



University of
Massachusetts
Amherst

Self-disclosure and genital herpes.

Item Type	Thesis (Open Access)
Authors	Hecker, Bernard Louis
DOI	10.7275/7675851
Download date	2026-06-17 16:37:20
Link to Item	https://hdl.handle.net/20.500.14394/45714



312066013477668

Self-Disclosure and Genital Herpes

A Thesis Presented

By

Bernard Louis Hecker

Submitted to the Graduate School of the
University of Massachusetts in partial fulfillment
of the requirements for the degree of

MASTER OF SCIENCE

February 1984

Psychology

Self-Disclosure and Genital Herpes

A Thesis Presented

By

Bernard Louis Hecker

Approved as to style and content by:



Ronnie Janoff-Bulman, Chairperson of Committee



Icek Aizen, Member



Patricia Wisocki, Member



Seymour Berger, Chairperson
Department of Psychology

TABLE OF CONTENTS

Chapter

I. INTRODUCTION	1
Herpes as a Disease	2
Herpes and the Individual	4
Theoretical outline	5
Self-esteem	9
Social responsibility	10
Importance of the relationship	10
Sexual versus emotional primacy	11
Machiavellianism	11
Factual information	12
Symbolic meaning	13
Summary	14
II. METHOD	
Instruments	16
The attitude instrument	16
Importance	19
Sexual versus emotional primacy	20
Symbolic meaning	20
Factual information	21
Personality measures	21
Controls	22
Behavior	22
Subjects	23
III. RESULTS	
The Attitude Model	25
Correlates of intention	25
Correlates of behavior	30
Correlates of Intention and Behavior External to the Theory of Reasoned Action	33
The importance of the relationship	34

Personality measures	38
Emotional versus sexual primacy	38
Factual information	39
Symbolic meaning	44
Control variables	45
IV. DISCUSSION	47
Conclusion	55

REFERENCES	57
APPENDIX A	59
APPENDIX B	91

LIST OF TABLES

1.	Correlations Relevant to the Attitude Model	92
2.	Intention Items Intercorrelation Matrix	93
3.	Moral Belief Intercorrelation Matrix	94
4.	Correlations of Behavior and Intention	95
5.	Means of the Scenario Rating Scales	96
6.	Correlations of Specific Scenario Intention Items and the Moral Belief Scale	97
7.	Correlations Between Importance Measures and Attitude, Intention, and Behavior	98
8.	Correlations Between Personality Variables and Attitude, Intention, and Behavior	99
9.	Distribution of Responses to the Factual Information Items	100
10.	Correlations Between Factual Items and Attitude, Intention, and Behavior	101
11.	Correlations Between Belief-times-evaluation and Condensed Factual Items	102
12.	Correlations Between Lipowski's Coping Index and Attitude, Behavior, and Self-esteem	104
13.	Correlations Between Evaluations of Herpes and Attitude, Behavior, and Self-esteem	105

C H A P T E R I

INTRODUCTION

The current epidemic of genital herpes poses an epidemiological problem, a psychological problem, and a problem for all sexually active individuals. When I first began researching this disease, I wanted to investigate the entire experience of having herpes. This was, of course, unapproachable. I then asked myself what it was that interested me, as a social psychologist, about the disease. Most fascinating, to me, are the issues surrounding disclosing to a sexual partner that one has herpes. In this well-defined behavior is distilled how an individual feels about having herpes, how important sex is, how contagious herpes is perceived to be, and so on, along with questions of responsibility, morality and guilt. Why do some people disclose, while others do not? This question should not only interest psychologists who wish to study ego-involved decision making, but also any individual who wishes to understand the epidemiology of this growing disease.

The present study examines why some individuals who have genital herpes reveal their carrier status to potential sexual partners, while others do not. In performing this analysis, we will make use of Ajzen and Fishbein's (1980)

model of attitudes, the theory of reasoned action, along with a varied array of global and personality factors. We believe that the Ajzen and Fishbein model will be a useful tool in mapping out the often unpredictable effects of such distal variables upon behavior. In order to lay a foundation for discussion of the unusual nature of the decision to disclose, we will first present a profile of the disease itself. From there, we will turn to the development of our method.

Herpes as a Disease

Genital herpes is transmitted sexually. The incubation period ranges from 2 to 20 days, with a mean of a week or so (Hart, 1977). In most cases primary infection produces lesions and ulcerations of the external genitalia. with some systemic disturbance, such as fever, headache, and loss of appetite, Lymph node inflammation is common. Lesions usually heal in two to three weeks. After primary infection, the virus persists in a noninfectious state at the dorsal root ganglia which innervate the previously infected site (Corey, 1982). Roughly 30% of primary infections are not followed by reinfection (Alford & Rapp, 1980). Reactivation of the viruses has been associated with

stress, fever, menstruation and emotional disturbance, but sometimes occurs with no clear precipitating factors. Subsequent infection is generally less painful and of shorter duration (Corey, 1982). It is thought that herpes can only be spread when active lesions are shedding the virus, but the point at which this period begins, or whether the virus can be shed before or after lesions are evident has yet to be compellingly demonstrated. Most patients cycle between the two phases with a period of weeks, months, or even years, and are typically active for 3 to 10 days each time (Nahmias, Josey, Naib & Visintine, 1976).

Although the disease itself is uncomfortable, it is not generally life threatening. In men, few complications are seen. In women, necrotic cervicitis has been observed, and there is some weak evidence for a link between infection and cervical cancer (Roizman & Frenkl, 1976). By far the greatest danger is for the fetus and newborn. Herpes may be transmitted from the mother to the fetus during birth, with many catastrophic sequelae, including spontaneous abortion, high mortality rates, and forms of mental retardation (Yeager, 1981). Caesarean section greatly reduces the dangers of infection during birth, and thousands of women who have genital herpes give birth each year to healthy babies (Yeager, 1981).

As of 1976, roughly 10% of high SES adults, compared to up to 60% of low SES adults had some antibody to herpes II virus in their blood. (Herpes II is the strain of the herpes virus now predominately, but not exclusively associated with infection in genital sites.) An individual who has serum antibodies to a disease must have had contact with the disease at some time, but did not necessarily develop clinical symptoms. In the present case, this means that individuals with antibodies to herpes must have been exposed at some point, but did not necessarily develop lesions, and may not now carry any viruses (Holmes, 1980). It is not known how many Americans are currently infected, because the government does not require physicians and clinics to report herpes as it does with gonorrhea and syphilis. Current estimates range from 4 to 20 million (Hamilton, 1980). It is thought that 500,000 to 600,000 new cases of genital herpes are contracted in the U.S. each year (Holmes, 1980).

Herpes and the Individual

It is important to note that misunderstanding and fear seem widespread. Even such a respected news source as Time magazine has contributed to the confusion with a

sensationalized cover story entitled "Herpes: Today's Scarlet Letter" (Leo, 1982). While there are serious complications associated with herpes, physicians and researchers who are specializing in herpes treatment and research emphasize that, with proper knowledge of the disease, herpetic individuals can have normal sexual relations, with a reasonable amount of safety (Hamilton, 1980; Corey, 1982). Given the nature of the disease, and the heterogeneity of advice, both 'official' and informal to which sexually active individuals are now exposed, it is evident that a broad range of beliefs about herpes are presently tenable. Thus, one would also expect to find a broad range of appraisals of the necessity and consequences of disclosure.

Theoretical outline

Trying to decide whether or not to disclose to potential sexual partners must be difficult and trying for the herpes victim, and an important issue in determining how well an individual will cope with the disease as a whole. The present study addresses the following question: How does an individual decide whether or not to disclose to a potential sexual partner that he or she has genital herpes? There are many ways of proceeding, but it seems clear that

there is little relevant literature on this type of issue. Generating an a priori model would involve considerable risk of ignoring factors that are, in fact, important to the discloser, nor would it insure that all of the variables defined would have relevance to the individual. In addition, such procedures frequently explain only a fraction of the variability in the dependent measure, thereby allowing ambiguous if not opportunistic post hoc explanations. Such considerations compel us to use the most flexible instruments possible, ones which allow us to ascertain the importance of many different factors, as dictated by the respondents themselves. Thus we propose to use the method described by Ajzen and Fishbein (1980) for assessing salient beliefs, attitudes, and intentions to perform a behavior, in this case disclosure.

In Ajzen and Fishbein's model, any behavior is preceded by the intention to perform that behavior. Intention in turn is a function of an individual's attitude towards the behavior, and the subjective norm concerning the behavior. An attitude is defined as a favorable or unfavorable evaluation of the behavior in question, while subjective norms are determined by beliefs about the prescriptions of important referent groups or individuals. Thus for any behavior, an individual will have a number of outcome

oriented beliefs and normative beliefs. Salience of all the belief items is insured by the stipulation that these beliefs be culled from pilot studies on a small portion of the target population. The model has been shown to have excellent predictive capabilities in a variety of settings (Ajzen & Fishbein, 1980).

Ajzen and Fishbein's model is structured towards explaining variance in the dependent variable. It does so very successfully through the use of the most proximal variables. Being able to explain a large portion of the variance of a behavior is not a sufficient condition for saying that one understands the behavior, although we think it certainly is a necessary condition. Thus we are also interested in an examination of factors which lead to the formation of beliefs, attitudes, or intentions about disclosure. Such factors include personality variables, and variables directed at a level of generality wider than that of the dependent variable.

From discussions with informants, along with theoretical considerations, it has been possible to isolate seven global and personality factors which may influence the beliefs that determine whether or not a person will disclose. As mentioned above, such factors are thought to exert influence on a given behavior through their effect on

the development of outcome-oriented beliefs attitude, and through these to intention and behavior. The factors presently of interest are self-esteem, sexual versus emotional primacy, Machiavellianism, the importance of a given relationship, social responsibility, factual information, and symbolic meaning. We will examine these factors in hope of being able to say meaningful things about the final structure of salient beliefs, bringing our examination of the process of disclosure beyond simple prediction.

We heed Ajzen and Fishbein's warnings that personality measures typically have very low correlations with the behaviors upon which they are supposed to have an effect, as do measures which do not correspond to the level of generality of the dependent variable, like a general attitude measure when the dependent variable is a specific behavior. Our plan is not to use these global and personality variables to predict the behavior, but rather to see how they covary with outcome beliefs, attitudes and intentions. Thus we will have measures of both distal and proximal determinants of disclosure.

We turn now to an examination of the seven global factors.

Self-esteem

Up to this point, mention of the traditional self-disclosure literature has remained conspicuously absent. Research on traditional dyadic self-disclosure (see reviews in Cozby, 1973; Chelune, 1979) is unhelpful to us in the main. This is so because it centers on gradual, reciprocal, normatively directed (Rubin, Hill, Peplau & Dunkel-Schetter, 1980) patterns of exchange. Self-disclosure of genital herpes is unreciprocable in kind (generally), thus violating the deliberate, calculated ritual of conventional disclosure. Disclosing to a stranger that one received a poor grade on a test is not comparable with disclosing to a lover that one has an incurable venereal disease.

Despite the dissimilarities, the disclosure literature offers one finding that may have significance for the present study. This is that higher levels of self-esteem have been associated with an increased likelihood of disclosure (Chelune, 1979). It seems that an individual with firm self-esteem is more willing to risk being embarrassed or rejected. In the present study, because the risk is potentially very damaging, we would expect esteem to be strongly and positively associated with disclosure

likelihood. It is interesting to note that Alfred Adler theorized that a good self-concept is always associated with well-developed social interest (Ansbacher and Ansbacher, 1964).

Social responsibility

It seems reasonable to say that those individuals who feel socially responsible, or morally obliged to disclose will be more likely to do so. Quite simply, this variable class concerns feelings of responsibility for people and events, including well-being of a sexual partner.

Importance of the relationship

Here we may well see a nonlinear relationship between the perceived importance of a given relationship, and the likelihood of disclosure. Individuals who do not have much at stake in a relationship may be willing to risk rejection and loss of the relationship. At the same time, highly invested people may be less willing to risk all. Moderately invested individuals may thus turn out to be more likely to disclose than highly invested individuals.

Sexual versus emotional primacy

We may expect that individuals who approach a given relationship for solely sexual gratification will be less likely to disclose than those who are more interested in emotional issues. Relationships centered solely around sex tend to be short-lived, and this may reduce feelings of responsibility, as chances of transmission, chances of becoming active during the course of the relationship, and social connectedness all decrease. On the other side, individuals who are seeking a supportive, emotionally centered, long-term liason are likely to be concerned with the future prospects for the relationship. In this case, the danger of infection becomes greater, as does the individual's concern for the well-being of the partner.

Machiavellianism

Machiavellianism (Christie & Geis, 1968) is one of the classic scales in social psychology, although it has not been applied to the full range of topics to which it is potentially applicable. The Mach scale is know to measure the degree to which an individual has a manipulative, goal-oriented style of interaction. It has relevance here because of the nature of the process hypothesized to be

operating behind it (Christie & Geis, 1970). According to Christie and Geis, the high Mach does well in exchange not because he is vicious or amoral, but because

"In pursuit of largely self-defined goals, he disregards both his own and other's affective states... He reads the situation in terms of perceived possibilities and then proceeds to act on the basis of what action will lead to what results", (Christie & Geis, 1970, p.350).

It seems clear that although a high Mach may acknowledge some normative pressure to disclose, he or she may simply not feel compelled to comply with them. Thus we expect Mach scores to be negatively correlated with the likelihood of disclosure. We will also be attentive to the relationships between Mach, social responsibility, and subjective norms.

Factual information

There are several important beliefs about the disease which are not outcome oriented, and hence are not included in the main attitude instruments. These beliefs concern the severity (seriousness), and communicability of the disease and the likelihood of a cure.

Severity is a general index of how deleterious an individual believes herpes to be. One might expect high levels of perceived severity to be associated with higher likelihood of disclosure. However, a potential discloser

may also believe that, since the disease is very severe, their chances of being rejected are high, and will so be less likely to disclose.

Within communicability are beliefs about how easily the disease can be transmitted, and whether the virus can only be spread when lesions are visably active. If the respondent believes the latter to be true, he or she may then decide that there is no need to disclose.

Symbolic meaning

To this point, we have presented a multi-faceted approach for understanding the decision to disclose or not disclose. However, we have no feeling for the context within which this decision takes place, what having herpes means to these individuals and their lives. Thus, in this variable class we will index the experience of having herpes. We are interested in seeing how constraining the disease is, how guilty or ashamed the vicitim feels, whether he or she thinks the disease is dangerous or safe, punishing or rewarding, and so on. In a sense, we must understand what the disease means to an individual, how he or she construes it, in order to understand the responses the individual makes to the illness. Disclosure is, of course, one part of that response.

Thusfar we have tried to show that the likelihood of disclosure seems to rest on an individual's analysis of the outcomes of disclosing. Further, we suggest that the decision to disclose will be influenced by seven global factors: self-esteem, social responsibility, the importance of the relationship, sexual versus emotional primacy, Machiavellianism, factual information, and symbolic meaning. In addition to these, we must take into account a group of variables which undoubtedly exert general influences on disclosure, but in no predictable fashion. These are the respondent's age, sex, the length of time that she or he has had herpes, complications of the disease, periodicity and duration of a respondent's active phases, and whether the respondent has infected anyone in the past. For convenience we will refer to these background variables as 'controls'. It is not easy to foresee all of the possible effects of these variables, although comparison on the basis of them should prove interesting.

Summary

The structure of the present study is rather straightforward. We have tried to include as wide a range of global factors as possible because the study is fundamentally exploratory. We believe that these broad

factors will have an effect on disclosure, and that any such effect must operate through beliefs and attitude. We are explicitly not committed to the hypotheses surrounding the seven global factors. Rather, we will let the data direct us to the important facets of disclosure.

C H A P T E R I I

METHOD

Instruments

The attitude instrument

The theory of reasoned action stipulates that a pool of salient beliefs can only be culled from a sample of the population one ultimately wishes to study. In our case this posed serious problems, because of the difficulty we expected to have in recruiting people with genital herpes. We finally decided to use a sample of subjects who would role-play having genital herpes, and augment the beliefs thus garnered with conversations with a few informants, and personal intuitions. It was decided that we would rather have a few beliefs that were not salient, rather than miss some that were, so the beliefs that were culled were edited conservatively. The final pilot sample consisted of 38 undergraduates. A copy of the role-playing instructions, and the items used to cull beliefs is included as Appendix A.

Our final belief pool consisted of fifteen items. The final questionnaire is included as Appendix B. The attitude

instrument can be found on pages two through eight of the Appendix. The first section of the instrument consisted of the fifteen belief scales followed by rating scales running from 'likely' (+3) to 'unlikely' (-3). Following this were the outcome evaluation scales, in which the outcomes of the fifteen belief items were followed by simple evaluative scales, running from 'good' (+3) to 'bad' (-3). The next section consisted of likelihood estimates of the normative belief items, that is, the subjects were to rate how likely is it that various important others believed that the subject should or should not disclose. The scales were rated from 'likely' (+3) to 'unlikely' (-3). Following this are the items that measured the subjects' motivation to comply with the preceding normative prescriptions. These scales were rated from 'likely' (7) to 'unlikely' (1).

For analyses, the outcome beliefs were multiplied by their individual evaluations and summed to form the attitude index. In a similar fashion, the normative beliefs were multiplied by the subjects' motivations to comply, and summed into a normative index. According to the theory of reasoned action, the product of the beliefs and their evaluations determine the final attitude towards performing the behavior in question. Likewise, the normative index determines what a respondent's subjective norm will be, that

is, his perception of the generalized prescriptions of important others. Ajzen and Fishbein have also devised direct measures of attitude and subjective norms, and these, along with intention, were included on the last page of the attitude instrument (page 8). The first item on the page consisted of five bipolar rating scales, which were recoded and summed to form the direct measure of attitude. As can be seen, in the theory of reasoned action, attitude consists simply of a person's evaluation of the behavior. We will refer to this direct additive measure of attitude as the attitude scale, which should not be confused with the attitude index, formed by summing the product of beliefs and their evaluations, which was predicted to be highly correlated with the attitude scale. The second item on the page was the direct measure of subjective norm, predicted by the normative index, and finally, a simple measure of intention.

To review, according to the theory of reasoned action, the intention to perform a behavior is determined by attitudes towards the behavior, and subjective norms. Attitudes and subjective norms are in turn determined by beliefs and their evaluations in the case of attitudes, and the subjects' motivations to comply in the case of subjective norms. Intentions predict the attempt to perform

a behavior, which should be successful unless environmental exogenses interfere.

Importance

The next section of the questionnaire consisted of the scenarios, which were designed to measure the influence of the importance of a relationship on disclosure. There was a casual scenario and a serious scenario each for men and women. (Each sex respondent received only the two appropriate scenarios). The casual scenario described a party scene, and an encounter with an attractive person who is only in town for a few days. The second described the beginning of a much more serious relationship, with rather explicit overtones of committment. In both scenarios, sexual relations were presented as being quite likely. The subject was then asked to rate his or her intention to disclose, the overall importance of the relationship, the importance of sexual and emotional issues in such a relationship, how typical the scenario was of subject, and measures of intention if the subject believed him or herself to be either contagious or noncontagious.

The main purpose of the scenarios was to get a fix on the degree to which the importance of a relationship influences disclosure. It did not seem meaningful to ask

about importance in 'general', because many if not most individuals have experienced relationships varying a great deal in importance. Also, the scenarios provide six more specific intention measures.

Sexual versus emotional primacy

The next page of the questionnaire was a simple scale, created for this study, to assess the relative importance of sexual and emotional issues in relationships in general. The instrument was, perhaps, a little naive. In any case, much the same information was indexed in the sexual and emotional importance rating scales in the scenarios. This scale was included as a more general index, with an eye toward correlations with general intention and behavior, rather than relative to one scenario.

Symbolic meaning

The symbolic meaning scales (pages 12 to 14 of the questionnaire) are actually two separate instruments. The first was derived from Lipowski (1970). The scale assesses what herpes means to the individual, especially those dimensions of meaning that affect coping styles. The instrument was slightly modified to be relevant to herpes.

The second instrument was taken from Jenkins and Zyzanski (1968). The scale consisted of 14 different bipolar adjective pairs. This instrument was also slightly modified to suit a venereal disease.

Factual information

The next page of the questionnaire consisted of the factual information items. Each item was followed by two scales, the first running from 'true' to 'false' and the second from 'sure' to 'unsure'. These are simply belief items that may affect the decision to disclose, but were not in fact outcome beliefs, and were thus not included in the attitude index. The true-false and sure-unsure scales can be multiplied to yield scores that reflect the importance of each belief in decision making. In any case, it seems clear that beliefs about activity periods and severity should affect disclosure. The last two items are related to coping styles, but were included here because they naturally fall in the same format as the preceding items.

Personality measures

Our three personality measures are standard scales. They covered pages 18 to 26 in the questionnaire.

Machiavellianism was first (Christie and Geis, 1970), followed by social responsibility (Schwartz, 1968) and self-esteem (Rosenberg, 1965).

Controls

The final two pages of the questionnaire contained the sundry control items, concerning age, sex, periodicity, and so on. Also included was an open-ended prompt for any additional information the respondent felt was important.

Behavior

We could not obtain a direct measure of behavior, as this would have been unethical, not to mention difficult. Consequently, we included two self-reported measures of disclosure, which were presented on pages 16 and 17 of the questionnaire. Here we asked for the total number of sexual relationships and total number of disclosures and rejections, both since contracting herpes and over the past year. Our measures of behavior will be formed by dividing the number of disclosures by the number of relationships per unit time. An open ended item was included on each page, to

give the respondent an opportunity to react to these rather sensitive items.

Subjects

Subjects were recruited through flyers distributed over campus and classified advertisements in the campus paper. Also, several hundred graduate students' mailboxes were stuffed with letters describing the study. In addition, several psychology graduate students informed friends living off campus of the study, and questionnaires were mailed out to them. The other questionnaires were administered in a room in the Psychological Services Center. The questionnaires took roughly 45 minutes to one hour to complete, after which I conducted informal interviews, which I hoped would direct me to important issues for the data analysis. While several respondents commented on the length of the questionnaire, none failed to respond to any particular section. The most difficult part of the questionnaire was the forced-choice format of the Machiavellianism scale, which is designed to counter social-desirability. One subject said it was like choosing between shooting oneself in the left foot or the right.

A total of 33 individuals participated in the study, 13 men and 20 women. Of these, 17 participated in the unstructured interviews. They ranged in age from 20 to 42 ($x=28$, $s.d.=6.04$). Most were undergraduates ($n=12$) or graduate students ($n=12$). Subjects had herpes for an average of 4.48 years ($s.d.=3.64$). Nine were married or cohabitating. What little missing data there was was handled by pairwise deletion. The missing data seemed to come from items that were simply skipped by accident, which is not surprising in a 30 page questionnaire.

C H A P T E R I I I

RESULTS

The Attitude Model

A. Correlates of intention

The data relevant to the attitude model yielded several surprises. Each belief was multiplied by its evaluation, in order to form an additive index. However, one belief times evaluation item was correlated negatively with intention ($r = -.3359$, $p = .028$), and attitude ($r = -.4241$, $p = .007$). Because each belief is multiplied by its evaluation as reported by the subject, we would not expect a negative correlation with either of these measures. The belief in question was "If I disclose to a potential sexual partner that I have herpes, I will find out how much they really care for me," rated on a scale from likely (+3) to unlikely (-3), multiplied by its evaluation, "finding out how much a potential sexual partner really cares for me", rated from good (+3) to bad (-3). It appears that subjects interpreted

"finding out" in general, as in the evaluation item, as being good, but "finding out" because of disclosing, as in the belief items, as being bad. Thus the two parts of this item did not correspond to the same behavior, and the item was omitted from all analyses.

Table 1 presents the correlations which bear directly on the attitude model. The general intention to disclose item exhibited a pronounced ceiling effect ($x=1.76$) and the correlations are thus low. The scenarios each contain three intention measures: overall intention to disclose (in the scenario), disclosure if contagious in the scenario, and disclosure if not contagious in the scenario. Because the belief, attitude and subjective norm measures are aimed at disclosure in general, we felt justified in simply summing five of our disclosure items to yield a disclosure index, which had a potential range of -15 to +15, with 0 indicating a neutral intention. The two 'contagious' intention measures had little variance and were not included in this index. The intercorrelation matrix of the items in the index is presented in Table 2. This index does not have a notable skew ($x=2.42$, $sd=7.78$) and the ensuing correlations are much more stable.

Overall, our data support the theory of reasoned action. The outcome and normative beliefs correlated with

attitude and subjective norm very well. While the correlation between the attitude index and intention index was substantial ($r=.3938$, $p=.012$) it is not as high as past studies using the theory of reasoned action, and hence warrants closer examination.

While the intention index overcomes the ceiling effect of the simple general intention item, it does not correspond precisely to the target of the attitude index, which is "disclosing to a potential sexual partner that I have herpes". In the scenarios, the intention items are all more specific, i.e., concerning disclosure in a serious relationship, or disclosure in a casual relationship while not contagious, and so on. While summing these items seems reasonable, we cannot assume that this is equivalent to using a well-distributed general intention scale. This kind of problem with correspondence is discussed by Ajzen and Fishbein (1977).

Another possible reason for the slightly low correlation between attitude and intention concerns the completeness of the attitude scales. In the present study, there were five such scales: harmful-beneficial, good-bad, rewarding-punishing, unpleasant-pleasant, and desirable-undesirable, which were summed for the attitude index. There were an enormous number of scales we could

have included, and leaving an important one out would result in sub-optimal correlations. Gorsuch and Ortberg (1983) report that the theory of reasoned action did not predict intention well in situations where moral issues were salient. Prediction improved dramatically by including a scale on moral obligation. It seems clear that there is a moral component to disclosing, a behavior which concerns potential injury to another, responsibility, and honesty. While the attitude index is a fait accompli, there were four outcome beliefs that have a clear moral tone, and were highly correlated with one another. These were making for an open and honest relationship, acting in accord with one's conscience, keeping an uncomfortable secret, and fulfilling an obligation to one's partner. Table 3 presents the intercorrelations of these beliefs. We expect that these items would have loaded highly on a "moral" bipolar adjective scale. Thus we can sum the four items to create a "moral belief" index, which should give us an idea of the importance of examining moral issues separately, instead of leaving them buried in a scale which is primarily oriented towards non-moral issues.

The distinction between moral and non-moral beliefs turned out to be a meaningful and important one, as is demonstrated in Table 1. The moral and non-moral items

were not correlated with each other. The intention index correlated with the moral scale ($r=.4464$, $p=.005$), but not with the non-moral scale ($r=.1322$, $p=.2320$). However, the non-moral beliefs correlated with attitude much more strongly ($r=.6581$, $p=.001$) than the moral beliefs ($r=.3741$, $p=.018$). Thus attitude toward disclosure to potential sexual partners is probably determined, in part, by non-moral outcome beliefs, concerning rejection, embarrassment, and so on. While morally sensitive outcome beliefs, like obligation to the partner and acting in accord with one's conscience, have a marked effect on disclosure, they have only a modest effect on our measure of attitude. It seems likely that if we had included bipolar scales concerning "morality" or "what is right" in our attitude index, then the correlation between this enlarged scale and intention would be pronouncedly higher, as would be the correlation between moral beliefs and attitude.

Another way of modeling the effects of moral beliefs on attitude would be to simply include them as additional and separate determinates of intention, that is, by assigning them a status equal to attitude and subjective norms. This would accomplish the same end as the analysis outlined above, but it may be instructive to keep this class of beliefs separate from the others. Ideally one would assess

both a set of moral beliefs and a series of moral-evaluative scales, similar to the way beliefs and attitudes are modeled in the theory of reasoned action. Lacking the evaluative scales, we can still generate a regression equation based on attitude, subjective norm, and the additive moral belief index. Without the moral beliefs, attitudes (beta = .233) and subjective norm (beta = .367) had a multiple r of .511 on the intention index ($p < .013$). With the moral beliefs, the betas were as follows: attitude, beta = .143; subjective norm, beta = .316; and moral beliefs, beta = .300. The multiple r is .580 ($p < .009$). Our conclusion is the same as it was above, that by moral issues into account we can significantly improve the prediction of intention.

B. Correlates of behavior

The respondents reported an average of 3.8 different sexual relationships in the past year (s.d.=2.82). The range was from 0 to 10. Since contracting herpes, the average number of contacts was 13.47 (s.d.=19.64), ranging from 0 to 100. These figures are difficult to interpret, given the great variation between subjects, some of whom are married, some celibate, and since time since contracting herpes ranged from 10 years to a few months. Measures of disclosure over the past year and since contracting herpes

were formed by simply dividing number of disclosures by number of relationships per unit time. Individuals who had herpes for less than a year were assigned missing values in the year-long measure, as were people in one relationship since before contracting herpes. In the measure of disclosure since contracting herpes, individuals in the latter case were also omitted.

As presented in Table 4, the self-reported disclosure measures showed surprisingly robust correlations with the intention index, especially disclosure since contracting herpes ($r=.6792$, $p=.001$). That disclosure over the past year correlated highly with the simple intention item ($r=.6213$, $p=.002$) indicates that it, too, has a skewed distribution. Also, the year long measure has a small N (20) due to the processing of missing values. Thus we will mainly concern ourselves with disclosure since infection.

Disclosure since infection clearly correlated more with general intention to disclose in the serious scenario ($r=.6396$, $p=.001$) than general intention in the casual scenario ($r=.3053$, $p=.061$). This corroborates the finding above that subjects reported that the serious scenario was more typical of themselves than was the casual scenario. The low correlations between disclosure since infection and intention in either scenario if the subjects thought they

were contagious are understandable in light of the very high means for these intention items, as mentioned above. This indicates that if subjects thought they were contagious, they would almost always disclose.

Disclosure since infection correlated well with intention to disclose if noncontagious in the serious scenario ($r=.4983$, $p=.004$) and very highly with intention if noncontagious in the casual scenario ($r=.7214$, $p=.001$). This is in mild tension with the results for general intention in each scenario, where the serious relationship intention item correlated more strongly with disclosure than the casual relationship intention item. The reason for this reversal is that disclosure since contracting has a mild positive skew. The casual non-contagious intention item also has a positive skew (most subjects saying they would not disclose), while the corresponding serious scenario item has a negative skew (subjects reporting that they would disclose). All else being equal, the contrasting skews can easily account for the differences in magnitude or the correlations.

It is important to note that our measure of behavior is a measure of past behavior. Thus it is not completely accurate to speak of how our intention measure 'predicts' disclosure. It is certainly true that in the present study

our measure of (past) behavior partially determines our measure of (present or future) intention, in as much as any experience with a behavior influences intention to perform that behavior in the future. We do not think this invalidates our findings, but it is certainly a factor to be kept in mind. Any accurate test of prediction of behavior requires at least two interview sessions.

Correlates of Intention and Behavior External to
the Theory of Reasoned Action

Before proceeding to the correlates of disclosure which are external to the theory of reasoned action, we should note that some necessary compromises have been struck between completeness and manageability. In particular, in many of the tables that follow we have included the self-reported behaviors, intention and the attitude scale, but not the attitude index, subjective norms, the normative index, or moral versus non-moral belief indexes. (In general this is so, but there are notable exceptions.) While there are good reasons for including all of these, we could not maintain any degree of clarity with the expanded tables. The behaviors and intention are, in theory and in

practice, the most important correlates of our external factors. The attitude scale is included for completeness, and because attitudes towards disclosure are basic to the present study. Subjective norms, on the other hand, deal with social influences, and we would not expect our respondents to know why another person held a certain belief about disclosure, nor is this central to our study. While the moral-nonmoral distinction in beliefs is interesting, it turned out to be much too cumbersome to carry through all of the tables, complicating the analyses several fold. These procedures are far from ideal, but are necessary. After plowing through the sections that follow, I trust that my reader will agree that there is already too much data as it stands. In performing the original analyses, however, all possible correlations were examined.

A. The importance of the relationship

Importance was manipulated by means of the two scenarios. The first scenario described a casual potential sexual contact, while the second scenario described a more serious potential relationship, one perhaps leading to greater commitment. Table 5 reports the mean values of the seven scales which followed each scenario. All seven scales

were rated from 3 (likely, like me) to -3 (unlikely, not like me). Subjects reported that the second (serious) scenario was significantly more typical of themselves than the casual scenario. Also, the importance manipulation was clearly successful, with emotional issues being significantly more discrepant than sexual issues across the two situations.

The pattern of means of the intention items is very intriguing. The general intention measure which was not associated with a scenario had a mean of 1.76 (0 is neutral on all scales, +3 indicates the most positive intention, -3 the least). The nonspecific disclosure item in the casual scenario had a mean of -.42; in the serious scenario the corresponding item averaged 1.39. This difference is significant ($t=5.37$, $p=.000$). In general, people were more likely to disclose in the second situation. When rating their intention if they thought they were noncontagious in the casual scenario, the mean for intention dropped to -1.12, and in the serious scenario the mean was .82 ($t=5.41$, $p=.000$). When subjects responded as if they were contagious, the mean intention scores were 2.79 in the casual scenario and 2.88 in the serious scenario ($t=1.14$, $p=.263$). Thus type of relationship interacts with perception about contagiousness to help determine intention.

In either relationship, people said they would disclose if they thought they were contagious. If they thought they were not contagious, the nonserious relation did not warrant disclosure, but the serious one did.

As shown in Table 6, of the four most specific intention to disclose measures, only intention to disclose if noncontagious in the first scenario did not correlate with the moral belief scale. The other three measures correlated strongly with the moral scale. This indicates that moral issues are central in determining an individual's intention to disclose, except when the relationship is not serious. In this situation, the chances of transmission are presumably low (if the relationship is brief). Also, the potential discloser may simply judge that he or she can live with a little guilt more easily than with a rejection. In this case, disclosure does not seem to occur.

Within each scenario were three importance measures: general importance of the relationship, and the relative importance of sexual and emotional issues. Table 7 presents a correlation matrix of the six importance measures, attitude, intention and behavior. Although the general importance questions were included as manipulation checks, there was enough within-scenario variance to make for some fascinating results. First, the intention index and general

importance were strongly related in the casual scenario ($r=.3650$, $p=.018$) as well as in the serious scenario ($r=.3260$, $p=.032$). Emotional importance in the casual scenario and sexual importance in the serious scenario were related to intention even more solidly, $r=.4608$ ($p=.003$) and $r=.4318$ ($p=.006$) respectively. Perhaps this is because sexual interest in the first scenario, and emotional involvement in the second are already very high, so individuals who consider the other elements as important would also be more invested in the relationship overall, and therefore more likely to disclose.

Attitude towards disclosure and general importance of the relationship correlated highly at $r=.5522$ ($p=.001$) in the casual scenario, and $r=.6195$ ($p=.001$) in the serious scenario. Stated simply, disclosing is more highly valued by those who consider their relationships to be important.

With respect to importance, the year-long disclosure measure was again outperformed by disclosure since contracting herpes, the results very much echoing those for intention. First, general importance was highly related to disclosure since contracting herpes in the casual relationship ($r=.4650$, $p=.007$) and in the serious relationship ($r=.5117$, $p=.003$). However, among the more specific importance measures, it was emotional importance in

the casual scenario and sexual importance in the serious scenario that correlated with disclosure since contracting herpes ($r=.3408$, $p=.041$, and $r=.3564$, $p=.034$, respectively). Thus the earlier result is replicated.

Personality measures

The correlations between our three personality measures and intention, attitude and behavior were disappointing, if instructive. Table 8 presents the results, or lack thereof. None of the entries are significant at an alpha of .05 . It is rather suprising that neither self-esteem nor Machiavellianism nor social responsibility directly affected disclosure.

C. Emotional versus sexual primacy

Our five item sexual/emotional primacy scale showed a Chronbach's alpha of .618 . It correlated .3271 ($p=.032$) with the serious scenario general importance measure, nonsignificantly on the casual scenario measure. It correlated .2969 ($p=.049$) and .2889 ($p=.054$) with number of relationships over the past year and since contracting herpes, respectively. While all of these correlations are at least marginally significant, they are not nearly high

enough to enable us to claim a valid scale. Also, we may have expected correlations with other scenario scales which were not forthcoming, such as sexual or emotional importance. The scale is probably not adequate. Fortunately, the scenario scales have already provided us with some useful information about sexual and emotional importance.

The emotional/sexual scale correlated nonsignificantly with all intention measures, except casual scenario/noncontagious intention ($r = -.3069$, $p = .041$). This indicates that the less emotionally oriented a person is, the less likely they are to intend to disclose in casual relations if non-contagious, which makes sense.

The emotional/sexual primacy scale was not correlated with either of our measures of disclosure, or with attitude.

D. Factual information

The factual information section consisted of a series of seven statements, each followed by two rating scales, 'true-false' and 'sure-unsure'. Table 9 presents the distribution of responses to these items.

Table 10 presents the correlations between the factual items and intention attitude, and behavior. There were no correlations between the factual items and disclosure since

contracting herpes, but there were significant correlations between the factual items and disclosure in the past year. This seems reasonable, given that as herpes has become more publicized, more information has become available about contagiousness, prodrome, and so forth. This would have to have an important effect on an individual's beliefs.

The one significant correlation on the true-false scale occurred between the prodrome item and disclosure in the past year, with respondents who said that people are aware of their prodromes disclosing less in the past year. This indicates that people who were aware of their prodromes probably felt less of a need to disclose, given that they were sure about when they were going to become active.

The rest of the table is not so easy to interpret, because the correlations concern the sure-unsure scales. Interpretation is essentially arbitrary without somehow taking into account the true-false ratings.

In order to more closely examine the manner in which the factual items influenced disclosure we created condensed versions of the factual belief items. The condensed versions were formed by recoding the true-false scales from +3 (true) to -3 (false) and recoding the sure-unsure scales from 1 (unsure) to 7 (sure), and then multiplying the two scales for each item. This also reduced the correlation

matrix to a manageable size. Correlations were run between these condensed items and attitude, intention and behavior. The results were nonsignificant. This is not to say that the factual information had no effect on disclosure, simply that, analyzed this way, no regular trends can be identified. We need to move to a more specific level.

Correlations were run between the fifteen outcome beliefs and the condensed factual items. As Table 11 shows, there were some significant relationships, most notably with the items concerning how dangerous herpes is, whether herpes can only be transmitted while active, whether there a cure, and whether there would soon be a cure. Please note that the belief items are not simply "true-false" items, but are beliefs multiplied by evaluations, as dictated by the attitude model. So rather than simply indicating how "likely" a belief statement is, the items here represent a combination of "likelihood" and "evaluation". Consequently, each belief times evaluation unit represents how important the item is in making a decision disclosure. In terms of the correlations, a higher number on a belief-evaluation item reflects that the item contributes to making the subject evaluate disclosure favorably, regardless of whether it is phrased negatively or positively.

People who thought herpes was dangerous also believed that their partners would think they were promiscuous ($r = -.4127$, $p = .008$), and that they would feel ashamed ($r = -.3579$, $p = .020$) and embarrassed ($r = -.4017$, $p = .010$). Individuals who believed that herpes can only be transmitted when sores are "active" were more likely to think that they did not have an obligation to tell their partners ($r = -.3714$, $p = .018$), and were less likely to think that they may be rejected ($r = .3269$, $p = .032$). Individuals who thought there would never be a cure were less likely to believe that disclosure would lead to reduced risk of infection ($r = -.3333$, $p = .029$), and that disclosure would lead to a more honest and open relationship ($r = -.3875$, $p = .013$). Finally, individuals who thought there would not soon be a cure were also more concerned with feeling ashamed ($r = .3368$, $p = .020$), and with being thought dirty ($r = .4577$, $p = .004$).

The only finding above which seems intuitively agreeable is that people who believed that herpes can only be transmitted when active also believed they had less of an obligation to their partners to disclose. All of the other correlations seem to point to a "general outlook" effect - simply that those who think herpes is dangerous and uncurable also feel that disclosure is not valuable, for a variety of reasons. This threatens to be an important and

unexpected finding, a simple halo effect binding general attitudes and beliefs towards disclosure with attitudes and beliefs about herpes. There is no a priori reason to assume that those who think herpes is bad will also think disclosure is less valuable; in fact, one might expect the opposite, that the more terrible and dangerous the disease, the more necessary and valuable the act of disclosure.

Finally, there were some interesting correlations between the factual items and self-esteem. In particular, people with high self-esteem rated herpes as more contagious ($r = -.3431$, $p = .025$), and that people were aware of their prodromes ($r = -.2997$, $p = .045$), that there would someday be a cure ($r = .4038$, $p = .010$), and that there would be a cure soon ($r = -.5685$, $p = .001$). (The 'someday be a cure' item was phrased negatively as 'there will never be a cure'). This adds a new component to our halo effect. Except for the contagiousness item, which may reveal denial amongst those with low self-esteem, these correlations demonstrate that people with high self-esteem seem to be more hopeful.

We will now turn to the symbolic meaning items, and see if they support the findings of this section.

E. Symbolic meaning

We will not attempt to present all of the analyses that the symbolic meaning section begs, just those that pertain to the halo effect noted above. Table 12 presents some of the correlations of the meaning items with attitude, behavior, and self-esteem. There were no correlations with intention, which was deleted from the table. The most interesting correlations are those with attitude. In the Lipowski instrument, a pattern emerged very quickly. People who did not view herpes as an enemy, who did not feel embarrassed because of herpes, who did not feel depressed because of herpes, who did not feel angry about having herpes, who felt hopeful about herpes, and who did not have to alter their lives in general or their sex lives in particular, had a much more positive attitude towards disclosure. These correlations are remarkably strong and consistent. In the Jenkins and Zyzanski (Table 13) instrument, individuals who thought herpes was not permanent, and not punishing think more highly of disclosure. Perhaps most telling, people who rated herpes as "less bad" (it would be ludicrous to say 'good') on a scale from good to bad evaluated disclosure much more positively ($r=.5952$, $p=.001$). Thus our halo effect is

confirmed.

Also interesting are the correlations between self-esteem and the meaning indices. Stated simply, people who had high self-esteem were more optimistic and felt less guilty, less embarrassed, less anxious and less depressed. They also found the disease less punishing. It seems, then, that the meaning items have a major influence on disclosure through attitude, and that self-esteem has a major influence on meaning.

F. Control variables

Fortunately, the results for the control variables did not complicate matters. Age was uncorrelated with the self-reported disclosure measures, intention, attitude, moral beliefs and esteem. Likewise, how often people became active and for what length of time they remain active were unrelated to behavior, intention, attitude, or moral beliefs. In some respects, the fact that periodicity did not influence intention is surprising. People seem to feel that, when you have herpes, you have herpes, no matter how frequently you have active lesions.

Sex of respondent was unrelated to behavior, attitude and moral beliefs, but did have an effect on intention to disclose. The mean intention index scores for men was

-1.231, and for women 4.8 (zero is a neutral intention on this index). This difference is significant ($t=2.31$, $p=.027$). While women intended to disclose more than men, the sexes did not differ in either disclosure over the past year, or disclosure since contracting herpes. This may indicate that either women are squelched in their efforts to disclose after intending to do so, or they are giving more socially desirable responses. It is also possible It is also possible that through cultural training, women are more responsive to moral issues than men. In fact, women tend to have higher scores than men on the moral belief scale (26.75 versus 20.167 respectively) although the difference is not significant. However, women do score much higher on the social responsibility scale than do men ($x=48.65$ for women, $x=31.08$ for men, $t=2.32$, $p=.028$).

There were no significant differences between men and women on the individual outcome beliefs.

C H A P T E R I V

DISCUSSION

Given the exploratory nature of this study, it is not surprising that much of the discussion of our results has taken place already in the results section. What remains is the somewhat unenviable task of concisely integrating our voluminous, if interesting findings.

The theory of reasoned action performed admirably as the grounding-post for our study. The correlation between our intention index and past disclosure was higher than one might have expected, given the unusual nature of the behavior in question. The theory proved flexible enough to integrate the importance of moral issues in disclosure, although the theory itself does not make special mention of moral factors. In fact, our analyses of the influence of sex, importance of the relationship, factual information and symbolic meaning were all made much more cogent by tying them into a coherent theoretical framework.

Our analyses of the moral beliefs conclusively demonstrated that morally-oriented items should have been included in the attitude scale. While the moral beliefs

correlated with intention, they failed to do so with attitude, indicating that either the series of bipolar adjectives that made up the attitude scale was not complete, or that moral factors should have been modeled separately.

Beyond the attitude model, the importance of the relationship clearly influenced disclosure. In fact, many subjects made mention of importance either during the interviews or in response to open-ended questionnaire items. Several subjects reported that they did not have casual sex if they thought they were active and hence saw no need to disclose in short-lived relationships. Another woman said that she did not disclose unless she was sure that the relationship was at least somewhat serious. One subject, a 23 year old male graduate student who contracted herpes two years ago, reported that he has had only casual relationships since becoming a carrier. He said that while he would very much like to engage in a more meaningful relationship, he simply could not handle the issue of disclosure, and hence backs off from any relationship that threatens to get serious.

In general, it seems that importance exerts its influence by moderating or "gating" the effect of moral beliefs on intention. From the scenarios, we know that intention is very high if the individual believes him or

herself to be contagious. When noncontagious, moral beliefs do not correlate with intention in the casual scenario, and intention is low. In the serious scenario, intention correlates with the moral beliefs and is quite high whether contagious or not. From the interviews, it seems that people simply avoid placing themselves in a situation where they would have to disclose if they thought themselves to be contagious.

Closely related to the issue of importance is that of sexual versus emotional primacy. Unfortunately, our scale was probably unsound. During several of the interviews I probed for some discussion of the importance of these two kinds of issues. In general, people said that they were inextricable, swallowed up in the larger issue of permanence and commitment. This was illustrated in the finding that emotional issues in the casual scenario and sexual issues in the serious scenario correlated more highly with intention and behavior than did sexual issues in the former and emotional issues in the latter.

Of the control factors, only sex had any influence on disclosure, and that was minimal. One might have supposed that men, being more callous or less sensitive, would be less likely to disclose across the boards. However, we must remember that our sample is badly self-selected first, for

being able to discuss their disease, and second, for having a positive social orientation.

After conducting the interviews, I was surprised to find that how often people became active did not influence disclosure, or any other of our dependent variables. It seems that the same fundamental problems surrounding disclosure are present in both severe and more moderate cases. This is especially telling in light of the fact that our sample had great variability over this item (once a month to once a year). Also, there is a maturational effect involved - typically, the longer an individual has had herpes, the less frequent and the less severe are outbreaks. Yet, in spite of all this, how often individuals become active does not affect disclosure. Neither, it seems does average duration of active periods.

The dismal performance of our personality variables is also somewhat mystifying. Presumably, social responsibility should have influenced how obliged an individual felt to disclose, as should have Mach, which is a measure of interpersonal style. Both of these are standard scales, and they each had good variance in our sample. It is possible that the situational constraints were great enough to negate the influence of these measures. We do, however, recall Ajzen and Fishbein's warning (1977) that personality measures cannot be expected

to correlate well with specific behaviors.

Self-esteem, too, was flat, except in how it correlated with "factual" items concerning contagiousness and whether there would be a cure, and the meaning items. For the correlations indicate that people who are high in self-esteem rate herpes as being more contagious than those low in self-esteem, indicating a kind of denial. However, people with high self-esteem were more likely to say that herpes would be cured. It is not surprising that people who are high in self-esteem would be more optimistic about herpes in general.

The "factual" questions provided some interesting results. Individuals who thought that herpes was very dangerous were also more concerned with feeling embarrassed and ashamed, and being labeled "promiscuous". People who thought herpes would be cured at some point in time were influenced by how disclosure could make for an honest and open relationship, and give their partner the option to have sex or not. Also, individuals who were hopeful about a cure were also less concerned with feeling ashamed, and with having their partner think them dirty, or think less of them in general. Overall, the results do not seem consistent with simple denial, for which one would expect negative correlations between the severity and outlook items. Here

we seem to have individuals either looking "positively" or "negatively" at the whole issue of herpes, disclosure.

Analysis of the meaning factors supports the conjecture that people form global construals of their experience. Individuals who view herpes as less bad (i.e., enemy, arousing less anger, etc.) and are more hopeful, also view disclosure more positively. The question becomes one of causal links between factual information, appraisal of herpes, and evaluation of the process of disclosure. Our study, because of its retrospective nature, cannot unambiguously define causal relationships. However, there are some interesting theoretical possibilities to explore.

Recall for a moment the firm relationships that were found between many of the symbolic items and the self-esteem index. Here, individuals with high esteem were less embarrassed about their herpes, and were much more hopeful. Do people have higher esteem because they do not think herpes is so bad, or does high esteem lead to more positive evaluations of the disease? Because self-esteem is a global trait, we should be very surprised if the former were in fact the case. It is much more likely that high esteem leads to more positive evaluations, although it is possible that experiences with herpes may affect esteem to some degree.

Individuals with high esteem probably treat herpes as a fact of their lives, but not a central, organizing feature. It also seems that individuals who have less dreary views of their disease are more willing to disclose this fact to potential sexual partners. What herpes means to an individual must be mirrored in how that individual believes others will respond to it.

This line of reasoning closely follows Pearlin and Schooler's model of the coping process (1978). In their model, psychological resources, like high self-esteem, enable individuals to draw from a larger repertoire of coping methods, here called specific coping responses. In the present analysis, high self-esteem may lead to less denial, less defeatist and more reality-oriented appraisals, and thus to responses that are ultimately adaptive.

Moving to an analysis of our results from a coping perspective enables us to make more sense of our so-called "halo effect". What we are actually seeing is an integrated, coherent response to an external challenge. One bit of the response is not completely independent from the next; it all flows from a central strategy, which may itself be more or less explicit, or more or less coherent. We do not mean to say that disclosure is simply a vestige of a larger movement to adapt. Rather, the decision to disclose

depends on numerous pieces of information, many of which are influenced by an individual's general approach to the disease. This is very evident in the "factual" information items. These are, of course, not "facts" at all; questions of how dangerous herpes is, or how contagious it is, or how soon it will be cured are not answered by medical science. As questions they are imprecise, they beg biomedical definition. Yet they are questions that must be answered by every individual who has herpes, just as every individual who has herpes must decide whether or not to disclose. The answers to these unanswerable questions are imputed, in part, by the larger coping mechanism.

Not having included outcome variables, we cannot answer the question of what kind of coping response is best. In fact, our study is basically inadequate for establishing what different coping types, or profiles, there may be for dealing with herpes. What we do see however, is an important relationship between a general evaluative dimension concerning herpes and many other facets of the coping response.

Conclusion

We began by asking, "Why do some people disclose while others do not?". Our investigations lead us to several important components of the decision to disclose. The first factor, construal of the disease, becomes background. In fact, it is probably well in place before any opportunity for disclosure ever arises. From an individual's perceptions of the challenge evolves a general organization of cognitive and behavioral contingencies for understanding and living with the disease. The structure of this coping response is influenced from many directions, including beliefs about the biology of herpes, and self-image. With this general framework in place, the individual assesses both outcomes of disclosure, and its moral value. The nature of the intimate relationship forms the context within which the decision takes place, and its construal is as important as that of herpes itself.

We are compelled to note that regardless of how neatly we can lay it forth on a printed page, the decision to disclose is difficult, draining, and emotionally charged. Many subjects noted that within themselves they can make peace with herpes, but contemplation of disclosure always

brings anxiety.

Most of my subjects seemed to handle herpes and the problems of disclosure in stride. However, without firm self-esteem, herpes can be incredibly isolating. It can become an organizing feature of an individual's self-image. Often, herpes victims are young people who are just beginning to establish their adult self-images, and are especially sensitive to problems with sex and sexuality. The individual must realize that he or she is fundamentally the same person as before infection. Having herpes is a fact, to be carefully considered and dealt with as such, not as a judgement or a handicap. Life can and should go on as before. The process of disclosure, while difficult, can become a workable part of that life.

REFERENCES

- Ajzen, I., & Fishbein, M. Attitude-behavior relations: A theoretical analysis and review of empirical research. Psychological Bulletin, 1977, 84, 888-918.
- Ajzen, I., & Fishbein, M. Understanding attitudes and predicting social behavior. Englewood Cliffs, NJ: Prentice-Hall, 1980.
- Alford, C.A., & Rapp, F. Genital herpes and cytomegalovirus infections. In King K. Holmes (Coordinator), Sexually transmitted diseases: 1980 status report. (DHHS Publication No. 81-2213). Washington, D.C.: U.S. Government Printing Office, 1980.
- Ansbacher, H., & Ansbacher, R. The individual psychology of Alfred Adler. New York: Harper and Row, 1964.
- Chelune, G.J. Self-disclosure. San Francisco: Josey-Bass, 1979.
- Christie, R., & Geis, F. Some consequences of taking Machiavelli seriously. In E.F. Borgotta & W.W. Lambert (Eds.), Handbook of personality theory and research. Chicago: Rand McNally, 1968.
- Christie, R., & Geis, F. Studies in Machiavellianism. New York: Academic Press, 1970.
- Corey, L. The natural history of genital HSV. The Helper, 1982, 4, 5-6.
- Cozby, P. Self-disclosure: A literature review. Psychological Bulletin, 1973, 79, 73-91.
- Deutsh, M., & Krauss, R. The effect of threat upon interpersonal bargaining. Journal of Abnormal and Social Psychology, 1960, 61, 181-189.
- Gorsuch, R., & Ortberg, J. Moral obligation and attitudes: Their relation to behavioral intention. Journal of Personality and Social Psychology, 1983, 44, 1025-1028.
- Hamilton, R. The Herpes Book. Los Angeles: Tarcher, 1980.

- Hart, G. Sexual maladjustment and disease. Chicago: Nelson-Hall, 1977.
- Holmes, K. STD's: An overview of the next decade. In King K. Holmes (Coordinator), Sexually transmitted diseases: 1980 status report. (DHHS Publication No. 81-2213). Washington, D.C.: U.S. Government Printing Office.
- Jenkins, C., & Zyzanski, S. Dimensions of belief and feeling concerning three diseases, poliomyelitis, cancer, and mental illness: A factor analytic study. Behavioral Science, 1968, 13, 372-381.
- Leo, J. Today's scarlet letter. Time, 1982, 120, 5, 62-66.
- Lipowski, Z. Physical illness, the individual and the coping process. Psychology in Medicine, 1970, 1, 91-102.
- Pearlin, L.I., & Schooler, C. The structure of coping. Journal of Health and Social Behavior, 1978, 19, 2-21.
- Nahmias, A., Josey, W., Naib, Z., & Visintine, A. Genital herpes infections. In R. Catterall & C. Nicol (Eds.), Sexually transmitted diseases. New York: Academic Press, 1976.
- Roizman, B., & Frenkl, N. Does genital herpes cause cancer? In R. Catterall & C. Nicol (Eds.), Sexually transmitted diseases. New York: Academic Press, 1976.
- Rosenberg, M. Society and the adolescent self-image. Princeton, NJ: Princeton University Press, 1965.
- Rubin, Z., Hill, C., Peplau, L., & Dunkel-Schetter, C. Self-disclosure in dating couples: Sex roles and the ethic of openness. Journal of Marriage and the Family, 1980, 52, 305-317.
- Schwartz S. Words, deeds, and the perception of consequences and responsibility in action situations. Journal of Personality and Social Psychology, 1968, 10, 232-242.
- Yeager, A. Herpes simplex and pregnancy. The Helper, 1982, 4, 3-4.

APPENDIX A

The Questionnaire

INFORMED CONSENT

I understand that I will be asked to complete a questionnaire concerning my understanding of, and attitudes towards, genital herpes, as well as my opinions about intimate relationships. I understand that some of this information that will be requested is personal in nature. I also understand that I may request further information about this study at any time, and that I am free to withdraw my consent and discontinue participation in this study, without penalty, at any time. If I desire, I can receive one (1) experimental credit.

I recognize that all information that I will provide is completely confidential and will be treated accordingly.

Signed _____

Date _____

Throughout the rest of the questionnaire, you will be asked to respond on seven-point rating scales. For example, a statement may be presented, followed by

Agree Strongly__ : __ : __ : __ : __ : __ : __ Disagree Strongly

You should place a check mark on the segment that corresponds to how you feel about the statement. For example, if you disagreed strongly with the statement, you would mark

Agree Strongly__ : __ : __ : __ : __ : Disagree Strongly

If you were neutral, mark

Agree Strongly__ : __ : : __ : __ : __ Disagree Strongly

Or, if you disagreed a little, mark

Agree Strongly__ : __ : __ : : __ : __ Disagree Strongly

"Agree strongly" and "Disagree strongly" are opposite poles. You are to mark the space between the poles that best represents your opinion. The same holds true for different endpoints, like "Very much like me" and "Not at all like me", or "Very important" and "Not at all important".

If you have any questions, feel free to ask the researcher.

2

On the scales provided, please indicate how likely or unlikely it is that the following statements are true.

(Note: In the following section, we are asking you only about "disclosing to a potential sexual partner that you have herpes". We could just have easily asked you about "not disclosing". Our choice between the two was essentially arbitrary.)

1. If I disclose to a potential sexual partner that I have herpes, I will be less likely to infect them.

likely__ : __ : __ : __ : __ : __ : __ unlikely

2. Disclosing to a potential sexual partner that I have herpes will lead to a more honest and open relationship.

likely__ : __ : __ : __ : __ : __ : __ unlikely

3. If I disclose to a potential sexual partner that I have herpes, I will be giving them the option to either have sex or not have sex with me.

likely__ : __ : __ : __ : __ : __ : __ unlikely

4. By disclosing to a potential sexual partner that I have herpes, I will be safeguarding our relationship against future trouble.

likely__ : __ : __ : __ : __ : __ : __ unlikely

5. By disclosing to a potential sexual partner that I have herpes, I will be acting in accordance with my conscience.

likely__ : __ : __ : __ : __ : __ : __ unlikely

6. If I disclose to a potential sexual partner that I have herpes, I wcn't have to try to keep an uncomfortable secret.

likely__ : __ : __ : __ : __ : __ : __ unlikely

7. If I disclose to a potential sexual partner that I have herpes, I will find out how much they really care for me.

likely__ : __ : __ : __ : __ : __ : __ unlikely

3

8. By disclosing I will fulfill an obligation I have to my potential sexual partner.

likely__:_:_:_:_:_:_:_unlikely

9. If I disclose that I have herpes, I may be rejected by my potential partner.

likely__:_:_:_:_:_:_:_unlikely

10. If I told a potential sexual partner that I had herpes, he or she may end up telling other people.

likely__:_:_:_:_:_:_:_unlikely

11. If I disclosed to a potential sexual partner that I had herpes, I would feel embarrassed.

likely__:_:_:_:_:_:_:_unlikely

12. If I disclose that I have herpes, a potential sexual partner will think that I am promiscuous.

likely__:_:_:_:_:_:_:_unlikely

13. If I disclosed to a potential sexual partner that I had herpes, I would feel ashamed.

likely__:_:_:_:_:_:_:_unlikely

14. If I disclosed to a potential sexual partner that I had herpes, he or she would think that I was dirty or disgusting.

likely__:_:_:_:_:_:_:_unlikely

15. If I disclosed to a potential sexual partner that I had herpes, he or she would think less of me as a person.

likely__:_:_:_:_:_:_:_unlikely

4

Please indicate whether or not you consider the following items to be good or bad.

1. Reducing my chances of infecting a sexual partner

good__:_:_:_:_:_:_:bad

2. Having a more honest and open relationship

good__:_:_:_:_:_:_:bad

3. Giving my partner the option to either have sex or not have sex with me

good__:_:_:_:_:_:_:bad

4. Safeguarding a relationship against future trouble

good__:_:_:_:_:_:_:bad

5. Acting in accordance with my conscience

good__:_:_:_:_:_:_:bad

6. Not having to try to keep an uncomfortable secret

good__:_:_:_:_:_:_:bad

7. Finding out how much a potential sexual partner really cares for me

good__:_:_:_:_:_:_:bad

8. Fulfilling an obligation I have to my potential sexual partner

good__:_:_:_:_:_:_:bad

9. Being rejected by my potential sexual partner

good__:_:_:_:_:_:_:bad

10. Having my potential sexual partner tell other people that I have herpes

good__:_:_:_:_:_:_:bad

5

11. Feeling embarrassed

good__:_:_:_:_:_:_:_bad

12. Having a potential sexual partner think that I am promiscuous

good__:_:_:_:_:_:_:_bad

13. Feeling ashamed

good__:_:_:_:_:_:_:_bad

14. Having a potential sexual partner think that I was dirty
or disgusting

good__:_:_:_:_:_:_:_bad

15. Having a potential sexual partner think less of me as a person

good__:_:_:_:_:_:_:_bad

6

Please indicate how likely it is that the following statements are true.

1. Most medical experts think I should disclose to potential sexual partners that I have herpes.

likely__ : __ : __ : __ : __ : __ unlikely

2. Most of my close friends think that I should disclose to potential sexual partners that I have herpes.

likely__ : __ : __ : __ : __ : __ unlikely

3. My parents think I should disclose to potential sexual partners that I have herpes.

likely__ : __ : __ : __ : __ : __ unlikely

4. My brothers and/or sisters think that I should disclose to potential sexual partners that I have herpes.

likely__ : __ : __ : __ : __ : __ unlikely

5. Most clergymen think I should disclose to potential sexual partners that I have herpes.

likely__ : __ : __ : __ : __ : __ unlikely

6. Most potential sexual partners I might encounter would think that I should disclose to them that I have herpes.

likely__ : __ : __ : __ : __ : __ unlikely

7. In general, I want to do what most medical experts think I should do.

likely__ : __ : __ : __ : __ : __ unlikely

8. In general, I want to do what my close friends think I should do.

likely__ : __ : __ : __ : __ : __ unlikely

9. In general, I want to do what my parents think I should do.

likely__ : __ : __ : __ : __ : __ unlikely

7

10. In general, I want to do what my brothers and/or sisters think I should do.

likely__::__:__:__:__:__:__:__:__unlikely

11. In general, I want to do what most clergymen think I should do.

likely__::__:__:__:__:__:__:__:__unlikely

12. In general, I want to do what my potential sexual partners think I should do.

likely__::__:__:__:__:__:__:__:__unlikely

8

Please respond to the following items on the scale or scales provided.

1. My disclosing to a potential sexual partner that I have herpes is

harmful__ : __ : __ : __ : __ : __ : __ beneficial
 good__ : __ : __ : __ : __ : __ : __ bad
 rewarding__ : __ : __ : __ : __ : __ : __ punishing
 unpleasant__ : __ : __ : __ : __ : __ : __ pleasant
 desirable__ : __ : __ : __ : __ : __ : __ undesirable

2. Most people who are important to me think

I should__ : __ : __ : __ : __ : __ : __ I should not
 disclose to a potential sexual partner that I have herpes.

3. I intend to disclose in the future to potential sexual partners
 that I have herpes.

likely__ : __ : __ : __ : __ : __ : __ unlikely

11

Please indicate the extent to which you agree or disagree with the following statements.

5. A. I cannot enjoy relationships that are solely centered around sex.

Strongly agree__ : __ : __ : __ : __ : __ : __ Strongly disagree

- B. Sometimes I seek out relationships which are simply sexual.

Strongly agree__ : __ : __ : __ : __ : __ : __ Strongly disagree

- C. Relationships that are intimate without true emotional involvement are insulting, demeaning, and dangerous.

Strongly agree__ : __ : __ : __ : __ : __ : __ Strongly disagree

- D. Sex is very important to me.

Strongly agree__ : __ : __ : __ : __ : __ : __ Strongly disagree

- E. Meaningful romantic relationships are very important to me.

Strongly agree__ : __ : __ : __ : __ : __ : __ Strongly disagree

12

Please respond to the following questions. Remember, there are no right or wrong answers. Do not spend too much time on any one question - first impressions are usually best.

1. Do you view herpes as a challenge?

Yes, very much__ : __ : __ : __ : __ : __ : __ No, not at all

2. Do you view herpes as an enemy?

Yes, very much__ : __ : __ : __ : __ : __ : __ No, not at all

3. Does herpes make you feel like a failure?

Yes, very much__ : __ : __ : __ : __ : __ : __ No, not at all

4. With respect to getting herpes, do you feel that you are to blame?

Yes, very much__ : __ : __ : __ : __ : __ : __ No, not at all

5. Does having herpes make you embarrassed or ashamed?

Yes, very much__ : __ : __ : __ : __ : __ : __ No, not at all

6. Does having herpes make you anxious and afraid?

Yes, very much__ : __ : __ : __ : __ : __ : __ No, not at all

7. Does having herpes make you miserable and depressed?

Yes, very much__ : __ : __ : __ : __ : __ : __ No, not at all

8. Does having herpes make you angry and resentful?

Yes, very much__ : __ : __ : __ : __ : __ : __ No, not at all

9. Do you feel optimistic and hopeful towards herpes?

Yes, very much__ : __ : __ : __ : __ : __ : __ No, not at all

10. Is herpes an important part of your life?

Yes, very much __ : __ : __ : __ : __ : __ : __ No, not at all

11. Since contracting herpes, have you had to alter your life in general much?

Yes, very much__ : __ : __ : __ : __ : __ : __ No, not at all

12. Since contracting herpes, have you had to alter your sex-life much?

Yes, very much__ : __ : __ : __ : __ : __ No, not at all

13. Does having herpes make you feel guilty?

Yes, very much__ : __ : __ : __ : __ : __ No, not at all

11

On each of the following scales, please rate how you feel about herpes by placing a check on the appropriate segment of the line.

Herpes is.....

1. dangerous ___:___:___:___:___:___ safe
2. permanent ___:___:___:___:___:___ temporary
3. valuable ___:___:___:___:___:___ worthless
4. clean ___:___:___:___:___:___ dirty
5. mysterious ___:___:___:___:___:___ well-understood
6. fair ___:___:___:___:___:___ unfair
7. fast ___:___:___:___:___:___ slow
8. active ___:___:___:___:___:___ passive
9. serious ___:___:___:___:___:___ mild
10. good ___:___:___:___:___:___ bad
11. punishing ___:___:___:___:___:___ rewarding
12. feeble ___:___:___:___:___:___ powerful
13. pleasant ___:___:___:___:___:___ unpleasant
14. deserved ___:___:___:___:___:___ undeserved

Each of the following statements is followed by two rating scales. On the first, indicate how true or false the statement is. On the second, please indicate how sure you are of your rating on the true/false scale.

1. Herpes is a severe and dangerous disease.

True __:__:__:__:__:__False

Very sure __:__:__:__:__:__Very unsure

2. Herpes can only be transmitted when sores are "active".

True __:__:__:__:__:__False

Very sure __:__:__:__:__:__Very unsure

3. People with herpes know when they are about to become "active".

True __:__:__:__:__:__False

Very sure __:__:__:__:__:__Very unsure

4. Herpes is very contagious.

True __:__:__:__:__:__False

Very sure __:__:__:__:__:__Very unsure

5. There is a cure for herpes.

True __:__:__:__:__:__Fales

Very sure __:__:__:__:__:__Very unsure

6. Herpes will never be cured.

True __:__:__:__:__:__False

Very sure __:__:__:__:__:__Very unsure

7. A cure for herpes will be found soon.

True __:__:__:__:__:__False

Very sure __:__:__:__:__:__Very unsure

10

Now we would like you to think over the opportunities you have had to disclose since you contracted herpes. Please answer the following questions honestly, remembering that your responses are completely confidential.

1. Since you contracted herpes, approximately how many different sexual relationships have you been engaged in?

2. In approximately what number of these relationships did you disclose to your partner that you had herpes?

3. Since you contracted herpes, has disclosure ever resulted in rejection by your partner? If so, how many times has this occurred?

4. Is there anything you would like to clarify or comment on at this point? Please do so below.

17

1. Over the past year, how many different individuals did you have sexual relations with?

If you have had herpes for less than one year, please put a check in the box and skip to the next page.

2. In how many of these relationships did you disclose to your lover that you had herpes?

-
3. In the past year, were there any occasions where your disclosing caused your potential partner to reject you? If so, how many?

-
4. Please list any points you would like to clarify or comments you would like to make.

In the following section, you will be presented with twenty groups of three questions each. For each group of three, find the item you agree with most. Mark it with a "+" in the space provided. Next, find the item you disagree with most. Mark it with a "-" in the space provided. For example, the following items have been marked to indicate that the respondent agrees most with the statement "Ice cream is fattening", and least with the statement "Hot dogs are bad for you":

- Example 1. A. + Ice cream is fattening.
B. Green beans often taste bland.
C. - Hot dogs are bad for you.

Please note that for each group of three questions, you are to mark two of them, one with a "+", the other with a "-".

Some of the choices you will find extremely difficult to make. There are no "right" or "wrong" answers. Please do not skip any of the groups of questions.

Remember, first impressions are often best. Do not waste too much time on any one item.

1. A. It takes more imagination to be a successful criminal than a successful business man.
B. The phrase "the road to hell is paved with good intentions" contains a lot of truth.
C. Most men forget more easily the death of their father than the loss of their property.
2. A. Men are more concerned with the car they drive than with the clothes their wives wear.
B. It is very important that imagination and creativity in children be cultivated.
C. People suffering from incurable diseases should have the choice of being put painlessly to death.
3. A. Never tell anyone the real reason you did something unless it is useful to do so.
B. The well-being of the individual is the goal that should be worked for before anything else.
C. Once a truly intelligent person makes up his mind about the answer to a problem he rarely continues to think about it.
4. A. People are getting so lazy and self-indulgent that it is bad for our country.
B. The best way to handle people is to tell them what they want to hear.
C. It would be a good thing if people were kinder to others less fortunate than themselves.
5. A. Most people are basically good and kind.
B. The best criteria for a wife or husband is compatibility--- other characteristics are nice but not essential.
C. Only after a man has gotten what he wants from life should he concern himself with the injustices in the world.
6. A. Most people who get ahead in the world lead clean, moral lives.
B. Any man worth his salt shouldn't be blamed for putting his career above his family.
C. People would be better off if they were concerned less with how to do things and more with what to do.
7. A. A good teacher is one who points out unanswered questions rather than gives explicit answers.
B. When you ask someone to do something for you, it is best to give the real reasons for wanting it rather than giving reasons which might carry more weight.
C. A person's job is the best single guide as to the sort of person he or she is.

- 20
8. A. The construction of such monumental works as the Egyptian pyramids was worth the enslavement of the workers who built them.
- B. Once a way of handling problems has been worked out it is best to stick to it.
- C. One should take action only when sure that it is morally right.
9. A. The world would be a much better place to live in if people would let the future take care of itself and concern themselves only with enjoying the present.
- B. It is wise to flatter important people.
- C. Once a decision has been made, it is best to keep changing it as new circumstances arise.
10. A. It is a good policy to act as if you are doing the things you do because you have no other choice.
- B. The biggest difference between most criminals and other people is that criminals are stupid enough to get caught.
- C. Even the most hardened and vicious criminal has a spark of decency somewhere within him.
11. A. All in all, it is better to be humble and honest than to be important and dishonest.
- B. A man who is able and willing to work hard has a good chance of succeeding in whatever he wants to do.
- C. If a thing does not help us in our daily lives, it isn't very important.
12. A. A person shouldn't be punished for breaking a law which he thinks is unreasonable.
- B. Too many criminals are not punished for their crime.
- C. There is no excuse for lying to someone else.
13. A. Generally speaking, men won't work hard unless they're forced to do so.
- B. Every person is entitled to a second chance, even after he commits a serious mistake.
- C. People who can't make up their minds aren't worth bothering about.
14. A. A man's first responsibility is to his wife, not his mother.
- B. Most men are brave.
- C. It's best to pick friends that are intellectually stimulating rather than ones it is comfortable to be around.

15. A. There are very few people in the world worth concerning oneself about.
B. It is hard to get ahead without cutting corners here and there.
C. A capable person motivated for his own gain is more useful to society than a well-meaning but ineffective one.
16. A. It is best to give others the impression that you can change your mind easily.
B. It is a good working policy to keep on good terms with everyone.
C. Honesty is the best policy in all cases.
17. A. It is possible to be good in all respects.
B. To help oneself is good; to help others even better.
C. War and threats of war are unchangeable facts of human life.
18. A. Barnum was probably right when he said that there's at least one sucker born every minute.
B. Life is pretty dull unless one deliberately stirs up some excitement.
C. Most people would be better off if they controlled their emotions.
19. A. Sensitivity to the feelings of others is worth more than poise in social situations.
B. The ideal society is one where everybody knows his place and accepts it.
C. It is safest to assume that all people have a vicious streak and it will come out when they are given a chance.
20. A. People who talk about abstract problems usually don't know what they are talking about.
B. Anyone who completely trusts anyone else is asking for trouble.
C. It is essential for the functioning of a democracy that everyone votes.

22

Please indicate the extent to which you agree or disagree with each of the following items by marking the appropriate segment of the rating scale. There are no "right" or "wrong" answers - we are simply asking for your personal opinion.

1. If a good friend of mine wanted to injure an enemy of his, it would be my duty to try to stop him.

Strongly agree__:_:_:_:_:_:___Strongly disagree

2. Failing to return the money when you are given too much change is the same as stealing from a store.

Strongly agree__:_:_:_:_:_:___Strongly disagree

3. I wouldn't feel that I had to do my part in a group project if everyone was lazy.

Strongly agree__:_:_:_:_:_:___Strongly disagree

4. If I hurt someone unintentionally, I would feel almost as guilty as I would if I had done the same thing intentionally.

Strongly agree__:_:_:_:_:_:___Strongly disagree

5. Gossiping is so common in our society that a person who gossips once in a while can't really be blamed so much.

Strongly agree__:_:_:_:_:_:___Strongly disagree

6. When a person is nasty to me, I feel very little responsibility to treat him well.

Strongly agree__:_:_:_:_:_:___Strongly disagree

7. I would feel less bothered about leaving litter in a dirty park than in a clean one.

Strongly agree__:_:_:_:_:_:___Strongly disagree

8. No matter what a person has done to us, there is no excuse for taking advantage of him.

Strongly agree__:_:_:_:_:_:___Strongly disagree

3

9. When a man is completely involved in valuable work, you can't blame him if he is insensitive to those around him.

Strongly agree__:'__:'__:'__:'__:'__:'__Strongly disagree

10. If I damaged someone's car in an accident that was legally his fault, I would still feel somewhat guilty.

Strongly agree__:'__:'__:'__:'__:'__:'__Strongly disagree

11. When you consider how hard it is for an honest businessman to get ahead, it is easier to forgive shrewdness in business.

Strongly agree__:'__:'__:'__:'__:'__:'__Strongly disagree

12. When a person is pushed hard enough, there comes a point beyond which anything he does is justifiable.

Strongly agree__:'__:'__:'__:'__:'__:'__Strongly disagree

13. Even if something you borrow is defective you should still replace it if it gets broken.

Strongly agree__:'__:'__:'__:'__:'__:'__Strongly disagree

14. You can't blame basically good people who are forced by their environment to be inconsiderate of others.

Strongly agree__:'__:'__:'__:'__:'__:'__Strongly disagree

15. No matter how much a person is provoked, he is always responsible for whatever he does.

Strongly agree__:'__:'__:'__:'__:'__:'__Strongly disagree

16. Being upset or preoccupied does not excuse a person for doing anything he would ordinarily avoid.

Strongly agree__:'__:'__:'__:'__:'__:'__Strongly disagree

17. As long as a businessman doesn't break laws, he should feel free to do his business as he sees fit.

Strongly agree__:'__:'__:'__:'__:'__:'__Strongly disagree

24

18. Occasionally in life a person finds himself in a situation in which he has absolutely no control over what he does to others.

Strongly agree __:__:__:__:__:__Strongly disagree

19. I would feel obligated to do a favor for a person who needed it, even though he had not shown gratitude for past favors.

Strongly agree __:__:__:__:__:__Strongly disagree

20. With the pressure for grades and the widespread cheating in schools nowadays, the individual who cheats occasionally is not really much at fault.

Strongly agree __:__:__:__:__:__Strongly disagree

21. I wouldn't feel badly about giving offense to someone if my intentions had been good.

Strongly agree __:__:__:__:__:__Strongly disagree

22. Extenuating circumstances never completely remove a person's responsibility for his actions.

Strongly agree __:__:__:__:__:__Strongly disagree

23. You can't expect a person to act much differently from everyone else.

Strongly agree __:__:__:__:__:__Strongly disagree

24. It doesn't make much sense to be very concerned about how we act when we are sick and feeling miserable.

Strongly agree __:__:__:__:__:__Strongly disagree

25. You just can't hold a store clerk responsible for being rude and impolite at the end of a long work day.

Strongly agree __:__:__:__:__:__Strongly disagree

26. Professional obligations can never justify neglecting the welfare of others.

Strongly agree __:__:__:__:__:__Strongly disagree

27. If I broke a machine through mishandling, I would feel less guilty if it was already damaged before I used it.

Strongly agree__ : __ : __ : __ : __ : __ Strongly disagree

28. When you have a job to do, it is impossible to look out for everybody's best interests.

Strongly agree__ : __ : __ : __ : __ : __ Strongly disagree

26

Please indicate the extent to which you agree or disagree with the following items.

1. I feel that I'm a person of worth, at least on an equal basis with others.

Strongly agree__:_:_:_:_:_:_: Strongly disagree

2. I feel that I have a number of good qualities.

Strongly agree__:_:_:_:_:_:_: Strongly disagree

3. All in all, I am inclined to feel that I am a failure.

Strongly agree__:_:_:_:_:_:_: Strongly disagree

4. I am able to do things as well as most other people.

Strongly agree__:_:_:_:_:_:_: Strongly disagree

5. I feel I do not have much to be proud of.

Strongly agree__:_:_:_:_:_:_: Strongly disagree

6. I take a positive attitude toward myself.

Strongly agree__:_:_:_:_:_:_: Strongly disagree

7. On the whole, I am satisfied with myself.

Strongly agree__:_:_:_:_:_:_: Strongly disagree

8. I wish I could have more respect for myself.

Strongly agree__:_:_:_:_:_:_: Strongly disagree

9. I certainly feel useless at times.

Strongly agree__:_:_:_:_:_:_: Strongly disagree

10. At times I think I am no good at all.

Strongly agree__:_:_:_:_:_:_: Strongly disagree

27

1. How old are you? _____
2. Sex: Male _____ Female _____
3. Are you currently married _____ or living with someone _____?
If so, for how long?

4. In the past year, have you had only one exclusive intimate relationship? If so, how long have you been so involved?
5. When did you contract herpes? (Month and year) _____
6. Please list below any medical complications of your herpes, and when you had them.
7. Did the person who gave you herpes tell you beforehand that they had herpes? Please explain.
8. How often do you have active lesions? _____
9. For how long a period of time do you generally remain active?

10. Have you ever infected anyone else? Please explain. Did you disclose?
11. Do any of your friends have herpes? If so, how many? _____
12. Does anyone in your family know that you have genital herpes? If so, please list their relation to you.
13. Do any of your friends know that you have herpes? How many? Did you tell them?
14. Does anyone know you have herpes who is not covered in questions 12 and 13 above? If so, please explain.

26

15. Please rate whether or not you try to keep that fact that you have herpes a secret.

Yes, I try hard to keep it a secret _____ No, I do not try to keep it a secret _____

16. Please rate whether or not you believe herpes is widespread.

Yes, herpes is widespread _____ No, herpes is not widespread _____

17. How well informed about herpes do you think you are?

Very well informed _____ Not at all informed _____

18. Please use this opportunity to tell us anything you would like about herpes or disclosing that would help us understand what your experience is like.

APPENDIX B

Tables

Table 1
Correlations Relevant to the Attitude Model

	2	3	4	5	6	7	8
1 Simple intention	.8435***	.2517	.1634	.3520	.0531	.4196	.0344
2 Intention index	--	.3938**	.2697	.4702**	.0991	.4464**	.1322
3 Attitude scale	--	--	.7018***	.4401**	.2857	.3714**	.6581***
4 Attitude index	--	--	--	.1396	.2158	.5101***	.9325***
5 Subjective norm	--	--	--	--	.5470***	.2947*	.0639
6 Normative index	--	--	--	--	--	.2913	.1435
7 Moral belief index	--	--	--	--	--	--	.1651
8 Non-moral belief index	--	--	--	--	--	--	--

*= P < .05 **= P < .01 ***= P < .001

Table 2
Intention Items Intercorrelation Matrix

	2	3	4	5
1 General intention	.6576***	.7919***	.5849***	.5254***
2 Casual scenario intention	--	.5420***	.6301***	.3853**
3 Serious scenario intention		—	.5908***	.7616***
4 Casual scenario intention, noncontagious			--	.4865**
5 Serious scenario intention, noncontagious				—

* = p<.05 ** = p<.01 *** = p<.001

Table 3
Moral Belief Intercorrelation Matrix

	2	3	4
1 Disclosing leads to a more honest relationship	.3206*	.5645***	.3003*
2 Disclosing is in accord with my conscience		.6381***	.3321*
3 If I disclose I won't have to keep an uncomfortable secret			.3984**
4 By disclosing I will fulfill an obligation to my partner			--

* = p < .05 ** = p < .01 *** = p < .001

Table 4
Correlations of Behavior and Intention

	Disclosure since contracting (n=27)	Disclosure in past year (n=20)
Simple intention	.5350**	.6213***
Intention index	.6792***	.4561*
Casual scenario intention	.3053	.2980
Serious scenario intention	.6396***	.3616
Casual scenario intention, contagious	.1629	.2690
Serious scenario intention, contagious	-.0678	.2863
Casual scenario intention, noncontagious	.7214***	.3553
Serious scenario intention, noncontagious	.4983**	.2348

* = p<.05 ** = p<.01 *** = p<.001

Table 5

Means of the Scenario Rating Scales

	Casual scenario mean	Serious scenario mean	t	p
General disclosure	-.4242	1.3939	5.37	.000
General importance	-.8182	2.2121	12.03	.000
Sexual importance	.8788	1.8788	3.32	.002
Emotional importance	.0303	2.5152	8.32	.000
Typical of self	-.6970	1.3030	5.01	.000
Disclosure if contagious	2.7879	2.8788	1.14	.263
Disclosure if noncontagious	-1.1212	.8182	5.41	.000

Note: Degrees of freedom are 32 for all tests. P values are two-tailed.

Table 6
 Correlations of Specific Scenario Intention Items
 and Moral Belief Scale

	Moral belief scale
Casual scenario contagious intention	.5275***
Serious scenario contagious intention	.4712**
Casual scenario noncontagious intention	.2576
Serious scenario noncontagious intention	.5421***

* = p < .05 ** = p < .01 *** = p < .001

Table 7

Correlations Between Importance Measures and
Attitude, Intention and Behavior

	Attitude	Intention index	Disclosure since contracting	Disclosure in past year
Casual scenario general importance	.5522***	.3650*	.4650**	.4159*
Serious scenario general importance	.6195***	.3260*	.5117**	.1661
Casual scenario sexual importance	.5248***	.0829	.1241	-.0758
Serious scenario sexual importance	.2404	.4318**	.3564*	.3948*
Casual scenario emotional importance	.3622*	.4608**	.3408*	.2908
Serious scenario emotional importance	.2327	.2544	.0954	.0267

* = p < .05 ** = p < .01 *** = p < .001

Note: N=27 for correlations with disclosure since contracting.
N=20 for correlations with disclosure in the past year.

Table 8

Correlations Between Personality Variables
and Attitude, Intention and Behavior

	Attitude	Intention index	Disclosure since contracting	Disclosure in past year
Machiavelliansim	-.0102	-.0913	.1039	-.2288
Social Responsibility	-.0060	.1189	.2306	.2018
Self-Esteem	-.0247	-.1418	-.1188	-.1660

Table 9

Distribution of Responses to the Factual Information Items

	True, Sure					False, Unsure	
	1	2	3	4	5	6	7

Herpes is dangerous							
True-false	5	1	9	5	7	4	2
Sure-unsure	8	16	5	4	0	0	0
Herpes can only be transmitted when sores are active							
True-false	10	6	2	0	1	7	7
Sure-unsure	14	9	4	3	2	0	0
People are aware of their prodromes							
True-false	7	8	4	5	4	2	3
Sure-unsure	14	8	6	3	0	1	1
Herpes is contagious							
True-false	15	9	4	4	0	1	0
Sure-unsure	14	12	7	0	0	0	0
There is a cure							
True-false	0	0	1	1	1	0	30
Sure-unsure	24	3	4	1	0	0	1
There will never be a cure							
True-false	1	1	0	7	3	8	13
Sure-unsure	12	8	5	6	0	0	2
There will soon be a cure							
True-false	4	4	4	13	1	5	2
Sure-unsure	6	3	10	9	0	2	3

Table 10
Correlations Between Factual Items and
Attitude, Intention, and Behavior

	Attitude	Intention index	Disclosure since contracting	Disclosure in past year
Herpes is dangerous				
True-false	.0333	-.0639	-.0745	-.1462
Sure-unsure	.2077	.1534	.0820	-.2242
Hepes can only be transmitted when sores are active				
True-false	.0754	.0464	-.0855	-.0003
Sure-unsure	-.1527	.3145*	.2821	.4906**
People are aware of their prodromes				
True-false	-.1629	.0625	-.0818	.3823*
Sure-unsure	.1567	.4059**	.2309	.4805**
Herpes is contagious				
True-false	.0646	.1865	.0486	.2552
Sure-unsure	.0172	.1027	.0329	.2262
There is a cure				
True-false	-.0800	-.2963	-.1094	.1930
Sure-unsure	.1082	.3519*	.2304	.2085
There will never be a cure				
True-false	.2701	.0039	-.1089	.1921
Sure-unsure	.1573	.2171	.2553	.1630
There will someday be a cure				
True-false	-.1094	.1362	.2005	.3370
Sure-unsure	.4585**	.2091	-.0085	-.0699

* = $p < .05$ ** = $p < .01$ *** = $p < .001$

Table 11
 Correlations Between Belief-times-evaluation and
 Condensed Factual Items

	Herpes is dangerous	Only transmit when active	People aware of prodrome	Herpes is very contagious
If I disclose, I'm less likely to infect	-.0762	-.2593	.1742	.1322
Disclosure leads to honest relationship	.1156	-.2443	.1231	-.2021
Gives partner option to have sex	-.0232	-.0540	.1141	.0493
Safeguards against future trouble	.2641	.0231	.0193	.0930
Will be acting in accord with conscience	.1573	-.2475	-.0022	-.0884
Won't have to keep uncomfortable secret	.0815	-.2289	.0743	-.0940
Fulfill obligation to partner	-.2646	-.3714*	.0762	.1299
If I disclose, I may be rejected	-.1093	.3269*	-.2219	-.1890
Partner may tell others	.1595	.0526	.0995	.0292
I would feel embarrassed	-.4017**	.0137	.1310	-.0888
Partner would think me promiscuous	-.4127**	.0719	.1110	-.0610
I would feel ashamed	-.3579*	.1123	.2034	.2201
Partner would think I was disgusting	-.1811	.0976	.2148	.0132
Partner would think less of me	-.1176	-.0257	.1111	.1229

Note: For the belief-evaluation items, a high number indicates that the item contributes to making the respondent disclose, regardless of whether it is phrased positively or negatively, relative to disclosure.

Table 11, continued

	There is a cure	There will never a cure	There will be a cure soon
If I disclose, I'm less likely to infect	.0167	.0593	-.3333*
Disclosure leads to honest relationship	.0623	.3381*	-.3875*
Disclosure gives partner option to have sex	.1746	-.2085	.1149
Disclosure safeguards against future trouble	-.1971	.0928	-.2583
Disclosure means acting in accord with conscience	-.0480	.0846	-.2014
Won't have to try to uncomfortable secret	.0079	.2349	-.2383
Disclosure fulfills obligation to partner	.1803	.2244	.2606
Disclosure make lead to rejection	.3013*	-.1742	-.0661
Partner may tell other people	.0288	.1117	.0415
If I disclose, I would feel embarrassed	.1293	-.0977	-.2758
Partner would think me promiscuous	.1123	.2211	.3120*
If I disclose, I would feel ashamed	-.0411	.1094	-.1549
Partner would think me dirty	.0738	.3368*	-.2292
Partner would think less of me	.0027	.4577**	-.4080**

* = $p < .05$ ** = $p < .01$ *** = $p < .001$

Table 12

Correlations Between Lipowski's Coping Index and
Attitude, Behavior, and Self-Esteem

	Attitude	Disclosure since contracting	Disclosure in past year	Self- esteem
View herpes as challenge	.1827	.0469	.1365	-.2659
View herpes as an enemy	.3932**	.1751	.0110	.1769
Make you feel like a failure	.4938**	.0751	-.0737	.2203
Do you feel you are to blame	.0776	.0504	-.0870	.0630
Make you feel embarrassed	.4549**	.2103	-.1711	.4125**
Make you feel anxious or afraid	.2985*	-.0325	.0351	.3988**
Make you feel miserable and depressed	.2354	.0893	.2629	.3545*
Does having herpes make you feel angry	.4409**	.0912	.0134	.0528
Do you feel optimistic about herpes	-.6316***	-.2039	.1974	-.4058**
Is herpes an important part of your life	.1197	-.2657	.2016	.2122
Have you had to alter your life much	.3845*	.0535	.1054	.2350
Have you had to alter your sex-life much	.3058*	-.2043	-.0388	.1062
Does having herpes make you feel guilty	.3144*	.0378	-.0699	.3322*

Note: Meaning items were rated from 'yes, very much' =1, to 'no, not at all' =7
 * = p<.05 ** = p<.01 *** = p<.001

Table 13

Correlations Between Evaluations of Herpes and
Attitude, Behavior, and Self-esteem

	Attitude	Disclosure since contracting	Disclosure in past year	Self esteem
Dangerous-safe	.0925	-.3821*	-.5358**	.0600
Permanent-temporary	.3520*	.0618	.0097	.2744
Valuable-worthless	-.1855	-.0041	-.1668	-.2157
Clean-dirty	-.2440	-.3032	.3449	-.3032
Mysterious-understood	.0671	.0113	-.0258	.1199
Fair-unfair	-.2454	.0058	-.4354*	-.1100
Fast-slow	.0240	-.1430	-.2496	.0604
Active-passive	.1088	-.3067	-.1688	.1144
Serious-mild	.2493	-.3645*	-.3664*	.1903
Good-bad	-.5952***	-.2237	-.0067	-.0302
Punishing-rewarding	.3746*	.3071	.1661	.3539*
Feeble-powerful	-.3821*	-.1693	-.1427	-.1572
Pleasant-unpleasant	-.2978*	-.0257	-.1999	-.2481
Deserved-undeserved	.0181	.0311	-.3694*	.0416

* = p < .05 ** = p < .01 *** = p < .001

