the degree of consistency among various types of individuals. The only differentiations implied are those which regard the degree of flexibility - as previously discussed.

The theory of self-monitoring, which has recently almost monopolised interest in the area of self-presentation, has argued in favour of variations in intraindividual consistency - defined as consistency between attitudes and behaviour within the same person. It has proposed that there are two types of persons, the 'high' and the 'low' self-monitors, and has argued that self-monitoring is a personality unit ('trait') with biological origins. 'High' self monitors are supposed to regulate their expressive self-presentation in a chameleonic type of way - so as to appear likeable, whereas 'low' self monitors are thought to express a behaviour which is a true (honest) reflection of their attitudes, feelings etc. Unlike the former group, the latter are believed to have absolutely no interest in the image they present to others (Gangestad & Snyder 1985). In other words, the theory proposes that 'high' self monitors behave in a way that mainly accounts for situational cues, and 'low' self monitors in a way that accounts for personal dispositions.

The findings of the present study challenge this division, because they suggest that - at least in regard to behavioural intention - persons consider both situational cues and personal dispositions with no evident exceptions. Researchers such as Jones & Pittman (1982) have also opposed the division of people in self-presentation typologies, and have supported the view that, when presenting themselves to others, persons posses the same kind of motives, but tend to use different strategies in different settings.

D. The study's methodological choices and their implications

The methodological framework described in chapter four, was designed so as to allow the research to follow a cyclic course. The presence of three phases of analysis (two stages of data collection), made it possible for questions to be answered and conclusions to be re-examined at a subsequent phase, and from a different point of view. The abandonment of the traditional definition of generalisation and its re-definition as "*general statements about the power, possibilities and limits of persons acting as agents* ", proposed by advocates of the new paradigm (see Reason & Rowan 1981a), allowed the analysis to be conducted both at an individual and general level, without serious philosophical compromises.

At the same time, this re-definition of generalisation meant that, at the end of it, the present study would not be able to offer any 'tools' to assist in the making of deterministic predictions (and control) of human behaviour. What this means in practical terms, is that the findings of this study do not tell us how people will solve any ill-defined 'problem' at any given time in the future. They do not even tell us how the same participants will solve that same 'problem' at any given time in the future. What they do tell us is how the participants thought they would solve this particular ill-defined 'problem' at that particular time, with the particular type of past experiences in mind, and the particular understanding of the situation they were presented with. This limitation is not only due to the fact that experiences are constantly building up and that new

information can cause a re-consideration of the situational meaning ascribed. It is also due to the fact that persons are engaged in a continuous process of growth, so that - as Kelly (1955) put it - they are constantly 'on the move'.

In light of the above consideration, what the outcome of this study can realistically offer is some understanding of how persons make sense of themselves and their social environment, especially in terms of efforts to predict their future. It is an understanding that was reached from putting into the test theoretical assumptions (inner consistency) which - up to that point - had only been verified by objective measurements and not by persons' own explanations. It is additionally an understanding with practical applications, because it can highlight elements that would be potentially important for us to consider, if we were to help persons seeking our assistance in their coping efforts (for such an application see chapter 8).

Naturally, the possibilities and suggestions for acquiring further insight into the way people make sense, by putting into the test existing theories - and not just in relation to self-other predictions - are unlimited, and so are the possible methodological designs, providing that respect of persons' powers, abilities and constraints is genuine.

As mentioned in chapter four, the design of the present methodological framework was restricted by limited time and money resources. Ideally, all data would have been collected through interviews, including Stage I where open-ended questionnaires were used. By using interviews throughout the research, apart from the well-known general advantages of personal contact (eg. clarification of questions etc), access to specific participants would have been possible at subsequent phases, so as to verify individualised hypotheses. Questionnaires in this study were anonymous and whereas it was possible to follow up some participants (those who chose to give personal details), others, for instance the majority of participants comprising the selected sample of phase 1, were impossible to trace. Because of this, hypotheses about specific individuals (eg.

old concerns reflecting in new contexts) were only indirectly tested by examining the responses of other individuals (phase 3).

Other limitations arose as a result of using pre-defined dimensions, especially in Stage I. For example, in Stage I the meaning ascribed to the situation was examined only on the basis of the 'medical-social' dimension. As briefly discussed previously, even though this dimension served specific purposes and provided some understanding of the differences in the way persons make sense of the situation, it was also considerably restricting. Other dimensions could have been useful in exploring this meaning, such as 'resolved-unresolved', but then again the number of dimensions that could describe the meaning ascribed to the situation by every single individual could have been - at least theoretically - unlimited. In reality, the problem lay in the unavoidably reductionist effort to code written responses for purposes of generalisation. It should be additionally said that, overall, the use of both qualitative and quantitative methods did necessitate some methodological compromises, especially as far as the analysis' elaborateness was concerned.

E. Further discussion and conclusions

One of the most interesting findings of this study was that persons seemed to have certain 'theories', on the basis of which they made predictions; and that without 'scientific' tools, persons were able to form 'hypotheses' similar to those formed and tested by scientists! Take for example 'Prometheas' 'theory' about the family's contribution to emotional mastery by helping the member in need to feel useful and unique, and compare it with a similar theory by Caplan (1976), mentioned in chapter three. Consider also 'Ikaros' 'theory' about the possible negative impact that his (hypothetical) situation of need would have on the 'give-and-take' balance of his relationships, and compare it with a similar theory by Vaux (1988), also discussed in chapter three.

The realisation that persons have 'theories', agrees with Kelly's belief that we all have *"our own view of the world (our theory), our own expectations of what will happen in given situations (our hypotheses) and that our behaviour is our continual experiment with life"* (Bannister & Fransella 1986, p.8).

Kelly's own 'hypothesis' was that persons' main preoccupation is to understand their own selves, as well as their world around them, and that they, therefore, attempt predictions in order to put their understandings to the test (Kelly 1986). These predictions can prove correct, "wanting" or inaccurate, so that, in the latter case, persons proceed in a revision of their construings.

If Kelly's 'hypothesis' is correct, then it is no wonder that participants in this study had their own readily available theories, and found no difficulty in making predictions, even about hypothetical situations. Note that a number of participants (eg. 'Hlectra') reported that they had already thought about how it would feel like and what they would have done in such a situation, without any apparent reason (i.e. fear of being HIV positive). In 'Ariadne's' words (chapter 6), people like forming theories about what will happen in the future, for instance what their own or others' intentions might be.

In the formation of such intentions metacognitions seem to play an important role. According to Langford (1986), *"the concept of a person is a metacognitive concept and [...] relations between persons - that is, psychological or personal relations - are primarily metacognitive in character* "(p.25). In agreement with the above, the study's findings showed that, for example, people understood their obligations not only in terms of beliefs about the self (what I think I should do, what is right for me and so on), but also in terms of (metacognitive) beliefs about others (what I think the other person wants me to do, thinks is right etc). Similarly, in offering definitions of roles, apart from considering what their own definitions were, persons took into account what 'being friends' possibly meant for the other person (see also Miell & Miell 1986 and Lewis 1986 for a discussion on reciprocal knowledge).

Heron (1981) agrees with Kelly that "*construing-and-intending is original, creative human activity* ", and argues - from a methodological point of view - that it is an activity that cannot be effectively studied in a positivistic way. This is because "*explanation in terms of an intelligent agency as an irreducible notion does not exclude further explanation in terms of relative determinism, that is in terms of causal laws ...*" (Heron 1981, p.22). In traditional social psychological experiments (such as Asch's - see for example Asch 1951), researchers are not interested in exploring or checking their 'versions' of 'reality' against those of their 'subjects'. Thus, in this kind of experiments findings do not tell us anything about how participants construed their experiences or what "higher-order" intentions persons fulfilled through their experimental choices.

In conclusion, it seems that psychologists act unwisely when they disregard their only source of information (the person). If nothing else (i.e. overlooking of evidence on persons' self-awareness), this attitude indicates the degree of value that psychologists place on themselves as part of the 'human race'. In the preface of their book "Inquiring Man", Bannister & Fransella (1986) point out that, gradually, "*psychologists have, with great effort, reached an obvious conclusion in their labours - if psychologists can think, then it may be that their subject matter (people) can think* " (see also Mair 1970). If nothing else, what this study has shown is that people can definitely think.

Additionally, if the psychologists' role is to understand how persons make sense, and if we accept Kelly's general 'hypothesis' (and its confirmatory evidence) that people are engaged in a constant effort to make sense of themselves and their environment, then it may be useful for psychologists to mimic persons' own way of using predictions; that is, as means of putting their understanding to the test, instead of struggling to invent the 'perfect' formula that would allow them to make accurate predictions and/or teach 'subjects' to avoid "unintended errors".

This study presented one way of re-defining psychological interest in prediction, in terms of putting theoretical assumptions and findings (inner consistency) into the test

(how persons predict and explain intentions). The suggestion and hope is that future studies will be able to transform other, almost exhausted notions and ideas by throwing light from 'new' standpoints, and viewing them from more open-minded and creative perspectives.

F. Summary

This chapter discussed the study's main findings by re-examining the 'scenarios' put forward in chapter three, and by answering the main research questions formulated in chapter two. Furthermore, it responded to the study's main objective and pointed out some limitations as well as implications (theoretical and methodological).

More specifically, implications were discussed in connection to attribution theories, which promote 'single actions' as the typical case of ordinary explanation, thus separating between person and situation effects. It was argued that the study's findings did not support these claims.

Other implications were generally discussed in connection to theories and models (cognitive and social) which are based on a traditional conceptualisation of human rationality, and which claim that humans are either fundamentally rational, or fundamentally irrational. The present findings challenged this traditional conceptualisation, and agreed with approaches which reject it as inapplicable to human beings. In this study, persons not only appeared to have reasons for their specific predictions, but also provided accounts and warrants which reflected inner consistency.

Finally, implications were pointed out for personality theories. Participants viewed the idea of cross-situational consistency in behaviour as unrealistic. Their own predictions showed clear signs of flexibility, as well as continuity. It was argued that observed differentiations in the level of flexibility (and rigidity) were expected and 'normal'.

The methodological choices made in this study agreed with its philosophical position, namely, that the psychologist's role is to understand how persons make sense. Therefore, these choices did not make the study eligible to suggest a 'formula' for achieving the 'perfect' prediction. However, it did make it eligible to propose the testing of theoretical assumptions and findings against persons' own accounts (eg. predictions and explanations) , as a useful strategy for checking whether our 'scientific' standpoints agree with 'subjects' own understanding of 'reality' .

In general, findings in this study supported Kelly's view that persons are "in business" to make sense of themselves and the world around them. And that they are constantly forming 'theories', testing 'hypotheses', and re-construing 'reality'. In conclusion, it was argued that - being 'reasonably' aware of both their own potentials and shortcomings - persons constitute valuable research 'assistants'. This argument did not simply derive from the re-confirmation of the idea that persons can provide useful insights, but also from the realisation that the way individuals make sense can offer us unique guide-lines as to how best we can go about the task of making sense of them as 'subjects' and - unavoidably - of us as 'researchers'.

CHAPTER 8: Practical applications to pre- (HIV) test counselling

A. Introduction.

The importance of offering counselling to people seeking an HIV antibody test is widely recognised (eg. Carballo & Miller 1989; Green 1989), but the content and method of this type of counselling is still relatively inconsistent and remains a matter of debate. In this chapter there will be an attempt to apply some of the present study's findings in the area of pre-test counselling. Based on these findings, a number of existing models will be evaluated and several methodological alterations/additions will be proposed.

B. Pre-test counselling: Aims and approaches.

As early as 1985, the Department of Health and Social Services (DHSS) recommended that everyone seeking an HIV antibody test should receive pre-test counselling. The necessity of this type of counselling has been recognised by numerous experts in the field, who appear to more or less agree on the topics that this type of counselling should cover (see Miller et al 1986; Carballo 1988; Tomas 1988). More specifically, the importance of providing factual information about the consequences of taking the test (eg. insurance, confidentiality etc), of exploring issues of risk and associated behaviour, and of dealing with the psychosocial aspects of HIV and AIDS has been strongly emphasised.

In line with the above, a report by Bond (1992) on the current situation of HIV counselling in Britain - product of consultations with HIV counsellors, managers and clients - defined the basic aims of pre-test counselling as follows:

1. To provide persons the opportunity to make an informed decision about whether to take the test or not (i.e. consequences etc).
2. To discuss ways of minimising the risk of infection for self and others
3. To prepare for the possibility of a positive test.

In discussions with counsellors/health advisers, Bond discovered that, whereas there was broad consensus of opinion in that HIV counselling should follow the general principles of counselling - as defined by the British Association for Counselling (1990) (emphasis on "facilitation", "growth", use of "personal resources", "self-knowledge", "self-determination") - counsellors were divided as to whether pre-test counselling in specific should follow these principles. A number of counsellors defined pre-test counselling as information and advice giving, whereas others viewed this definition as unnecessarily limited. In an attempt to offer an acceptable 'solution', Bond recommended that, if a universal and consistent policy were to be adopted, it would be imperative to differentiate between the terms counselling, use of counselling skills within a professional context, and advice giving.

Silverman & Perakyla (1990) and Perakyla & Silverman (1991) provided some evidence that, presently, the work of most counsellors in the area of pre-test counselling focuses, in fact, on advice giving. In another paper, Silverman et al (1992) reported that, according to their observations, counsellors tend to avoid personalised advice, and that "*advice sequences*" are initiated by the professional "*without the client giving a problem indicative response*" (p. 177).

The lack of personalised information and advice seems to be characteristic of what Silverman (1990) called the "information giving model". Offering a real example of such a consultation, Silverman showed that the counsellor started the process by giving a "mini-biology lesson" on antibodies. The counsellor then pointed out what any HIV antibody positive person would "need" or "would be advised" to do. The 'client's' answers were not explored and, of course, personal concerns were at no stage addressed. The counsellor followed a 'standard' agenda, overloading the person with information which was not necessarily relevant to his own lifestyle.

Another pre-test counselling approach identified by Silverman (1990) was that of the "medical model". Although in this model the agenda appeared to be more or less

standard, persons' understandings of safe sex were found to be occasionally explored, depending on the doctor's (counsellor) preferences. On other occasions, consultations were not in the least personal, and seemed to take the form of lectures including moral judgements and connotations. In chapter six we had the opportunity to share Persephone's own experience of the medical model and perhaps note the insensitive handling of her case by members of the medical staff:

P. *Well, the doctor... or maybe the nurse, asked questions. I said I had lived in Africa and they wanted to know if I had practiced safe sex. And I had to justify myself all the time...*

However, instances of insensitivity are not only found in relation to the managing of health and sexual issues. Any approach that resorts to 'recipes' of how to deal with the implications of HIV (i.e psychosocial), without exploring the person's feelings and needs, can prove equally insensitive. In a preliminary study aiming to monitor experiences of people using an HIV/AIDS voluntary service (see Appendix 5), we interviewed a woman whose story highlighted the disturbing consequences of such 'recipes'. This thirty three year old woman, whom we will call Nausika for practical purposes, received the following advice at the stage of preliminary counselling (before making contact with the clinic).

N. *I was also advised very strongly not to tell anyone, not even my doctor. And I found that difficult, just having to keep it to myself. Not being really allowed to talk to anybody, not even my doctor. [...] Just walking around with a secret you cannot tell...! I don't know what I would have done if I didn't happen to know M.* [a volunteer in the HIV community service].

As it appears, Nausika had a real need to talk to someone, and felt extremely anxious when advised to avoid informing her doctor, with whom - incidentally - she shared a long and trustful relationship.

Overall, it seems that the non-personalised nature of the "information giving" and - often - of the "medical" model, fail to satisfy the different needs, concerns and experiences of different 'clients'. Moreover, the above models and, therefore, the limited interpretation of pre-test counselling as advice giving, unavoidably neglects what a number of counsellors in the Bond report regarded as the most fundamental aim of pre-test counselling, namely, the preparation for the possibility of a positive test.

The meaning of this preparation is associated with the notion of anticipation of feelings, coping and reactions from significant others (eg. Aggleton et al 1989; Harris 1988). According to Bond there are two sides to the anticipation of emotional and psychological responses to the test (feelings and coping): a) the immediate response and, b) the consideration of what it would feel like living with HIV and the possibility of AIDS. In both cases, Bond has argued that addressing the issue of support resources is essential. What he has additionally stressed is the importance of anticipating the effects on the 'client's' relationships with others (i.e. the person may be worried of how to tell others, how to deal with negative reactions).

According to the experience of participants in the Bond study, the anticipation of possible implications and the planning of action eases problems that are faced by persons who are eventually found to be HIV positive. In other words, preparation facilitates procedures in the post-test consultation considerably. The beneficial effects of working on anticipations have been , of course, recognised outside the HIV counselling context. For example, anticipation and the use of 'enacting' or role play as preparatory tools for what is to come, are long used in popular therapeutic approaches such as Kelly's (see Fransella & Dalton 1990) and Ellis' (see Dryden 1990).

Even though the benefits of psychological preparation (through anticipation) are, therefore, clearly established, the steps that HIV counsellors need to take in order to achieve it are less evident. Silverman (1990) has described two approaches which - contrary to the "information giving" and "medical" models are more personalised, and do

not neglect the task of psychological preparation. One is the "systems model" and the other is the "psychopathological model".

Counsellors working with the "systems model" (which is problem-focused), "*address the belief system which influences the patient's behaviour in the context of his social setting*" (Bor et al. 1992, p.4). They deal with the preparatory aim by eliciting the person's network of significant others and, based on previous answers, by subsequently "generating" the client's sense of how family and friends would react to such news. The model's apparent goal is to give persons the opportunity to review and clarify their support resources (see also Miller and Bor 1988).

Counsellors working with the "psychopathological model" are particularly interested in the exploration of emotions and fears (rather than specific problems), which seem - by the way - to be present long before the test result is eventually known. This is an important point because counsellors are often interested in the feelings that could arise once persons are found to be HIV antibody positive, and disregard the fact that fears and dilemmas may already be present and tormenting when persons present themselves for the test. In support of the above point, Persephone's case provides a good example. As seen in chapter six, she described her (second) experience of waiting for the result in the following way:

P. [...] *And again it was like a nightmare going through just the waiting process. Because you get really... because you get really worked up by everyone around you. And you start thinking about what to tell the family, what to tell your friends. In fact, last time I started thinking about actually having it myself and you know, I was really terrified. I didn't know what to do in the end. And on my way to pick up the test, I was just thinking how shall I behave when I get back to the class. Am I going to be able to face them?*

It is not difficult to assume that - at least in Persephone's case - the opportunity to explore these feelings before the test may have reduced her anxiety during the waiting period. Nausika, who - after making contact with the appropriate clinic was advised to wait three months before taking the test, described her experience of the waiting process, which also happened to coincide with a number of personal tragedies, as:

N. [...] *And that was very difficult, these three months. I had a lot of fluctuating emotions, but mainly I was very angry with him* [the responsible partner] *for putting me at risk. I also felt sorry for myself, I felt dirty... That happened within a month when my house burnt down and I lost all my possessions, and I separated with my husband... It was a very hard time. And I was going around as if nothing* [else] *had happened and nothing was wrong.*

In advising her to return for the test within three months, the clinical staff also postponed the provision of pre-test counselling, a tactic which did not help Nausika to manage her anxiety.

In conclusion, in so far as the "systems" and "psychopathological" models assist the preparatory task by exploring feelings and support resources before the taking of the test, their approaches have obvious advantages . However, some potential weaknesses can be detected. The reader should note that although there are theoretical issues unavoidably involved (i.e. the theoretical background of the models in question), these weaknesses will be here discussed in relation to the real-life examples and practitioner interpretations provided by Silverman (1990).

The first weakness is seen in the strategy of asking the person to provide a picture of his/her "usual" social support network, aiming to "secure the patient's links" with it (see Bor et al. 1992, p. 71). It is here argued that , if not accompanied by further steps (suggestions for steps to be included are introduced later), this strategy may give the impression to the 'clients' that the counsellor expects their family members to react in

similarly supportive (or not) ways towards them, as they have done in the past. Harris (1988) has warned against any such assumptions from the part of the counsellors, underlining that, often, persons that would be otherwise considered as the natural support providers for an individual, react in most 'unexpected' ways. Additionally, Harris has proposed that the counsellor should carefully consider a variety of evidence, in order to acquire a clear picture of what the response from significant others might be. However, the debatable issue here is whether the counsellor is indeed the most appropriate person to attempt any such predictions.

The second weakness is seen in the way in which questions concerning the psychological state of 'clients' are asked by a number of counsellors. In the example provided by Silverman, the counsellor entered the sensitive area of exploration of feelings by indicating initially that he intends to address it. However, the manner in which he eventually phrased the question was closed and potentially irrelevant to the client's real feelings (he inquired whether the person had been panicking about the test and the possibility of it being positive). The client reacted by putting the question back into its looser form and re-phrasing it as an open statement ('how I feel about it'). He then responded to it by briefly referring to an incident of panic and then concentrating on what appeared to be his real concern (i.e. fear of turning into a 'hypochondriac'). One can clearly see that the danger of making assumptions that could prove irrelevant to the feelings of a particular 'client' can be easily avoided by asking open and non-directive questions in the first place.

Finally, a general disadvantage is that counsellors working with the above two approaches seem to focus mostly on one of the aspects involved in anticipation (i.e. exploration of feelings or of support resources), neglecting others. Moreover, specific preparation for the possibility of unexpected reactions and for the difficulties (anticipated or not) of living with HIV (coping) is not included in their efforts. Some suggestions of ways in which the above weaknesses can be dealt with are presented in the following section.

C. Proposing a practical framework for pre-test counselling

It should be noted first of all, that the tactic of encouraging the anticipation of feelings and events agrees with the findings of the present study, that people are able to make justified predictions about novel (including hypothetical) situations. These predictions and justifications were found to be inner consistent, which means that, in forming such predictions persons take into account the meaning that the particular situation has to them (or to significant others), as well as past histories of the self and/or significant others. Norms, roles and reputational issues were also found to be taken into account, in producing coherent and flexible predictions. Thus, the final product (anticipation), is a combination of all the above elements, the nature and weight of which is totally subjective. For this reason it is here argued that counsellors are not safe in forming impressions of how persons might cope, what they should anticipate - given the available evidence - or about what they are indeed anticipating. In light of the present study's findings, the only safe route for finding out about these issues is by actually asking persons directly, and acquiring their reasons. Being aware of reasons, the counsellor can gain further understanding of the way each person 'makes sense' of the 'problem' and his/her options/preferences for dealing with it.

To provide an illustrative example that can clarify the above argument, knowledge that the person shares a supportive and close relationship with a significant other gives no guarantee that he/she would also expect this significant other to be supportive in the specific situation (HIV). In fact, it offers no guarantee that the person would even want to inform this significant other about the taking of the test and/or the result of it. Evidence for the above was provided by the findings of the present study. As seen below, further evidence - collected from the preliminary study mentioned earlier (see Appendix 5) - builds upon the same argument.

During the interviews which were conducted in this preliminary study, participants were asked to fill in a form (see Appendix 6), based on which diagrams of their support

networks were designed. Two of these diagrams, Nausika's and one of a male participant, whom we will call Priamos for practical purposes, are presented in Appendix 7 (Fig. 8.1 and 8.2). The diagrams' design was based on guide-lines provided by the relevant literature, and especially on the work by Albrecht & Adelman (1987) and Gaitley & Seed (1989).

Nausika reported a strong emotional tie with her father and a moderate one with her mother. Despite this closeness, Nausika explained that she never informed any of her parents about taking the test, and felt that it was a topic she could not have discussed with them. Not surprisingly, she did have her reasons. So, for instance, the fact that the possibility of infection arose after an extra-marital affair was not unrelated to her reservations.

Priamos, a twenty eight year old gay man with a partner who had tested HIV antibody positive, reported a strong emotional tie with both his parents but clarified that despite their closeness, most support was offered at a financial level. His parents were not aware of his gay identity and he feared the idea of them finding out. Without seeking to identify the reasons behind this fear, the counsellor could have, for example, assumed that anticipated rejection was the key to understanding these feelings. Priamos explained that, although the conservative attitude of his parents was indeed a concern, there was more to it than that:

P. *The thing is that I'm not proud to be gay, I don't really want to be gay, I'd rather be straight.* [...] *Now, at the moment, I'm not at that stage* [being proud]. *I still try to come to terms with it, and so, often, you feel that you cannot tell other people unless you've accepted it yourself.*

Not surprisingly, Priamos, who - like Persephone and Nausika - had tested HIV negative, had also not informed his parents about taking the test.

In conclusion, it seems more appropriate that - instead of making assumptions - the counsellor should ask persons to directly express their intention or not to inform others about taking the test, and then proceed to discussions of whether they would want to inform others in case of a positive result. Exploring their reasons appears to be the obvious and necessary next step, which more than likely would lead to the topic of anticipated reactions, as well as to the expression of personal norms, perceptions of roles, reputations and self-concepts, which may prove elements of a determinant nature. Asking the person to ground his/her predictions (anticipations) not only can help the counsellor to gain insight into the way the 'client' makes sense of him/herself, his/her social environment and his/her options, but it can also assist the person to explore and clarify thoughts, possibilities and constraints. The experience from our preliminary study showed that eliciting the person's network can still be a useful starting point for tackling the topic of available support, since it can provide both researcher (or counsellor) and interviewee (or 'client') with a concrete and common basis for discussions.

We saw in the previous section that the possible ways in which counsellors can prepare clients to deal with the implications of a positive test and of coping with their new 'status' are not usually made explicit in many of the existing approaches to pre-test counselling. For example, the client may be worried about the medical or practical implications, such as putting others at risk, physical deterioration, ability to keep job etc. In this case, provision of specific information and available leaflets, as well as reassurance that further counselling and formal support will be available upon request may reduce some of this anxiety. These are steps that are already taken by counsellors in the pre-test phase (see Bond 1992), but it is important that the provided information (eg. reading material), corresponds to the 'client's' personalised needs. The present study clearly showed that not all people are worried about the same implications. It is, therefore, not difficult to see how unwise it would be to overload them with irrelevant information.

More than likely, 'clients' will show worry about some of the psychosocial aspects of HIV/AIDS. Apart from questions like who and how to tell others or what their reactions

might be, clients may be worried about coping in general with a positive test. As we have seen, preparation for difficulties (anticipated or not), is an important aim of pre-test counselling. The unavoidable question is how to achieve it.

The present study has shown one way of exploring representations of coping. By asking the person to refer back to a personal crisis and explore the way he/she has dealt with it in the past, counsellor and 'client' can then look into similarities and differences in the perception of situations. Based on this examination, the counsellor can then put the 'client' in touch with personal strengths, encourage him/her to consider whether familiar strategies would be sufficient or whether new ones would be required in case of a positive test. The findings of the present study showed that people are able to form coherent hypotheses about the way they would expect to cope, and that flexibility (within subjectively perceived limits) is part of their potentials.

Apart from the aspects of anticipation that were highlighted by Bond (emotional responses, coping, impact on relationships), it is here argued that, an additional key point in achieving the aim of psychological preparation is the anticipation of 'errors' in prediction. This is not as difficult a task as it may initially appear. The present study showed that persons were not unrealistic about the accuracy of their predictions, and recognised the fact that discussing on a hypothetical basis always involves a risk. This does not necessarily imply that, in the cases of 'inaccurate' predictions, 'reality' will always prove worse than hypothesised. However, even if things turn out better than expected, the fact that what the person anticipated did not come true remains unaltered. As the participants in the Bond study retailed, in some cases, even the receipt of good news (negative test result) can cause 'unexpected' (negative) reactions to the person.

The counsellor can, therefore, explore the meaning that proving to be 'wrong' would have for the person, taking care not to increase anxiety instead of reducing it. Participants in this study expressed their caution about the accuracy of their predictions in a spontaneous manner, that is without having been previously asked to give an estimate of

confidence. If this proves to be the case with the client, the counsellor is already provided with a good framework within which to expand. If not, the counsellor may be dealing with a client whose admittance of the possibility of 'error' could constitute an unmanageable source of anxiety. Whether or not to bring the subject up is, thus, a decision that has to be taken by the counsellor considering the client's readiness to address it.

Preparing for the possibility of 'error' is not only useful for facilitating the handling of unexpected reactions from others. It is also necessary for facilitating the 'client' to come to terms with changes in personal needs and intentions that may occur after finding out that the result of the test was positive. As participants in the study recognised, although intentions seemed relatively clear at the time the interviews took place, they could not be absolutely sure that their intentions would remain unaltered once they were faced with the reality of the situation.

If we were to view the news of a positive result as persons' 'opportunity' to finally put their 'hypotheses' to the test (see chapter 7), it is not difficult to assume that the imminence of the 'results' (finding out whether predictions are accurate) could increase uncertainty. This in turn would make the situation appear less predictable than before, causing levels of anxiety to rise. Considering the finding that participants' explanations are inner consistent (consistent in the person's own terms), a change of mind as to what action would be more appropriate would mean that aspects of the situation and/or personal needs and perceptions of past experiences have been re-evaluated in terms of weight.

Overall then, the collection of the previously suggested material by the counsellor (anticipations, groundings and evaluations) can be valuable for the stage of post-test counselling, not only for the purpose of reducing anxiety, but also because it can offer a useful basis for exploring changes in intention. Such changes, for example in favour or against informing others or utilising formal support resources - after having received the

'bad news', could not be safely interpreted as either positive or negative, unless the 'client's' reasons have been acquired. Based on the material collected during pre-test counselling, at the post-test and further HIV counselling stage counsellor and client can explore what brought any changes about, and together try to discover whether they are a product of increased anxiety and shock, an effect of recently acquired 'messages' or a re-evaluation of past experiences and preferences.

Bond (1992) and Silverman (1990) have emphasised that the focusing of pre- and post-counselling on personal needs and concerns, as well as the determination of appropriate content and methods, have the additional advantage of saving time that would be unnecessarily spent in offering generalised information. Indeed, the limitation of time can be a serious restriction in achieving the aims of pre-test counselling, and - as we mentioned when discussing the existing approaches - it is the aim of psychological preparation that is most often sacrificed.

Therefore, in order to allow sufficient time for psychological preparation, it is suggested that another aim, that of minimising infection risk for self and others, is tackled at the pre-test counselling stage only if it presents an obvious concern for the 'client' (part of freely-expressed worries). Otherwise, the counsellor can discuss these issues during post-test counselling, providing the test result is negative. The above suggestion is in agreement with Silverman's (1990) opinion that "*pre-test counselling is not a very efficient site for exploring risk reduction*" (p.206), due to the amount of information that the client needs to absorb, and the pressure from presenting himself/herself for the HIV antibody test.

The accounts of Persephone, Nausika and Priamos indicated that the topic of risk reduction was irrelevant to their worries at the time before the test, not to mention that they were highly knowledgeable of these issues anyway. Nevertheless, since we have argued that there is a variety of concerns among individuals, it is necessary for the topic of risk reduction to be tackled whenever it constitutes a source of anxiety for the person.

D. Conclusion

In conclusion, a framework, comprising of several steps (not to be necessarily followed in the presented order) is proposed so as to meet the goals of pre-test counselling as reviewed and revised above. It is suggested that the counsellor takes the following steps, after first ensuring that the person is aware of the consequences of taking the test. Two points should be noted: a) asking open ended questions is essential for the method proposed, b) respect for the 'client's' needs and preferences dictates that the person is the one that decides whether specific topics are to be addressed. In other words, the suggested framework can be better understood as a guide of topics and methods within a flexible agenda.

Proposed steps

1. Explore feelings already present at the time of pre-test consultation.

2. Inquire into the meaning that a positive test would have for the person (anticipated feelings and problems).

a) Deal with medical/practical concerns (eg. reducing risk, treatments, ability to keep up career) by provision of relevant leaflets and oral information.

b) Deal with social issues of general nature (eg. fear of social prejudice, possible loss of job) by informing 'client' of his/her rights, and of the availability of formal support upon request.

c) Focus attention on concerns about coping and relating to significant others (see steps 3,4,5,6).

3. Elicit 'client's' support network (one proposed way is by asking him/her to fill in a separate form and then draw a diagram of the person's network for purposes of illustration. Examples are given in appendices 6 and 7).

4. Ask who - if any - the person has already informed or intends to inform about taking the test, and who - if any - he/she would like to (personally) inform if the test were to be found positive.

5. Explore reasons/causes of intention to inform or not (significant) others (eg. expectation/need for support, fear of rejection, obligation, reasons related to reputations, roles or self concept etc), and grounds for the expectation of certain reactions.

6. a) Look into anticipations of coping with the possibility of a positive HIV antibody test and living with HIV. Explore the grounds of these construings by referring back to a personal crisis and examining similarities/differences in the meaning of situations.

b) Put in touch with what appears to be the 'client's' strengths in dealing with difficulties. Assist in the evaluation of existing strategies and - if the 'client' perceives them as inadequate or insufficient - encourage the consideration of new ones.

7. Pick up signs of uncertainty or caution in the forming of anticipations, and explore the meaning that proving to be 'wrong' would have for the 'client'.

8. Save the collected material for the post-test counselling session and/or further HIV counselling.

In proposing the above steps, what was taken into account were suggestions and disagreements in the content and methods of pre-test counselling highlighted by recent reports, as well as some 'knowledge' acquired from the present study regarding the way people make sense of their predictions. Note that the majority of participants in this study (see chapter 5) predicted a willingness to resort to specifically trained professionals and groups, if ever in that situation, a fact which emphasises the importance of providing 'good' services even more strongly. At the same time, the wishes of persons who find such consultations 'unnecessary', undesirable or even disturbing (more than twenty five percent of the study's whole sample) should also be respected, and this could be seen as one more reason for engaging in a personalised relationship with the 'client'.

Finally, in order to estimate the effectiveness of the proposed steps, specifically designed research would be needed. For example, the effectiveness of the steps could be measured by examining their facilitating role for both counsellor and 'client' during post-test counselling (eg. reduced shock and anxiety following the receipt of a positive result, increased satisfaction with the level of communication for both counsellor and 'client', 'client's' impression of being helped/understood etc), and during long term counselling

of persons living with HIV or AIDS (i.e. coping and dealing with difficulties more effectively, eg. in relationships with others, with negative feelings etc).

E. Summary

According to the Bond report, counsellors are divided as to the meaning of pre-test counselling. To an extent, this division appears to be responsible for the inconsistency in the content and methods of the consultations provided. Silverman has identified four prevailing styles of pre-test counselling presently employed by counsellors. From the evidence discussed, it seems that the most popular ones are those of the "information giving" and the "medical" model, which often fail to deal with 'client' needs in a personalised way, and neglect the important aim of psychological preparation for a positive HIV test.

This latter preparatory aim is linked to the notion of anticipation, and is based on the idea that the predictability of what is to come reduces the intensity of future implications. In the context of pre-test counselling anticipation usually refers to several aspects such as: feelings, coping, relating to (significant) others and getting support. Nevertheless, the existing approaches seem to be 'selective' as to which aspects are worth pursuing. For example, counsellors working with the "systems" model are particularly interested in helping persons clarify their support resources, whereas those working with the "psychopathological" model are committed to the exploration of feelings and emotions. Moreover, the anticipation of coping with HIV infection does not seem to be a separate issue in any of the existing approaches, whereas the need to specifically prepare for the possibility of an 'erroneous' prediction is not made explicit in the relevant literature.

Using the 'knowledge' acquired from both the present study and a preliminary one, aiming to monitor experiences of persons using an HIV/AIDS voluntary service, a number of suggestions as to how counsellors can overcome 'weaknesses' of the existing

models, and how they can go about exploring anticipations of coping with 'errors' in predictions, were put forward.

Eight steps, designed to meet the goal of psychological preparation, were proposed as a practical framework to be used by counsellors working in the area of pre-test counselling. The need to ask open-ended questions, to directly inquire into the 'client's' intentions and reasons, as well as the realisation that persons' accounts are inner consistent, constituted key points in designing the above framework. However, this framework should not be understood as a standardised agenda nor should it be taken to imply that topics which prove irrelevant to the 'client's concerns' or issues which meet the person's resistance should be 'stubbornly' pursued by the counsellor.

As a final suggestion, the necessity for research that can evaluate in practice (i.e. during post-test and long-term counselling of people with HIV) the usefulness of the proposed framework was pointed out.

CHAPTER 9: Summary and Conclusions

A. Introduction

This last chapter attempts to summarise the main points and conclusions of previous chapters. It also attempts to draw some wider conclusions that will effectively close the 'cycle' of the present research endeavour.

B. The Summary

The main objective of this study was to test whether persons' accounts (self-other predictions and accompanying explanations) verify claims made by the theory of inner consistency. According to its definition, when 'solving' any social interaction 'problem', persons take into account the meaning which they subjectively ascribe to a specific situation, as well as their past experiences/preferences (part of their own 'history') in situations which they perceive as being similar.

Linked to the idea of inner consistency are the concepts of coherence and flexibility. As a result of this type of consistency, people are supposed to offer accounts which do not make attributions either to situation or to person characteristics only, but are coherent with their network of beliefs regarding both the above. People are also meant to be flexible in the 'solutions' they provide, in the sense that, to an extent - defined by the notion of personality continuity - the appraisal of the situation regulates the perception of 'appropriate' 'solutions' for each person.

Existing studies had only tested the notion of inner consistency in connection to mental phenomena, which - in the opinion of social cognitive theorists - lie behind this notion. Moreover, studies so far had only made use of reductionist and 'objective' methods, and had examined inner consistency in their own theoretical terms. What they had not tested was whether the actual content, perceived links and dynamics of human explanation

concerning the anticipated behaviour of self and others, provides evidence which confirms this theory. In other words, existing studies had not investigated whether the theory's claims can be verified from the point of view of persons' own interpretations. This is exactly what the present study attempted to do.

In order to meet this objective, it was necessary to select a specific 'problem' to be 'solved' by participants. This 'problem' comprised of: a) a situation which persons would or would not take into account, and b) a 'behaviour' in which persons would or would not intend to engage. The critical examination of some relevant literature, which revealed the assets and liabilities of existing studies, led to the formulation of certain conditions regarding the selection of an 'appropriate' 'problem'.

In general, and in order to meet challenges put forward by researchers who deny the existence of this type of consistency, it was important to select: 1) an ill-defined (social interaction) 'problem', 2) a novel 'problem', such as an hypothetical one. In more detail, the conditions related to the situation were: i) the need for specification, ii) the need to assess the subjective meaning ascribed to this situation by participants - mainly on the basis of evoked affective reactions. The conditions related to the behavioural aspects were: i) the need to select an 'important' and 'subject-relevant' behaviour, ii) the need to involve 'stimulus' others with at least a minimum level of familiarity with the 'subjects'.

The fulfilment of the study's objective required its segmentation to a number of more specific research questions. These questions were formed based on the assumption that, if inner consistency were indeed to be found reflecting in people's accounts, then several of its effects would be detectable in these accounts, namely: 1) direct or indirect consideration of both situation and person dispositions, 2) coherence and flexibility, 3) signs of non-commitment to overcertainty (linked to claims that the disregard of situation characteristics results in lack of 'realism', evident in the domain of ordinary explanation). The rationale behind this segmentation was that confirmation of the above effects

(expressed in the form of questions) would allow the researcher to support that, indeed, inner consistency is reflected in people's predictions and explanations.

Further steps were needed, however, before these questions could ever be answered: firstly, the formation of a representative 'problem' (one that could meet the conditions described above), and, secondly, the formation of 'scenarios' or alternative 'solutions' to the defined 'problem', the verification (or not) of which would allow the researcher to provide the necessary answers.

Based on the review of relevant literature, "testing positive to an HIV test and facing the possibility of developing AIDS" was selected as a representative 'situation'. Similarly, the intention or not to communicate this information to significant others was shown to satisfy the 'behavioural aspects' of the 'problem' in a representative way. Expected reactions from others, and expected ways of dealing with the situation in general were also acquired, as were, of course, the reasons behind participants' predictions. Existing evidence, linking the issue of AIDS to the study's theoretical framework (i.e. concepts of rationality, making sense etc) was of assistance in the formation of 'scenarios' which, as mentioned previously, offered alternative 'solutions' to the specified 'problems' above.

Next in the line of considerations came the one concerning the methodological approach. This was formed after examination of the advantages and disadvantages of both the idiographic and the nomothetic approaches, which led to the conclusion that - although desirable - a 'fair' (unbiased) integration of the two is impossible, because it is hindered by their antithetical philosophies. In an effort to benefit from certain integration assets - and yet retain a philosophical consistency (i.e. rejection of deterministic laws) - the study endorsed the definition of generalisation proposed by advocates of new paradigm research (i.e. the purpose of generalisation is to examine "*the power, possibilities and limits of persons acting as agents*"). It also endorsed the research principle of the 'cycle', which, among other things, allows for an analysis both at an individual and general level.

The methodological framework finally presented, was designed after consideration of the experiences of researchers in a similar area, and the study's restricted time and resources. It consisted of two stages, including three phases of collection, examination and analysis of data, where different 'scenarios' were addressed.

Analysis in phase 1 [examination - at an individual level - of responses to an open-ended questionnaire, given by a 'selected' sample of 27 participants - (case studies)] showed that people take situation characteristics into account when construing 'solutions' to novel, hypothetical 'problems'. However, the characteristics which persons attend to or the weight which they place on them apparently varies. A preliminary observation made, was that persons regard certain characteristics as more essential when they coincide with existing concerns. More evidence on this point was collected in phase 3.

Analysis in phase 2 [examination - at a general level - of 264 responses to the open-ended questionnaire (quantification of data)] , described some general patterns or 'tendencies' and showed that, overall, when attempting self-other predictions, people avoid one sided attributions to person or situation characteristics. Explanations (to be examined in phase 3) were, thus, expected to reveal a more complicated approach adopted by individuals to the forming of behavioural intention and expectations regarding the reactions of others. The meaning respondents ascribed to HIV/AIDS was found to be associated with expected negative reactions from the family, but other reactions (eg. support) were not excluded, neither was the intention to inform family members significantly related. Coping construings were found to be generally flexible, a fact which indicates that situation characteristics are not only considered, but also that their consideration can occasionally alter these construing considerably. As the significant relationship between coping construings in the case of HIV/AIDS and those in past situations of crisis revealed, this flexibility is not without constraints.

Analysis in phase 3 [examination - at an individual level - of the responses of 15 interviewees], sought to investigate whether persons' own explanations do or do not

verify the previous findings, and pursued individual reasons for choosing to provide certain 'solutions' to the problem they were faced with. Findings appeared to confirm, firstly, that when offering explanations (perceived causes of intention to inform, warrants of expected reactions from significant others) individuals take both situation characteristics and past preferences/'histories' into direct or indirect account. As far as reactions from non significant others were concerned, at a first glance warrants appeared to be grounded directly on stereotypical perceptions of how 'society' in general reacts, and to ignore person characteristics. It was proposed that the key to interpreting such differences in grounding lies in the lack of closeness or, in other words, the lack of rich data base of recorded past experiences with these others, and does not refute the study's main conclusions (i.e. that persons take personal dispositions into account).

Findings of the previous phase, suggesting that flexibility is evident in people's construings of coping were also verified by persons provided explanations during this phase. More specifically, persons appraised their provision of 'solutions' as flexible, but, nevertheless, the degree of flexibility expected to be achieved was perceived as restricted by a sense of continuity. The present phase also indicated that the preliminary observation of phase 1 proved valid, and that, indeed, concerns, but even more widely, issues of self-image and self presentation were applied in the given new context. A number of personal characteristics were perceived as central, but, even so, their defined character did not seem to be one of non-negotiable (rigid) traits, especially when they were perceived as potentially hindering effective coping.

Participants provided several perceived causes (not mutually exclusive) of intending to inform significant others. These were: i) facilitation of coping, ii) moral obligation/responsibility, understanding of rights and roles, and iii) consideration of several disadvantages/meaning of not telling significant others (eg. giving the impression of unjustified behaviour or lacking trust, denial of the problem etc). Similarly, they provided perceived causes (not mutually exclusive) of intending not to or hesitating to inform significant others. These were: lack of closeness, expected negative reactions and

feelings from significant others, protection of significant others against negative feelings, and fear of indirectly placing demands upon them.

Uncertainty regarding the accuracy of their predictions was frequently expressed among participants, especially when the specified situation was not perceived as having adequate similarity with anything they had experienced in the past, and where reference to obligations/responsibilities was not made. Where confidence was expressed, this was accompanied by clarifications, pointing out that their expectations should be better understood as hopes or 'ideals'.

Despite the drawing of general patterns and conclusions, it was emphasised that not all participants viewed the 'problem' in the same way or gave similar 'solutions'. It was underlined that the investigation of general dimensions alone was in no sense sufficient for grasping the uniqueness of interpretations, reasons and modes, and for gaining a satisfactory degree of insight into individual worlds.

To summarise, the examination of the 'solutions' given by persons to the 'problem' revealed that all answers to the main research questions were positive. More specifically, persons were shown to: 1) take direct or indirect account of both situation and person characteristics in their self-other predictions and explanations, 2) to provide accounts which indicate flexibility and coherence, 3) to avoid to commit themselves to statements of overconfidence and to be aware of the risks involved in making predictions, especially in regard to hypothetical problems. It follows, that all the three pre-defined effects of inner consistency were detected, an outcome which finally allowed the researcher to conclude that inner consistency is reflected in persons' accounts.

The theoretical implications deriving from this conclusion were initially discussed in connection to attribution theories, which promote 'single actions' (one-sided attributions) as the typical case of ordinary explanations. It was argued that the study's findings do not support the separation between person and situation effects. Further, implications were

also discussed in regard to cognitive and social models which advocate the traditional conceptualisation of human rationality. The outcomes of the study showed that this conceptualisation, which is based on the separation between cognition and affect, is inapplicable to human beings. Other implications were discussed in connection to personality theories and the belief in behavioural cross-situational consistency, and it was mentioned that participants viewed this type of consistency as unrealistic.

In general, the discussion of findings portrayed persons as irreplaceable research 'assistants', in the sense that - as Kelly (1955) put it - they themselves are engaged in a constant effort to make sense of their self, as well as their environment. This effort involves the formulation of 'theories', the testing of 'hypotheses' and the reconstruing of a subjective 'reality'. The results of the study not only supported Kelly's opinion, but also showed that persons appear to be reasonably aware of both potentials and possible shortcomings in this effort.

Based on the above portrayal of persons, it was suggested that, if psychologists are interested (as they should be) in making sense of how persons make sense, then they would be wise to: a) draw 'knowledge' directly from their "subject matter", and b) mimic persons' own way of using predictions - that is, as means of putting their understanding to the test - instead of focusing their efforts on the invention of a formula that can achieve the perfect (most accurate) prediction. The present study followed the above principles, and this 'novelty' paid off by offering some insight into the way persons make sense of themselves and their social context, especially in terms of predicting their own future.

The acquisition of this insight led to the consideration of some practical applications. It was mentioned, for instance, that this insight can help highlight elements that could be potentially important for psychologists to consider, when helping persons in need of their assistance. One example given was the area of pre- (HIV) test counselling, where there

seems to be a division amongst 'experts' as to its definition and function, causing an unavoidable inconsistency in the content and methods employed.

The 'knowledge' gained, firstly, from the present study, and, secondly, from a preliminary one - exploring the experiences of persons using an HIV/AIDS counselling service - was used in an attempt to propose a practical framework for counselling. The purpose of proposing such a framework was to help overcome limitations of existing models and to provide a guide for counsellors to use. It was focused on the importance of attending to personalised needs and of meeting the aim of psychological preparation for a positive HIV test. Key points in the framework's design were, first, the employment of open-ended questions, as well as the usefulness of inquiring into the clients' intentions and reasons, and, second, the realisation that persons' accounts are inner consistent and that individuals are aware of the risks involved in making predictions.

C. The Conclusions

1. This thesis started with the story of Themistokles in the Persian War, and his successful interpretation of the ambiguous prophecy given by the Oracle of Delphi. The study's findings would now allow us to make a positive assumption as to the inner consistency of this interpretation. One question though may still remain unanswered in the reader's mind, and this is why Themistokles and the rest of the ancient world did not in future refuse to consult the Oracle of Delphi or at least complain about its ambiguous advice, which still left them with as much uncertainty as before.

In chapter seven we referred to Kelly's hypothesis that people are engaged in a constant effort to make sense of themselves and the world around them; and that they attempt predictions in order to put their 'hypotheses' to the test. Within limits, persons appear to be flexible beings. What they seem to unavoidably learn from experience, is that their

predictions can occasionally prove terribly 'wrong', so that in those cases - according to Kelly's theory - individuals proceed in a reconstruction of their previous construings.

The findings of the present study confirmed Kelly's 'suspicions'. More specifically, they showed that people are reasonably aware of the fact that nothing can be 'safely' predicted, not the outcome of events, not the behaviour of other people, not even their own reactions. What persons appeared to be relatively certain of was the content of their wishes, but even in those cases, contradicting priorities often left them indecisive.

It , therefore, appears that 'ordinary' persons have stopped seeking what the positivistic school of scientists, armed with the weapon of formal 'knowledge', are still seeking in vain - namely, absolute certainty and determinateness. 'Ordinary' persons seem to have accepted that 'demanding' unambiguous 'prophecies' is a pointless task, because the whole of human social life "*is shot through with ambiguity and indeterminateness*" (Harre` 1981b, p.117). As the same author has emphasised, it is not that our life events cannot be made determinate; it is the fact that it is unwise to try to determine them that should stop us from attempting it in the first place. As he has gone on to explain, "*only time and the reactions of others will tell. And much social activity passes into limbo unresolved in its essential ambiguity*" (ibid).

2. Before completing this thesis we will briefly refer back to the opinion of cognitive theorists - such as Evans, Nisbett and Ross - which were quoted in the introductory part of chapter two. What we need to underline here is that the findings of the present study offer absolutely no indication that could support the view of the above theorists, who insist that people lack self awareness and determination. Also, findings offer absolutely no indication that could explain their claims, according to which, people should be 'treated' for lacking rational judgement. Apart from the moral side of such claims and the question of whether psychologists are entitled to 'treat' healthy and well able to cope people, it also appears that the type of rational judgement which persons are supposingly

lacking is unrepresentative of their nature, as it sees affect as totally separate from cognitive functions.

Finally, the outcome of the present study does not seem to justify 'accusations' that people are simply out of touch with "*what makes them happy and what makes them unhappy* " (see chapter 2). It is here argued that this type of statement is a product of scientists' simplistic view of the complexity and richness of human nature, and of their failure to consider persons' subjective interpretations of 'reality' as at least as valuable and worth testing as the 'objective' interpretations of their own.

APPENDIX 1

The Covering Letter

Dear fellow-student,

I am a postgraduate psychology student and in order to obtain my degree I am conducting a survey. The purpose of this survey is to look into the way persons predict their future when faced with a hypothetical dilemma - in this case, with the possibility of living with AIDS.

The questionnaire is anonymous and asks you to respond to only 25 items, so it shouldn't take long to complete. You can return it to the Student Union (Education and Welfare) or directly to me through the internal mail.

I look forward to receiving your responses,
Thank you so much for your help.

Athena Androutsopoulou,

Postgraduate pigeonholes,
School of Social Sciences,
University of Bath.

APPENDIX 2

The questionnaire

PART A.

1. SEX:
2. AGE:
3. NATIONALITY:
4. RELIGION:
5. UNDERGRADUATE / POSTGRADUATE

6. Do you consider yourself:
   a) heterosexual
   b) gay/lesbian
   c) bisexual
   d) unsure of sexual identity

7. How would you describe your current relationship?
   a) I am not involved in any relationship at the moment
   b) I am involved in a relationship with one partner (please state if married)
   c) I am involved in a relationship with more than one partners
   d) Other (please specify)

PART B.

According to your opinion:

1. HIV is:
   a) a germ which can cause AIDS
   b) a virus which can cause AIDS
   c) a different word for AIDS

2. AIDS is:
   a) a virus
   b) an inherited illness
   c) a potentially fatal syndrome

3. Who is at risk of infection? (please tick only <u>one</u>)

   a) everybody who does not use precautions
   b) mainly gay people
   c) mainly hemophiliacs
   d) injecting drug users
   e) mainly heterosexuals with many partners

4. True or False? (please put 'T' or 'F' next to each sentence)

   a) There is a test that indicates whether a person has AIDS
   b) A positive test proves that a person has AIDS
   c) A negative test proves resistance to this infection

PART C.

Try to put yourself in the position of a person who has been tested HIV positive.

1. What would be the main feelings that you would expect to have?

1
2
3
.
.
.

2. What would be the main problems that you would expect to have?

1
2
3
.
.
.

PART D.

Again,try to put yourself in the position of a person who has been tested HIV positive.

1. If this were the case, who would you choose to share this information with? (please tick as many as you think appropriate).

a) your mother
b) your father
c) your brother/s and or sister/s
d) your close friend/s
e) your partner/s or spouse
f) most or all of your other friends
g) your doctor
h) the student counsellor
i) the Student Union Welfare services
j) your priest, rabbi, etc.
k) your tutor/s or employee/s
l) your fellow students or work-mates
m) anyone you would have had a sexual relationship with
n) other/s (please name)
o) none

2. Can you name some reasons for <u>not</u> informing some or all of the above persons?

3. If you chose to tell your family, what do you think their reactions would be?

4. If you chose to tell your partner/s or spouse, what do you think their reactions would be?

5. If you chose to tell your close friend/s, what do you think their reactions would be?

Now, try to think of a situation from your own past which you would characterise as a personal 'crisis' (a situation which had caused you distress, a feeling of helplessness etc).

6. What kind of help did you receive from your family or would expect to receive if you had chosen to share this crisis with them?

a) financial
b) practical (help with housework, transport, etc)
c) advice/guidance
d) emotional (understanding, listening, encouraging, being there, etc)
e) none

7. What kind of help did you receive from your partner/spouse or would expect to receive if you had chosen to share this crisis with him/her?

a) financial
b) practical (help with housework, transport, etc)
c) advice/guidance
d) emotional (understanding, listening, encouraging, being there, etc)
e) none

8. What kind of help did you receive from your close friend/s or would expect to receive if you had chosen to share this crisis with them?

a) financial
b) practical (help with housework, transport, etc)
c) advice/guidance
d) emotional (understanding, listening, encouraging, being there, etc)
e) none

PART E.

1. Holding on to the memory of one or more personal 'crises' from your own past, what are the things that you usually do or think in order to handle them?

2. If you were in the situation of a person with HIV, what would some of the things you would do or think in order to handle it be?

PART F.

1. If you were in the situation of a person with HIV, would you consider getting in touch with the available HIV/AIDS counselling services or help-lines?

   a) Yes b) No c) Uncertain

2. If you chose 'uncertain' or 'no' in the previous question, can you name some possible reasons for your answer?

Thank you for completing this questionnaire.

If you are interested in participating in a follow up interview, please fill in the section below. Your personal details will be treated with confidentiality.

Name:
Address:

APPENDIX 3

The Interview Guide

(points on confidentiality)

A. Introduction to the subject:

- Inquiry into sources of information on HIV/AIDS.
- Nature of first messages received on the topic.

B. Initiation of 'role-play':

- Personal meaning ascribed to a positive HIV test and possibility of facing AIDS: Expected problems and feelings.
- Question about intention to inform family (which members?).
- Acquisition of reasons (causes) for wishing or not to inform.
- Question about expected reactions.
- Acquisition of reasons (warrants).

Note: 1) Clarify the link between: expected reactions - reasons for informing/not.
2) Clarify the link between: reasons for informing/not and expected reactions - past experiences regarding the same members.

- Repetition of previous (4) questions, putting close friends and partner/s in the place of family.

Note: How do the above perceptions compare to expectations related to outer informal network members?

- Question about predicted ways of handling the hypothesized situation.
- Question about perceived similarities/differences with general construing of coping in crises.
- (Further) acquisition of warrants behind predicted coping.

- Overview of issues: Encouragement of additional comments.

(De-roling)

APPENDIX 4

Tables of non significant relationships *

Table 5.10b Percentages of involvement in relationship and expected support from partner

	Support	No support	Total
Involved	16.5	24.2	40.7
Not involved	31.0	28.3	59.3
Total	47.5	52.5	100

$\chi 2 = 2.6$ df = 1 p> .05

Table 5.13 Percentages of perceived HIV/AIDS implications and intention to inform significant others

	Intention	No intention	Total
Social meaning	19.0	1.2	20.2
Medical " "	29.2	2.3	31.5
Both	43.2	5.1	48.3
Total	91.4	8.6	100

$\chi 2 = 1.2$ df = 2 p> .05

Table 5.14a-i Percentages of intention to inform and family supportive reactions

	Supportive	Non supportive	Total
Intention	63.9	29.4	93.3
No intention	3.6	3.1	6.7
Total	67.5	32.5	100

$\chi 2 = 1.1$ df = 1 p> .05

Table 5.14a-ii Percentages of intention to inform and family social reactions

	Social	No social	Total
Intention	36.6	56.7	93.3
No intention	2.7	4.0	6.7
Total	39.3	60.7	100

$\chi 2 = 0.0$ df = 1 p> .05

Table 5.14a-iii Percentages of intention to inform and family medical concerns

	Medical	No medical	Total
Intention	71.6	21.7	93.3
No intention	4.7	2.0	6.7
Total	76.3	23.7	100

$\chi 2 = 0.1$ df = 1 p> .05

* (Note: Tables were calculated using raw data and were translated to percentages for ease of comprehension)

Table 5.14b-i Percentages of intention to inform and partner supportive reactions

	Support	No support	Total
Intention	44.5	47.4	91.9
No intention	2.5	5.6	8.1
Total	47.0	53.0	100

$\chi 2 = 1.4$ df = 1 p> .05

Table 5.14b-ii Percentages of intention to inform and partner social reactions

	Social	No social	Total
Intention	23.7	68.2	91.9
No intention	2.6	5.5	8.1
Total	26.3	73.7	100

$\chi 2 = 0.1$ df = 1 p> .05

Table 5.14b-iii Percentages of intention to inform and partner medical concerns

	Medical	No medical	Total
Intention	78.9	13.0	91.9
No intention	7.1	1.0	8.1
Total	86.0	14.0	100

$\chi 2 = 0.0$ df = 1 p> .05

Table 5.14c-i Percentages of intention to inform and close friends' supportive reactions

	Support	No support	Total
Intention	67.0	25.4	92.4
No intention	4.2	3.4	7.6
Total	71.2	28.8	100

$\chi 2 = 1.6$ df = 1 p> .05

Table 5.14c-ii Percentages of intention to inform and close friends' social reactions

	Social	No social	Total
Intention	34.2	58.1	92.3
No intention	5.5	2.2	7.7
Total	39.7	60.3	100

$\chi 2 = 7.2$ df = 1 p> .001

Table 5.14c-iii Percentages of intention to inform and close friends' medical concerns

	Medical	No medical	Total
Intention	50.8	41.5	92.3
No intention	3.0	4.7	7.7
Total	53.8	46.2	100

$\chi 2 = 1.7$ df = 1 p> .05

Table 5.21 Percentages of perceived HIV/AIDS implications and perceived coping in HIV/AIDS

	Emotional	Problem	Both	Total
Social meaning	6.3	7.3	6.3	19.9
Medical " "	8.5	15.7	7.2	31.4
Both	8.5	28.3	11.9	48.7
Total	23.3	51.3	25.4	100

$\chi 2 = 7.9$ df=4 p> .05

Table 5.22 a-i Percentages of perceived coping with HIV/AIDS and past financial support from family

	Financ-sup	No financ-sup	Total
Emotional	10.2	13.0	23.2
Problem	28.7	22.4	51.1
Both	16.0	9.7	25.7
Total	54.9	45.1	100

$\chi 2 = 4.2$ df=2 p> .05

Table 5.22 a-ii Percentages of perceived coping with HIV/AIDS and past practical support from family

	Pract-sup	No pract-sup	Total
Emotional	13.0	10.2	23.2
Problem	31.3	19.8	51.1
Both	19.4	6.3	25.7
Total	63.7	36.3	100

$\chi 2 = 5.2$ df = 2 p> .05

Table 5.22 a-iii Percentages of perceived coping with HIV/AIDS and past receipt of advice from family

	Advice	No advice	Total
Emotional	13.5	9.7	23.2
Problem	33.3	17.8	51.1
Both	19.4	6.3	25.7
Total	66.2	33.8	100

$\chi 2 = 3.9$ df = 2 p> .05

Table 5.22 a-iv Percentages of perceived coping with HIV/AIDS and past emotional support from family

	Emot-sup	No emot-sup	Total
Emotional	20.7	2.5	23.2
Problem	46.0	5.1	51.1
Both	23.6	2.1	25.7
Total	90.3	9.7	100

$\chi 2 = 0.5$ df = 2 p> .05

Table 5.22 b-i Percentages of perceived coping with HIV/AIDS and past financial support from partner

	Financ-sup	No financ-sup	Total
Emotional	6.5	16.9	23.4
Problem	14.7	36.4	51.1
Both	3.9	21.6	25.5
Total	25.1	74.9	100

$\chi 2 = 4.1$ df = 2 p> .05

Table 5.22 b-ii Percentages of perceived coping with HIV/AIDS and past practical support from partner

	Pract-sup	No pract-sup	Total
Emotional	11.3	12.2	23.5
Problem	31.3	20	51.3
Both	11.3	13.9	25.2
Total	53.9	46.1	100

$\chi 2 = 5.0$ df = 2 p> .05

Table 5.22 b-iii Percentages of perceived coping with HIV/AIDS and past receipt of advice from partner

	Advice	No advice	Total
Emotional	10.8	12.5	23.3
Problem	33.6	17.2	50.8
Both	16.4	9.5	25.9
Total	60.8	39.2	100

$\chi 2 = 6.3$ df = 2 p> .01

Table 5.22 b-iv Percentages of perceived coping with HIV/AIDS and past emotional support from partner

	Emot-sup	No emot-sup	Total
Emotional	21.1	2.2	23.3
Problem	46.1	4.7	50.8
Both	23.7	2.2	25.9
Total	90.9	9.1	100

$\chi 2 = 1.0$ df = 2 p> .05

Table 5.22 c-i Percentages of perceived coping with HIV/AIDS and past financial support from close friends

	Financ-sup	No financ-sup	Total
Emotional	2.1	21.1	23.2
Problem	5.1	46.0	51.1
Both	-	25.7	25.7
Total	7.2	92.8	100

$\chi 2 = 6.4$ df = 2 p> .01

Table 5.22 c-ii Percentages of perceived coping with HIV/AIDS and past practical support from close friends

	Pract-sup	No pract-sup	Total
Emotional	10.1	13.1	23.2
Problem	24.5	26.6	51.1
Both	13.1	12.6	25.7
Total	47.7	52.3	100

$\chi 2 = 0.6$ df = 2 p> .05

Table 5.22c-iii Percentages of perceived coping with HIV/AIDS and past receipt of advice from close friends

	Advice	No advice	Total
Emotional	11.0	12.2	23.2
Problem	27.5	23.6	51.1
Both	12.6	13.1	25.7
Total	51.1	48.9	100

$\chi 2 = 0.7$ df = 2 p> .05

Table 5.22c-iv Percentages of perceived coping with HIV/AIDS and past emotional sup. from close friends

	Emot-sup	No emot-sup	Total
Emotional	17.7	5.5	23.2
Problem	45.6	5.5	51.1
Both	22.8	2.9	25.7
Total	86.1	13.9	100

$\chi 2 = 5.6$ df = 2 p> .05

APPENDIX 5

The Preliminary study: Proposal and outcome (January-July 1989)

Title: HIV/AIDS Voluntary Services: The Clients' Experience

Background to the study

Since the first identification of the Acquired Immune Deficiency Syndrome (AIDS) in 1981, the number of AIDS cases reported all over the world has increased dramatically. While intense medical and epidemiological research is in progress, a lot of emphasis is placed on the emotional implications of AIDS and HIV positive diagnosis for those infected and their relatives/partners As a result of this concern, a number of voluntary groups were formed in the U.K. to inform, advice and support those in need. It seems that the delayed government response facilitated this development (Tatchell 1987).

The Terrence Higgins Trust, which was formed in 1982, provided a role model for the voluntary sector, with services for gay men only at first, and gradually for anyone living with HIV/AIDS. Counselling and emotional support is probably the most important of the services offered by most such voluntary groups, aiming to help people with HIV/AIDS adjust better while they are alive, but also to prolong survival by giving advice on good health and reduction of risks. Where carers are concerned, advice and support is given on how better to care for people with AIDS and how to deal with their own emotions and fears. Befriending programmes and help-lines also add to the assistance provided (Aled Richards Trust Annual Report 1988/1989).

The main scope of such counselling and supporting intervention is, therefore, to help individuals cope better and achieve the best psychological state at every stage (Hochli & Jager-Collet 1988). The question of what psychosocial interventions are beneficial particularly to people with HIV and how best to work for them has not received sufficient attention (Kelly & St. Lawrence 1988). Additionally, *"no empirical literature has specifically evaluated the usefulness of social support groups for persons with AIDS"* (ibid, p. 138). The answer to the question of how best to work with people with HIV and their significant others can derive, firstly, by taking into consideration the problems that these people are faced with (1), secondly, by investigating literature documents on techniques that have helped patients cope with other terminal illness (eg. cancer) - (2), and, thirdly, by evaluating the existing services and suggesting improvements for the future (3):

(1). One of the major challenges for the counselling and supporting schemes is the dealing with the initial reaction of both the 'infected' and their relatives/partners after an HIV positive or AIDS diagnosis. Miller et al (1986) have outlined the main emotional implications of AIDS diagnosis as: shock, anxiety, depression, anger, guilt and obsessions. Kelly & St. Lawrence have described these reactions as disbelief or denial, anger, depression, "bargaining" and acceptance, which Kubler-Ross (1970) has found to be common psychological reactions to the imminence of death. For the person who is HIV positive, the threat of death is not immediate, but is often conceived as such, and shock is a common reaction even if the diagnosis was more or less expected (Green & Miller 1986). Other problems, such as fear of stigmatisation and of telling others, anxiety due to isolation and due to the reaction of significant others, as well as many practical problems, such as work, money matters and insurance add to the stressful condition of these clients. On the whole, reactions to a positive HIV or AIDS diagnosis are reactions to crisis and coping failure, indicated by symptoms such as stress, feeling of panic, defeat and helplessness, lowered efficiency in other areas of life not directly linked to the problem etc (Murgatroyd & Woolfe 1982). All these reactions have to be dealt with when successfully supporting people with HIV/AIDS and their relatives/partners.

(2). The experience of supporting people with other terminal illness has shown that there are techniques for anxiety reduction, cognitive intervention to improve coping, social support provision and goal or activity setting steps, which can prove useful to people with HIV infection or AIDS (Kelly & St. Lawrence 1988). Also, emotional support and physical and psychological adjustment are positively related, at least when cancer is concerned. But psychological adjustment might also be related to duration of survival after cancer diagnosis (ibid). Whereas such relationships are difficult to prove in AIDS cases, the importance of assisting patients' coping is evident. According to Miller's (1986) opinion, the difficulty of coming to terms with a positive result can be dealt with if appropriate counselling and sufficient information is given. In that light, it also seems that *"the proximity of the individual to local voluntary sector support groups may affect how they cope with HIV infection or AIDS"* (Aggleton et al 1989, p.105). In general, the up to date experience with people coping with HIV and results from other terminal illness research indicate that, the voluntary sector can potentially be very beneficial in assisting clients to cope better with an HIV positive or AIDS diagnosis. However, research is needed *"on the sort of services we should be providing and how best they can be provided"* (Dilley 1988, p.72).

(3). The evaluation of the existing voluntary services is, therefore, essential. A number of authors have suggested that research should be directed towards *"the users' view of the service, and what they have found helpful about AIDS policies and procedures"* (Platt 1988, p.66). According to Tomas (1988), it is vital to monitor and evaluate the care that

the 'patients' receive and, therefore, *"information is required about the needs of AIDS patients as identified by themselves"* (p.51). Finally, as Crown (1987) has indicated, following an institutional care model would be easy, but *"the opportunity to develop more community support facilities and the opportunity to facilitate more personal control over the situation by persons with AIDS"* would be lost. What he has suggested is that people with AIDS should give feedback *"about the way in which they currently experience the services provided and help to put together services which will be more appropriate in the future"* (p.28).

The main objective of this present study is to explore whether the emotional support and advice provided by voluntary AIDS support groups is helping users to cope better with the psychosocial implications of HIV/AIDS. As "coping better" is the principal aim of every psychological intervention and support, it is suggested that the process of the latter is evaluated on this basis and by the users themselves. In general terms, "coping better" means helping people learn new coping skills, reinforcing existing coping skills and showing their connection to current problems and, finally, restoring coping abilities after stressful events/crises (Murgatroyd 1985). In the present context, "coping better" can be determined in terms of managing satisfactorily with the initial reactions to a positive diagnosis (eg. anxiety, depression etc), with problems such as the fear of stigmatisation, with the question of whether or not to tell others, with the overcoming of isolation etc.

Coping better also involves: a) the creation of a strong will to live, and b) a feeling of being in control of the situations - within reasonable limits:

a) According to Tatchell (1987), there are four vital factors in creating *"a strong and sustainable will to live"*: 1) a positive mental attitude, 2) a sense of self-esteem, 3) a goal/purpose in life, 4) an active participation in fighting illness. Making plans for the future, holding on to relationships and creating new ones, socialising, keeping busy (possibly offering voluntary services) and affirming the value of one's own life are examples of how the above factors can be applied.

Sharing feelings and problems with others is also of great importance. A satisfactory social support network can play an essential role in helping the individual to cope better. Family support is particularly helpful, because it is within the family, more than anywhere else, that a person is dealt with *"as a unique individual"* (Caplan 1976, p.19). However, research has shown that in situations where stigma is involved (eg. divorce) social networks tend to decrease (Rands 1981). Whether this is the case in HIV infection needs to be researched. Nevertheless, the fact is that persons with HIV, but also their significant others, need support from their social network, which they do not always receive. Befriending is a scheme designed to cover such needs for informal support and

needs to be planned and promoted carefully. Part of this careful planning is believed to be the matching of buddies and clients. The experience of the Aled Richards Trust (ART) has shown that matching does not always work first time and that often "*people want to be buddied by people who share their background in significant ways* ". Improved recruitment and assessment of buddies is one of the Trust's main aims for the future (ART Annual Report 1988/1989).

b) Stressful events can be perceived either as a threat or as a challenge, depending to some degree upon whether any controllability can be exercised (Miller 1979). Also, according to Bandura (1982), both the emotional reactions and the coping attempts derive from the degree of self-efficacy of people under stress, who tend to avoid or escape from situations in which they do not believe they can exercise any control. In the case of HIV, the feeling of being in control can be primarily strengthened by receiving as much information as possible about the infection and how to look after the general health. Making "informed" decisions and choices appears to be one of the most important aspects for the people infected and is seen as part of retaining the belief in themselves and their value as human beings (Aggleton et al 1989). For this reason the main concern of the voluntary services, including the buddying system, is to give clients a "*feeling of dignity and of being supported, but also a feeling of increased independence, and of being able to make their own decisions once given the options available to them*" (Hacker 1987, p. 130).

Research questions

Within the above frame, the main research questions of the study are the following:

- Do clients' expectations match with the emotional support and advice they receive from voluntary AIDS services/support groups?
- Is there a relationship between matching with clients' expectations - concerning emotional support and advice - and coping satisfactorily with HIV psychosocial implications?
- Are there any significant differences in the structure of the social network before and after diagnosis?
- Is there a relationship between the amount of support that a client expects to receive from a voluntary service and the amount of support that is received from his/her social support network?
- Is there a relationship between coping "successfully" with the psychosocial implications of HIV and being satisfied with the level of support received from the social support network?
- What are the clients' expectations from a befriending scheme concerning emotional

support and advice?
- Is there a relationship between the amount of emotional support/advice that a client expects to receive from a buddy and the amount of support that is received from his/her social support network?

Objectives - Methodology

The main objective of the study is to explore whether the emotional support and advice provided by voluntary AIDS support services is helping users to "cope better" with the psychosocial implications of HIV/AIDS.

It is suggested that differences in structure of clients' social network before and after involvement with the HIV/AIDS issue are examined and correlations among the following variables are also explored:

-Relationship between clients' expectations and a) clients' satisfaction from the service, b) clients' support from their social network.
- relationship between clients' satisfactory coping and a) clients' satisfaction from the services, b) clients' support from their social network.

The last objective - of a more practical nature - is to list suggestions made by the clients of ways to provide more efficient emotional support and information and to deal better with the the psychosocial implications of HIV. These points will hopefully assist the voluntary group's future planning of services and will prove useful to other clients.

Data will be collected by means of an open-ended, semi-structured interview. The sample will consist of people who have referred to a voluntary service for support and will be interviewed individually. People living with HIV or AIDS, but also relatives, partners etc will be included.

In general, interviewees will be asked to:
1) Talk about their expectations before contacting the service.
2) Report on the process of handling issues such as anxiety, fear etc.
3) Evaluate the assistance, emotional support and sufficiency of information they have received or are receiving from the service.
4) Give an account of their social support network before and after diagnosis and of the nature of support they are currently being offered by their network.
5) State preferences for the background of buddies and what they expect from them.
6) Suggest alterations to the way support and information is currently provided or new ways of dealing with problems which could be of use to the service and other clients.

Progress and outcome to date

The study has remained at a preliminary stage due to a number of factors:
Initially, contact with potential 'subjects' was undertaken by a local sub-division of the service that was accessed. Six persons were interviewed as a result, but no more willing 'subjects' were found. The project subsequently fell 'victim' of the internal conflicts between the local sub-division and the 'head-quarters' of the service, which - when contacted for further assistance - stated ignorance of the whole effort and refused to personally undertake responsibility of contacting potential 'subjects'. For reasons of confidentiality they also refused to provide lists with names and addresses of service users, but agreed to advertise the project in the newsletter. The advertisement appeared once and was unsuccessful, since only two persons expressed interest, and only one finally agreed to be interviewed.

In any case, the limited data acquired showed that the research was worth continuing in the future. Participants had useful and enlightening comments to make about what they expected, what they received and what should - according to their opinion - be offered to service users. Despite certain areas of dissatisfaction - including the fact that users observed a relatively limited interest in the service by the persons directly concerned - the voluntary service seemed to play a central role in the support network of interviewees and to have enhanced it, offering new interests and new friends. This addition of new network members appeared to balance losses which were indeed monitored after various experiences with the HIV/AIDS topic. There is no sufficient evidence at the moment that can link losses directly to HIV/AIDS. This is because involvement with this topic often coincided with other significant events in one's life, such as "coming out" in cases of gay people etc. Further research is necessary.

APPENDIX 6

Eliciting a support network: The form.

Example: Eliciting Nausika's support network before partner's revelation of HIV status

PLEASE READ THIS FORM CAREFULLY AND THEN NAME THE PEOPLE YOU THINK FALL INTO EVERY CATEGORY. PLACE (S) FOR STRONG, (M) FOR MODERATE AND (W) FOR WEAK SUPPORTIVE TIE NEXT TO EACH PERSON.

1. IF YOU HAD TO BORROW A LARGE AMOUNT OF MONEY OR NEEDED SOMEBODY TO HELP YOU WITH YOU BILLS, WHO WOULD YOU ASK?

father (S)
mother (M)

2. IF YOU NEEDED PRACTICAL HELP, SUCH AS: A DRIVE WHENEVER YOU NEEDED TO GO SOMEWHERE, SOMEBODY TO HELP YOU WITH THE HOUSEWORK, TAKE CARE OF YOUR CAR OR PLANTS OR HELP YOU FINISH SOME HOMEWORK, WHO WOULD YOU ASK?

friend 1 (S)
friend 2 (M)
friend 3 (M)

3. WHO ARE THE PEOPLE THAT YOU COULD TALK TO ABOUT YOUR WORRIES, THAT YOU COULD VISIT OR CALL IF YOU NEEDED TO TALK OR SHARE FEELINGS OR DISCUSS ABOUT INTERESTS/HOBBIES OR GO OUT AND FEEL COMFORTABLE WITH?

friend 1 (S)
friend 2 (M)
friend 3 (M)
friend 4 (W)
partner (W)
husband (S)

4. IF YOU NEEDED ADVICE OR GUIDANCE OR YOU WANTED TO MAKE AN IMPORTANT DECISION (HEALTH, WORK, ETC) WHO WOULD YOU GO TO FOR HELP?

friend 1 (S)
friend 2 (M)
doctor (W)

APPENDIX 7

Diagrams of support networks

(Examples: The support networks of Nausika and Priamos)

1. Nausika

The diagram below presents Nausika's support network before her partner's revelation of his HIV status and Nausika's decision to take the HIV antibody test.

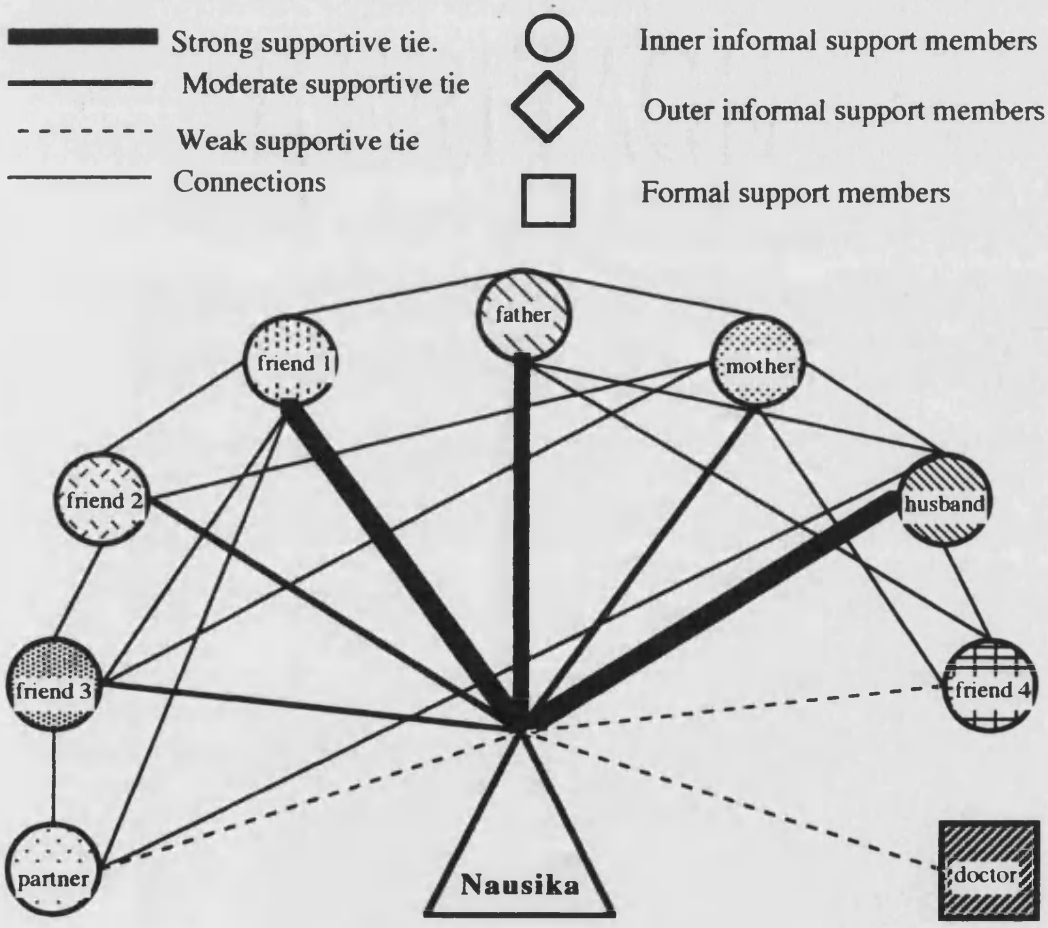


Figure 8.1 The case of Nausika: Diagram of her support network

2. Priamos

The diagram below presents Priamos' support network before his involvement with an HIV positive partner and his simultaneous "coming out" as a gay man.

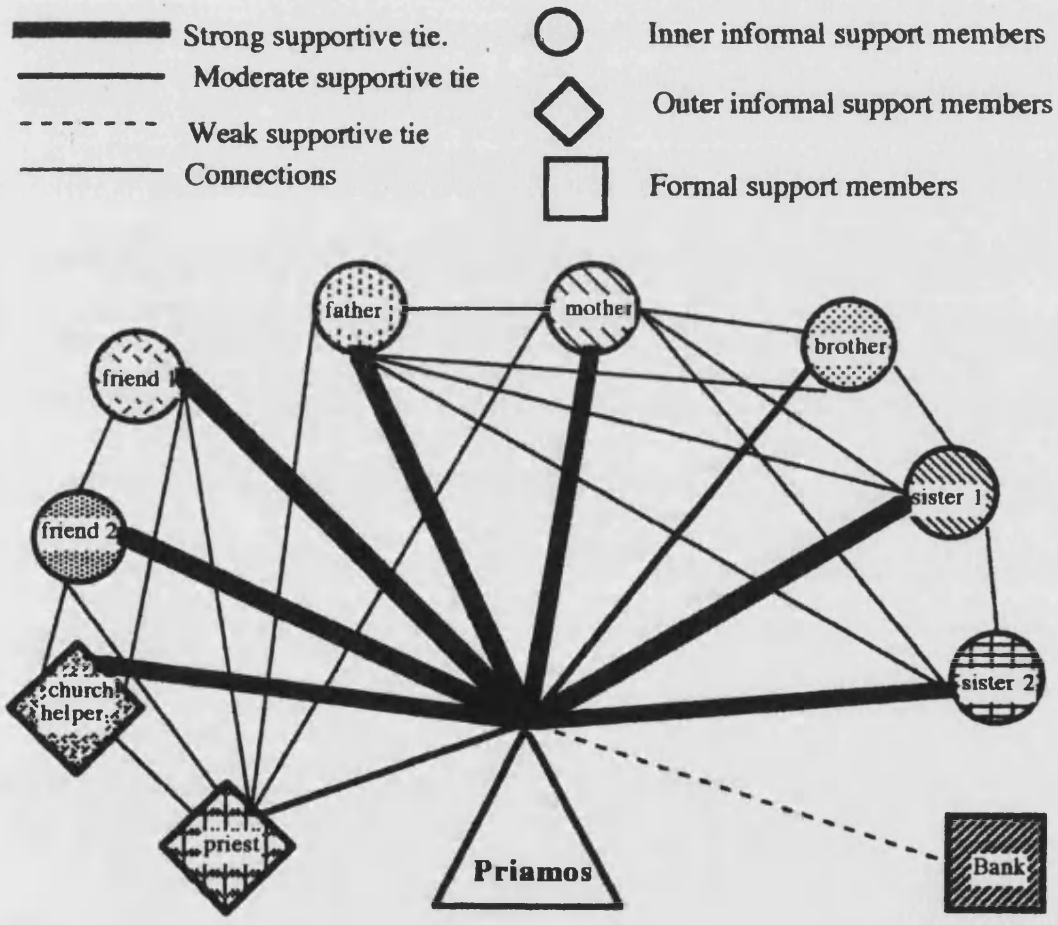


Figure 8.2 The case of Priamos: Diagram of his support network

REFERENCES

Abelson, R.P. (1981) 'Psychological status of the script concept', *American Psychologist*, 36, 715-729.

Abrams, D., Abraham, C., Sprears, R., & Marks, D. (1990) 'AIDS invulnerability: relationships, sexual Behaviour and attitudes among 16-19 year olds'. In P. Aggleton et al (eds), *AIDS: Individual, Cultural and Policy dimensions*, Lewes: Falmer Press.

Aggleton, P., Homans, H., Mojsa, J., Watney, S., & Watson, S. (1989) AIDS: *Scientific and Social Issues*, London: Churchill Livingstone.

Albert, E. (1986) 'Illness and deviance: The response of the press to AIDS'. In D.A. Feldman and T.M. Johnson (eds), *The Social Dimensions of AIDS: Method and Theory*, NY: Preager.

Albrecht, T.L, & Adelman, M.B. (1987) *Communicating Social Support*, Beverly Hills: Sage.

Alcorn, K. (1989) 'Illness, metaphor and AIDS'. In P. Aggleton and H. Homans (eds), *Social aspects of AIDS*, Lewes: Falmer Press.

Aled Richards Trust (1989) *Annual Report 88/89*, Avon.

Allport, G.W (1937) *Personality: A Psychological Interpretation*, NY: Holt.

Allport, G.W. (1962) 'The general and the unique in psychological science', *Journal of Personality*, 30, 405-422.

Altman, D. (1986) *AIDS and the New Puritanism*, London: Pluto Press.

Andersen, S.M., & Cole, S.W. (1990) ' "Do I know you?" The role of significant others in general social perception', *Journal of Personality and Social Psychology*, 59, 3, 389-399.

Anderson, C.A., & Codfrey, S.S. (1987) 'Thoughts about actions: The effect of specificity and availability of imagined behavioural scripts on expectations about self and others', *Social Cognition*, 5, 238-258.

Anderson, J.R. (1983) *The Architecture of Cognition*, Cambridge: Harvard University Press.

Anderson, N.H. (1990) 'Personal design in social cognition'. In C. Hendrick and M.S. Clark (eds), *Research Methods in Personality and Social Psychology*, Newbury Park: Sage.

Antaki, C. (ed) (1981) *The Psychology of Ordinary Explanations of Social Behaviour*, London: Academic Press.

Antaki, C. (1988a) 'Explanations, communication and social cognition'. In C. Antaki (ed), *Analysing everyday explanation:*, London: Sage.

Antaki, C. (1988 b) 'Structures of belief and justification'. In C. Antaki (ed), *Analysing everyday explanation:*, London: Sage.

Antaki, C. & Brewin, C. (eds) (1982) *Attributions and Psychological change*, London: Academic Press.

Antaki, C., & Naji, S. (1987) 'Events explained in conversational 'because' statements', *British Journal of Social Psychology*, 26,119-126.

Aronoff, J., & Wilson, J.P. (1985) *Personality in the Social Process*, Hillsdale, NJ: Erlbaum.

Asch, S.E. (1951) 'Effects of group pressure upon the modification and distortion of judgement'. In H. Guetskow (ed), *Groups, Leadership and Men*, Pittsburg: Carnegie press.

Ajzen, I. (1988) *Attitudes, Personality and Behaviour*, Milton Keynes: Open University Press.

Ajzen, I., & Fishbein, M (1980) *Understanding Atitudes and Predicting Social Behaviour*, Englewood Cliffs, NJ: Prentice Hall Inc.

Baker, A.J. (1986) 'The portrayal of AIDS in the media: An analysis of articles in the New York 'Times'. In D.A. Feldman and T.M. Johnson (eds), *The Social Dimensions of AIDS: Method and Theory*, NY: Preager.

Bandura, A. (1982) 'The self and mechanisms of agency'. In J. Suls (ed) *Psychological Perspectives on the Self* (Vol.1), Hillsdale, NJ: Erlbaum.

Bandura, A. (1989) 'Perceived self-efficacy in the exercise of control over AIDS infection'. In V.M. Mays et al (eds) *Primary Prevention of AIDS - Psychological Approaches*, Newbury Park: Sage.

Bannister, D. (1981) 'Personal construct theory and research method'. In P. Reason and J. Rowan (eds), *Human Inquiry: A Sourcebook of New Paradigm Research*, Chichester: Wiley.

Bannister, D., & Fransella, F. (1986) *Inquiring Man* (3rd edition), London: Routledge.

Baron, J. (1982) 'Personality and intelligence'. In R. Sternberg (ed), *Handbook of Human Intelligence*, Cambridge: Cambridge University Press.

Battistich, V., Assor, A., Messe`, A.L., & Aronoff, J. (1985) 'Personality and person perception', *Review of Personality and Social Psychology* (Vol.6), Beverly Hills: Sage.

Bauman, L.J., & Siegel, K. (1987) 'Misperception among gay men of the risk for AIDS associated with their sexual behaviour', *Journal of Applied Social Psychology*, 17, 3, 329-350.

Bem, D.J. (1981) 'Assessing situations by assessing persons'. In D. Magnusson (ed), *Toward a Psychology of Situations: An Interactional Perspective*, Hillsdale, NJ: Erlbaum.

Bem, D.J., Allen, A. (1974) 'On predicting some of the people some of the time: The search for cross-situational consistency in behaviour', *Psychological Review*, 81, 506-520.

Bond, T. (1992) *HIV Counselling: Report on the National Survey and Consultation* (2nd edition), Rugby: British Association for Counselling.

Bor, R., Miller, R., & Goldman, E. (1992) *Theory and Practice of HIV Counselling: A Systemic Approach*, London: Cassell.

Bower, B. (1988) 'Questions about AIDS education: A report from the annual meeting of the American Psychiatric Association in Montreal', *Science news*, 133, 331.

Brenner, M. (1985) 'Intense interviewing'. In M. Brenner et al (eds), *The Research Interview: Uses and Approaches*, London: Academic Press.

Bringle, R.G., & Buunk, B. (1985) 'Jealousy and social behaviour: A review of person relationship and situational determinants', *Review of Personality and Social Psychology* (Vol.6), Beverly Hills: Sage.

Bringle, R.G., Renner, P., Terry, R., & Davis, S. (1983) 'An analysis of situational and person components of jealousy', *Journal of Research in Personality*, 17, 354-368.

British Association for Counselling (1990) *Definitions of Counselling: Project Information Sheet*, Rugby: British Association for Counselling.

Brown, J., & Canter, D. (1985) 'The uses of explanation in the research interview'. In M. Brenner et al (eds), *The Research Interview: Uses and approaches*, London: Academic Press.

Buss, A.H. (1980) *Self-Consciousness and Social Anxiety*, San Fransisco: Freeman.

Cantor, N. (1981) 'Perceptions of situation: Situation prototypes and person - situation prototypes'. In D. Magnusson (ed), *Toward a Psychology of Situations: An Interactional Perspective*, Hillsdale, NJ: Erlbaum.

Cantor, N., Brower, A., & Korn, H. (1984) 'Cognitive bases of personality in life transition'. Paper presented at the 23rd International Congress of Psychology, Acapulco.

Cantor, N., & Kihlstrom, J.F. (1985) 'Social intelligence: The cognitive basis of personality', *Review of Personality and Social Psychology* (Vol.6), Beverly Hills: Sage.

Cantor, N., Mischel, W., & Schwartz, J. (1982) 'A prototype analysis of psychological situations', *Cognitive Psychology*, 14, 45-77.

Caplan, G. (1976) 'The family as a support system'. In G. Caplan and M. Killilea (eds), *Support Systems and Mutual Help: Multidisciplinary Explorations*, NY: Grunne & Stratton.

Carballo, M. (1988) 'The critical role of counselling', *Bulletin of the International Union against Tuberculosis and Lung Disease*, 63, 30-32.

Carballo, M. & Miller, D. (1989) 'HIV counselling; problems and opportunities: Defining the new agenda for the 1990's', *AIDS Care*, 1, 2, 117-123.

Carter, R. & Watney, S. (1989) *Taking Liberties: AIDS and Cultural Politics*, London: Serpent's Tail.

Cheek, J.M., & Briggs, S.R. (1982) 'Self-consciousness and aspects of identity'. *Journal of Research in Personality*, 16, 401-408.

Clift, S.M., & Stears, D. (1988) 'Beliefs and attitudes regarding AIDS among British college students', *Health Education Research*, 3, 1, 75-78.

Clift, S.M., & Stears, D. (1989) 'Undergraduates' beliefs and attitudes about AIDS'. In P. Aggleton et al (eds), *AIDS: Social Representations and Social Practices*, Lewes: Falmer Press.

Crown, J. (1987) 'Planning services within the NHS'. In P. Clarkson (ed), *Planning Local Services: Report of a Conference for Local Authorities, Health Authorities and Voluntary Organisations in London*, London: King's Fund Centre.

DeNeergaard, L. (1988) 'Adolescents: knowledge, attitude and practice'. In *AIDS, Prevention and Control*, World Health Organisation (WHO), Oxford: Pergamon Press.

DiClemente, R.J., Zorn, J., & Temoshock, L. (1986) Adolescents and AIDS: A survey of knowledge, attitudes and beliefs about AIDS in San Fransisco, *American Journal of Public Health.*, 76, 12, 1443-1445.

Dilley, J.W. 'Psychiatric sequelae of HIV'. In L. Paine (ed), *AIDS: Psychiatric and Psychosocial Perspectives*, London: Groom Helm.

Draper, S.W. (1988) 'What's going on in everyday explanation?' In C. Antaki (ed), *Analysing Everyday Explanation*, London: Sage.

Dryden, W. (1990) *Rational-Emotive Counselling in Action*, London: Sage.

Dunning, D., Griffin, D.W., Milojkovic, J.D., & Ross, L.(1990) 'The overconfidence effect in social prediction', *Journal of Personality and Social Psychology*, 58,4, 568-581.

Eitington, J. (1989) *The Winning Trainer*, Texas: Gulf Public.

Ellis, A. (1976) 'The biological basis of human irrationality', *Journal of Individual Psychology*, 32, 145-169.

Endler, N.S., & Magnusson, D. (1976) 'Toward an interactional psychology of personality', *Psychological Bulletin*, 83, 956-974.

Evans, J.St.B.T. (1989) *Bias in Human Reasoning: Causes and Consequences*, Hove: Erlbaum.

Fife-Schaw, C. (1989) 'The elaboration likelihood model of Petty and Cacioppo: Implications for HIV/AIDS education campaigns', *Health Psychology Update*, 4, 16-21.

Fishbein, M., & Ajzen, I. (1975) *Belief, Attitude, Intention and Behaviour: An Introduction to Theory and Research*, Reading, Mass: Addison-Wesley.

Fishbein, M., & Middlestadt, S.E. (1989) 'Using the theory of reasoned action as a framework for understanding and changing AIDS-related behaviours'. In V. M. Mays et al (eds), *Primary Prevention of AIDS - Psychological Approaches*, Newbury Park: Sage.

Fransella, F., & Dalton, P. (1990) *Personal Construct Counselling in Action*, London: Sage.

Funder, D.C., & Colvin, C.R. (1991) 'Explorations in behavioural consistency: Properties of persons, situations, and behaviours', *Journal of Personality and Social Psychology*, 60,5, 773-794.

Gaitley, R. & Seed, P. (1989) *HIV and AIDS: A Social Network Approach.*, London: Kingsley.

Gangestad, S. & Snyder, M. (1985) 'On the nature of self-monitoring: An examination of latent causal structure', *Review of Personality and Social Psychology* (Vol.6), Beverly Hills: Sage.

Green, J. (1988) 'Social problems, emotional symptoms and psychiatric disorders'. In L. Paine (ed), *AIDS: Psychiatric and Psychosocial Perspectives*, London: Groom Helm.

Green, J. (1989) 'Counselling for HIV infection and AIDS: The past and the future', *AIDS Care*, 1,1, 5-10.

Green, J. & Miller, D. (1986) *AIDS: The Story of a Disease*, London: Crafton Books.

Hacker, P. (1987) 'The New York experience'. In P. Clarkson (ed), *Planning Local Services: Report of a Conference for Local Authorities, Health Authorities and Voluntary Organisations in London*, London: King's Fund Centre.

Hagard, S. (1988) 'Preventing AIDS through general public education: Experience from the U.K.', In *AIDS: Prevention and Control*, WHO Oxford: Pergamon Press.

Harre`, R. (1981a) 'Expressive aspects of descriptions of others'. In C. Antaki (ed), *The Psychology of Ordinary Explanations of Social Behaviour*, London: Academic Press.

Harre`, R. (1981b) 'The positivist - empiricist approach and its alternative'. In P. Reason and J. Rowan (eds), *Human Inquiry: A Sourcebook of New Paradigm Research*, Chichester: Wiley.

Harris, B. (1988) 'Counselling before HIV testing'. In AIDS: *Prevention and Control*, World health Organisation, Oxford: Pergamon Press.

Harvey, J.H., Turnquist, D.C., & Agostinelli, G. (1988) 'Identifying attributions in oral and written explanations'. In C. Antaki (ed), *Analysing Everyday Explanation*, London: Sage.

Heron, J. (1981) 'Philosophical basis for a new paradigm'. In P. Reason and J. Rowan (eds), *Human Inquiry: A Sourcebook of New Paradigm Research*, Chichester: Wiley.

Higgins, E.T. (1981) 'Role taking and social judgement: Alternative developmental perspectives and processes'. In J.H. Flarell and L.Ross (eds), *Social Cognitive Development*, NY: Cambridge University Press.

Hochli, D. & Jager-Collet, B. (1988) 'Experience in psychosocial and psychiatric practice'. In H. Jager (ed), *AIDS and AIDS Risk Patient Care*, W. Sussex: Ellis Horwood.

Honess, T. (1986) 'Mirroring and social metacognition'. In C. Antaki and A. Lewis (eds), *Mental Mirrors: Metacognition in Social Knowledge and Communication*, London: Sage.

Hughes, J. (1986) 'Denial in cancer patients'. In B.A. Stoll (ed), *Coping with Cancer Stress*, The Hague: Martinus Nijhoff.

Ingham, R. (1989) 'Lay theories and models of belief and behaviour', *Health Psychology Update*, 4, 11-16.

Ingham, R. (1990) 'WHO Schools KABP pre-testing report'. Unpublished paper produced for the World Health Organisation, Dept. of Psychology, University of Southampton.

Ingham, R. (1991) 'Some speculations on the use of the concept of 'rationality'. Paper presented at the small group meeting of the 'European Association of Experimental Social Psychological models in Health and Safety Research' in Kent.

Ingham, R., Woodcock, A., & Stenner, K. (1992) 'The limitation of rational decision-making models as applied to young people's sexual behaviour'. In P. Aggleton et al (eds), *Rights, Risk and Reason*, Lewes: Falmer Press.

Jaccard, J., & Dittus, P. (1990) 'Idiographic and nomothetic perspectives on research methods of data analysis'. In C. Hendrick and M.S. Clark (eds), *Research Methods in Personality and Social psychology*, Newbury Park: Sage.

Jager, H. (1988) 'HIV infection - psychosocial aspects: An overview'. In H. Jager (ed), *AIDS and AIDS Risk Patient Care*, W. Sussex: Ellis Horwood.

Jahoda, M. (1989) 'Why a non-reductionist social psychology is almost too difficult to be tackled but too fascinating to be left alone', *British Journal of Social Psychology*, 28, 71-78.

Jannis, I.L, & Mann, L. (1977) *Decision Making: A Psychological Analysis of Conflict, Choice and Commitment*, NY: Free Press.

Johnson, E.J., & Tversky, A. (1983) 'Affect, generalisation and the perception of risk', *Journal of Personality and Social Psychology*, 45,1, 20-31.

Jones, E.E., & Pittman, T.S. (1982) 'Toward a general theory of self presentation'. In J. Suls (ed), *Psychological Perspectives on the Self* (Vol.1), Hillsdale, NJ: Erlbaum.

Kahn, R. L., & Antonucci, T.C. (1980) 'Convoys over the life course: Attachment, roles and social Support'. In P.B. Battes and O.G. Brim (eds), *Life-span Development and Behaviour*, NY: Academic Press.

Kahneman, D., & Tversky, A. (1973) 'On the psychology of prediction', *Psychological Review*, 80, 237-251.

Karniol, R. (1990) 'Reading people's minds: A transformation rule model for predicting others' thoughts and feelings'. In M.P. Zanna (ed), *Advances in Experimental Social Psychology*, 23, 211-247.

Karniol, R., & Koren, L. (1987) 'How would you feel? Children's inferences regarding their own and others' affective experiences', *Cognitive Development*, 2, 269-276.

Keenan, J.M., & Baillet, S.D. (1980) 'Memory for personally and socially significant events'. In R.S. Nickerson (ed), *Attention and Performance* (Vol.8), Hillsdale, NJ: Erlbaum.

Kelley, H.H. (1989) 'Perceived causal structures'. In J. Jaspars et al (eds), *Attribution Theory and Research: Conceptual Development and Social Dimension.* NY: Academic Press.

Kelly, G.A. (1955) *'The Psychology of Personal Constructs'*, Vol. 1 and 2, NY: Norton.

Kelly, G.A. (1969) 'Humanistic methodology in psychological research'. In B. Maher (ed), *Clinical Psychology and Personality: Selected Papers of George Kelly*, NY: Wiley.

Kelly, G.A. (1986) *Behaviour is an Experiment.*, London: Centre for Personal Construct Psychology.

Kelly, J.A., & St. Lawrence, J.S. (1988) *The AIDS Health Crisis: Psychological and Social Interventions*, NY: Plenum Press.

Kenrick, D.T., & Funder, D.C. (1988) 'Profiting from controversy: Lessons from the person-situation debate', *American Psychologist*, 43, 23-34.

Kraut, R.E., & Lewis, S.H. (1982) 'Person perception and self-awareness: knowledge of influence on one's own judgements', *Journal of Personality and Social Psychology*, 42, 448-460.

Krischt, J.P., & Joseph, J.G. (1989) 'The health belief model: Some implications for behavioural change, with special reference to homosexual males'. In V.M. Mays et al (eds), *Primary Prevention of AIDS - Psychological Approaches*, Newbury Park: Sage.

Krosnick, J.A., & Sedikides, C. (1990) 'Self-monitoring and self-protective biases in use of consensus information to predict one's own behaviour', *Journal of Personality and Social Psychology*, 58, 4, 718-728.

Kubler-Ross, E. (1970) *On Death and Dying*, London:Tavistock.

Lamiell, J.T. (1981) 'Toward an idiothetic psychology of personality', *American Psychologist*, 36, 276-289.

Langford, G. (1986) 'The philosophical basis of metacognition'. In C. Antaki and A. Lewis (eds), *Mental Mirrors: Metacognition in Social Knowledge and Communication*, London: Sage.

Lazarus, R.S., & Folkman, S. (1984) *Stress, Appraisal and Coping*, NY: Springer.

Lewis, A. (1986) 'Metacognition in interpersonal relations and persuasive communication: Some pilot experiments'. In C. Antaki and A. Lewis (eds), *Mental Mirrors: Metacognition in Social Knowledge and Communication*, London: Sage.

Light, P. (1987) 'Taking roles'. In J. Bruner & H. Haste (eds), *Making Sense: The Child's Construction of the World.* London: Routledge.

Mair, J.M.M. (1970) 'Psychologists are human too'. In D. Bannister (ed), *Perspectives in Personal Construct Theory*, London: Academic Press.

Markova, I., & Wilkie, P. (1987) 'Representations, concepts and social change: The phenomenon of AIDS', *Journal for the Theory of Social Behaviour*, 17,4, 389-409.

Markus, H. (1977) 'Self-schemata and processing information about the self', *Journal of Personality and Social Psychology*, 35, 63-78.

Markus, H., & Sentis, K. (1982) 'The self in social information processing'. In J. Suls (ed), *Psychological Perspectives on the Self* (Vol.1), Hillsdale, NJ: Erlbaum.

Markus, H., & Smith, J. (1981) 'The influence of self-schemata on the perception of others'. In N. Cantor and J.F. Kihlstrom (eds), *Personality Cognition and Social Interaction*, Hillsdale, NJ: Erlbaum.

Markus, H., & Wurf, E. (1987) 'The dynamic self-concept: A social psychological perspective', *Annual Review of Psychology*, 38, 299-337.

Massarik, F. (1981) 'The interviewing process re-examined'. In P. Reason and J. Rowan (eds), *Human Inquiry: A Sourcebook of New Paradigm Research*, Chichester: Wiley.

McGrae, R.R. (1984) 'Situational determinants of coping responses', *Journal of Personality and Social Psychology*, 46, 919-928.

Messer, S.B. (1990) 'Integration and eclecticism in counselling and psychotherapy: cautionary notes'. In W. Dryden and J.C. Norcross (eds), *Eclecticism and Integration in Counselling and Psychotherapy*, Essex: Gale centre publications.

Miell, D.K., & Miell, D.E. (1986) 'Recursiveness in interpersonal cognition'. In C. Antaki and A. Lewis (eds), *Mental Mirrors: Metacognition in Social Knowledge and Communication*, London: Sage.

Miles, M.B., & Huberman, A.M. (1984) *Qualitative Data Analysis*, Newbury Park: Sage.

Miller, D. (1986) 'Psychology, AIDS, ARC and PGL'. In D. Miller et al (eds), *The Management of AIDS Patients*, London: MacMillan.

Miller, D. (1987) *Living with AIDS and HIV*, London: MacMillan.

Miller, D., & Green, J. (1985) 'Psychological support and counselling for patients with AIDS', *Genitourin Medicine*, 61, 273-278.

Miller, D., Green, J., & McCreaner, A. (1986) 'Organising a counselling service for problems related to AIDS', *Genitourin Medicine*, 62, 116-122.

Miller, D.T., & Ross, M. (1975) 'Self-serving biases in the attribution of causality: Fact or fiction?', *Psychological Bulletin*, 82, 213-225.

Miller, R., & Bor, R. (1988) *AIDS: A Guide to Clinical Counselling*, London: Science Press.

Miller, S. (1979) 'Controllability and human stress: Method, evidence and theory', *Behaviour Research and Therapy*, 17, 287-304.

Mischel, W., & Peake, P.K. (1982) 'Beyond de'ja` vu in the search for cross-situational consistency', *Psychological Review*, 89, 730-755.

Moscovici, S., & Hewstone, M. (1983) 'Social representations and social explanations: From the "naive" to the "amateur" scientist'. In M. Hewstone (ed), *Attribution Theory: Social and Functional Extensions*, Oxford: Blackwell.

Mostyn, B. (1985) 'The content analysis of qualitative research data: A dynamic approach'. In M. Brenner et al (eds), *The Research Interview: Uses and Approaches*, London: Academic Press.

Murgatroyd, S. (1985) *Counselling and Helping*, London: Methuen.

Murgatroyd, S., & Woolfe, R. (1982) *Coping with Crisis: Understanding and Helping People in Need*, London: Harper & Row.

Nisbett, R.E., & Bellows, N. (1977) 'Verbal reports about causal inferences on social judgements: Private access versus public theories', *Journal of Personality and Social Psychology*, 35, 613-624.

Nisbett, R.E., & Borgida, E. (1975) 'Attribution and psychology of prediction', *Journal of Personality and Social psychology*, 32, 932, 943.

Nisbett, R.E, & Ross, L. (1980) *Human Inference: Strategies and Shortcomings of Social Judgement*, Englewood Cliffs, NJ: Prentice Hall.

Nisbett, R.E, & Wilson, T.D. (1977) 'Telling more than one can know: Verbal reports on mental process', *Psychological Review*, 84, 231-259.

Osberg,T.M., & Shrauger, J.S. (1986) 'Self-prediction: Exploring the parameters of accuracy', *Journal of Personality and Social psychology*, 47, 3,517-533.

Ozer, D.J. (1986) *Consistency in Personality: A Methodological Framework*, Berlin: Springer-Verlag.

Perakyla, A., & Silverman, D. (1991) 'Reinterpreting speech-exchange systems: Communicating formats in AIDS counselling', *Sociology*, 25, 4, 627-651.

Pervin, L. (1976) 'A free-response description approach to the analysis of person - situation interactions', *Journal of Personality and Social psychology*, 34, 3, 465-474.

Prentice, D. (1990) 'Familiarity and differences in self - and - other representations'. *Journal of Personality and Social psychology*, 59, 369-383.

Prieur, A. (1990) 'Taking risks is rational behaviour: Experiences from qualitative research methods'. Paper presented at the International Conference Assessing AIDS prevention, Montreux.

Platt, D. (1988) 'Young children at risk'. In L. Paine (ed) *AIDS: Psychiatric and Psychosocial Perspectives*, London: Groom Helm.

Pompidou, A. (1988) 'National AIDS information programme in France'. In *AIDS: Prevention and Control*, WHO, Oxford: Pergamon Press.

Rands, M. (1981) Social networks before and after marital separation: A study of recently divorced persons, *Dissertation Abstracts International*, 41, 2828-2829 B.

Reason, P., & Rowan, J.(eds) (1981a) *Human Inquiry: A Sourcebook of New Paradigm Research*, Chichester: Wiley.

Reason, P., & Rowan, J. (1981b) 'Issues of validity in new paradigm research'. In P. Reason and P.Rowan (eds) *Human Inquiry: A Sourcebook of New Paradigm Research*, Chichester: Wiley.

Rogers, T.B. (1981) 'A model of the self as an aspect of the human information processing system'. In N. Cantor and J.F. Kihlstrom (eds), *Personality, Cognition and Social Interaction*, Hillsdale, NJ: Erlbaum.

Ross, L. (1977) 'The intuitive psychologist and his shortcomings: Distortions in the attribution process'. In L. Berkovitz (ed), *Advances in Experimental Social Psychology* (Vol.10) , NY: Academic Press.

Ross, L. (1987) The problem of construal in social inference and social psychology'. In N. Grunberg et al (eds), *A Distinctive Approach to Psychological Research*, Hillsdale, NJ: Erlbaum.

Ross, L., & Anderson, C. (1980) 'Shortcomings in the attribution process: On the origins and maintenance of erroneous social assessments'. In A. Tversky et al (eds), *Judgement Under Uncertainty: Heuristics and Biases*, NY: Cambridge: University Press.

Ross, L., & Nisbett, R.E. (1990) *The Person and the Situation*, N.Y.: McGraw Hill.

Rotter, J.B. (1981) 'The psychological situation in social learning theory'. In D. Magnusson (ed), *Toward a Psychology of Situations: An Interactional Perspective*, Hillsdale, N.J.: Erlbaum.

Sabatier, R. (1988) *Blaming Others: Prejudice, Race and Worldwide AIDS*, London: The Panos Institute.

Schutte, N.S., Kenrick, D.T., & Sadalle, E.K. (1985) 'The search for predictable settings: Situational prototypes, constraint, and behavioural variation', *Journal of Personality and Social Psychology*, 49, 121-128.

Selman, R.L (1971) 'Taking another's perspective: Role-taking development in early childhood', *Child Development*, 42, 1721-1734.

Selman, R.L., & Byrne, D.F. (1974) 'A structural-developmental analysis of levels of role taking in middle childhood', *Child Development*, 45, 803-806.

Shapiro, E.G. (1980) 'Is seeking help from a friend like seeking help from a stranger?', *Social Psychology Quarterly*, 43, 259-263.

Shrauger, J.S., & Osberg, T.M. (1981) 'The relative accuracy of self-prediction and judgements about others', *Psychological Bulletin*, 90, 325-351.

Silverman, D. (1990) 'The social organisation of counselling'. In P. Aggleton et al (eds), *AIDS: Individual, Cultural and Policy Dimensions*, Lewes: Falmer Press.

Silverman, D., & Perakyla, A. (1990) 'AIDS counselling : The interactional organisation of talk about 'delicate' issues', *Sociology of Health and Illness*, 12, 3, 293-318.

Silverman, D., Bor, R., Miller, R., & Goldman, E. (1992) ' "Obviously the advice is then to keep to safe sex": Advice-giving and advice reception in AIDS counselling'. In P. Aggleton et al (eds), *Rights, Risks and Reason*, Lewes: Falmer Press.

Snyder, C.R., Ford, C.E., Harris, R.N. (1987) 'The effects of theoretical perspective on the analysis of coping with negative life events'. In C.R. Snyder and C.E. Ford (eds), *Coping with Negative Life-Events*, NY: Plenum Press.

Snyder, M., & Tanke, E.D. (1975) 'Behaviour and attitude: Some people are more consistent than others', *Journal of Personality*, 44, 501-517.

Sontag, S. (1989) *AIDS and its Metaphors*, London: Allen Lane.

Suls, J., & Mullen, B. (1981) 'Life change in psychological distress: The role of perceived control and desirability', *Journal of Applied Social Psychology*, 11, 379-389.

Tatchell, P. (1987) *AIDS: A Guide to Survival*, London: Helvetic Books.

Tomas, B. (1988) 'Medical and psychiatric nursing care in the department of sexually transmitted diseases'. In L. Paine (ed), *AIDS: Psychiatric and Psychosocial Perspectives*, London: Groom Helm.

Triandis, H.C. (1977) *Interpersonal Behaviour*, Monterey: Brooks/Cole.

Triandis, H.C., & Vassiliou, V.A. (1972) 'A comparative analysis of subjective culture'. In H.C. Triandis (ed), *The Analysis of Subjective Culture*. N.Y.: Wiley.

Tunnell, G. (1980) 'Intraindividual consistency in personality assessment: The effect of self-monitoring', *Journal of Personality*, 48, 2, 220-232.

Vallone, R.P., Griffin, D.W., Lin, S., & Ross, L. (1990) 'Overconfident prediction of future actions and outcomes by self and others', *Journal of Personality and Social Psychology*, 58, 4, 582-592.

Vass, A. (1986) *AIDS - A Plague in Us: A Social Perspective*, St. Ives, Cambs: Venus Academica.

Vaux, A. (1988) *Social Support : Theory, Research and Intervention*, NY: Preager.

Veroff, J.B., Kulka, R.A., & Douvan, E. (1981) *Mental Health in America: Patterns of Help-Seeking from 1957 to 1976*, NY: Basic Books.

Voss, J.F. (1988) 'Problem solving and reasoning in ill-structure domains'. In C. Antaki (ed), *Analysing Everyday Explanation*, London: Sage.

Warshaw, P.R., Sheppard, B.H., & Hartwick, J. (1985) 'The intention and self-prediction of goals and behaviour'. In R. Bagozzi (ed), *Advances in Marketing Communication*, JAI Press.

Warwick, I. Aggleton, P., & Homans H. (1988) 'Young people's health beliefs and AIDS'. In P. Aggleton and H. Homans (eds) *Social Aspects of AIDS*, Lewes: Falmer Press.

Weeks, J. (1989) 'AIDS: The intellectual agenda'. In P. Aggleton et al (eds), *Social Representations, Social Practices*, Lewes: Falmer Press.

Weinstein, N.D. (1989) 'Perceptions of personal susceptibility to harm'. In V.M. Mays et al (eds), *Primary Prevention of AIDS: Psychological Approaches*, Newbury Park: Sage.

Wellings, K. (1989) 'Perceptions of risk: Media treatment of AIDS'. In P. Aggleton and H. Homans (eds), *Social Aspects of AIDS*, Lewes: Falmer Press.

Wetherell, M., & Potter, J. (1988) 'Discourse analysis and the identification of interpretative repertoires'. In C. Antaki (ed), *Analysing Everyday Explanation*, London: Sage.

Wills, T.A (1987) 'Help-seeking as a coping mechanism'. In C.R. Snyder and C.E. Ford (eds), *Coping with Negative Life-Events*, NY: Plenum Press.

Wilson,T.D., Laser, P., & Stone, J. (1982) 'Judging the predictors of one's own mood: Accuracy and the use of shared theories', *Journal of Experimental Social Psychology*, 18, 537-556.

Wilson, T.D., & Stone, J. (1985) 'Limitations of self-knowledge: More on telling more than we can know'. *Review of Personality and Social Psychology* (Vol.6), Beverly Hills: Sage.

Wright, P., & Rip, P.D. (1981) 'Retrospective reports on the causes of decisions', *Journal of Personality and Social Psychology*, 40, 601-614.

Woodcock, A.J., Stenner, K., & Ingham, R. (1992) 'Young people talking about HIV and AIDS: Interpretations of personal risk of infection', *Health Education Research*.

Yin, R.K. (1984) *Case Study Research: Design and Methods*, Newbury Park: Sage.

Zajonc, R.B. (1980) 'Feeling and thinking: Preferences need no inferences', *American Psychologist*, 35, 151-175.