35. HIV infection is a punishment for immoral behavior.
36. I would not be afraid to take care of a family member with AIDS.
37. If I discovered that my roommate had AIDS, I would move out.
38. I would contribute money to an HIV infection research project if I were making a charitable contribution.
39. The best way to get rid of HIV infection is to get rid of homosexuality.
40. Churches should take a strong stand against drug abuse and homosexuality to prevent the spread of AIDS.
41. Insurance companies should not be allowed to cancel insurance policies for AIDS-related reasons.
42. Money being spent on HIV infection research should be spent instead on diseases that affect innocent people.
43. A person who gives HIV to someone else should be legally liable for any medical expenses.
44. The spread of AIDS in the United States is proof that homosexual behavior should be illegal.
45. A list of people who have HIV infection should be kept by the government.
46. I could comfortably discuss AIDS with others.
47. People with AIDS are not worth getting to know.
48. I have no sympathy for homosexuals who get HIV infection.
49. Parents who transmit HIV to their children should be prosecuted as child abusers.
50. People with AIDS should be sent to sanitariums to protect others from AIDS.
51. People would not be so afraid of AIDS if they knew more about the disease.
52. Hospitals and nursing homes should not refuse to admit patients with HIV infection.
53. I would not avoid a friend if s/he had AIDS.
54. The spread of HIV in our society illustrates how immoral the United States has become.

AIDS Discussion Strategy Scale

WILLIAM E. SNELL, JR., Southeast Missouri State University

In order to gain insight into the nature of how people discuss sexual topics, such as AIDS, with a potential sex partner, Snell and Finney (1990) developed the AIDS Discussion Strategy Scale (ADSS), an objective self-report instrument designed to measure the types of interpersonal discussion strategies that women and men use if they want to discuss AIDS with an intimate partner. The ADSS was found to have subscales involving the use of six specific types of discussion tactics: rational strategies, defined as straightforward, reasonable attempts to discuss AIDS in a forthright manner with an intimate partner; manipulative strategies, defined as deceptive and indirect efforts to persuade an intimate partner to engage in conversation about AIDS; withdrawal strategies, defined as attempts to actually avoid any extended interpersonal contact with an intimate partner until this individual agrees to a discussion about AIDS; charm strategies, defined as acting in pleasant and charming ways toward an intimate partner in order to promote a discussion about AIDS; subtlety strategies, defined as involving the use of hinting and subtle suggestions in order to elicit a conversation about AIDS; and persistence strategies, defined as persistent and continuous attempts to try to influence an intimate partner to discuss AIDS.

Description

The ADSS consists of 72 items. Subjects respond to the 72 items on the ADSS using a 5-point Likert-type scale: –2 = definitely would not do this, –1 = might not do this, 0 = not sure whether I would do this, 1 = might do this, and 2 = would definitely do this. To determine whether the 72 items on the ADSS would form independent clusters of items, a principal components factor analysis with varimax rotation was conducted. Six factors with eigenvalues greater than 1 were extracted. Those items that loaded on unique factors (coefficients greater than .30) were used to construct six subscales for the ADSS. The number of items on the respective subscales were as follows: Rational (26 items), Manipulation (20 items), Withdrawal (4 items), Charm (5 items), Subtlety (3 items), and Persistence (4 items).

Response Mode and Timing

Respondents indicate their response on a computer scan sheet by darkening in a response from A to E for each item. The questionnaire usually requires about 45 minutes to complete.

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Scoring

The labels and items for the ADSS subscales are Rational (Items 2, 4, 8, 9, 11, 12, 14, 16, 17, 18, 21, 23, 25, 28, 29, 31, 32, 35, 37, 43, 49, 53, 55, 61, 65, 67); Manipulation (Items 5, 6, 13, 20, 22, 24, 27, 38, 40, 42, 44, 45, 48, 52, 54, 57, 58, 69, 70, 72); Withdrawal (Items 39, 51, 56, 63); Charm (Items 9, 36, 60, 64, 66); Subtlety (Items 3, 10, 50); and Persistence (Items 7, 41, 46, 47). The ADSS items are coded so that A = –2, B = –1, C = 0, D = +1, and E = +2 (no items are reverse coded). Then, the items on each subscale are averaged so that higher scores indicate a greater likelihood of using this type of AIDS-related discussion strategy.

Reliability

Reliability analyses were conducted on each subscale using Cronbach's alpha measure of interitem consistency. In two investigations reported by Snell and Finney (1990), all six subscales were found to have more than adequate internal consistency: Rational (.96, .96), Manipulation (.93, .92), Withdrawal (.83, .85), Charm (.81, .82), Subtlety (.74, .66), and Persistence (.81, .80).

Validity

Gender comparisons on the ADSS (Snell & Finney, 1990) indicate that females reported they would be more likely than males to use rational approaches to discuss AIDS with an intimate partner; that females were less likely than males to report that they would use manipulative tactics to persuade an intimate partner to discuss the topic of AIDS; and that females reported that they would be less likely than males to use charm to persuade an intimate partner to talk about AIDS. Although no other gender effects were found, it is informative to note that both males and females reported that they would use subtlety in trying to discuss AIDS with an intimate partner. By contrast, both males and females indicated that they would be less likely to use withdrawal tactics to elicit a discussion on AIDS with a close partner.

Correlations between the ADSS and the Stereotypes About AIDS Scale (Snell & Finney, 1990) indicated that people's use of AIDS-related discussion strategies were associated with their privately held stereotypes about AIDS. Also, people's willingness to use a variety of strategies to discuss the topics of AIDS with an intimate partner was associated with their own personal sexual dispositions, sexual attitudes, and sexual behaviors. Moreover, the pattern of findings indicated both some similar as well as some unique gender-related findings. For both males and females, the use of manipulative AIDS-related discussion strategies was directly related to their sexual traits (i.e., sexual depression and sexual preoccupation), their sexual attitudes (i.e., manipulative and casual sexual attitudes), and their sexual behaviors (i.e., an exchange orientation to sexual relations). Other gender similarities showed that both men and women who held sexually manipulative attitudes endorsed the use of charm as a tactic for discussing AIDS with a potential sexual partner; and both men and women whose orientation toward their sexual relations was based on mutual caring and concern reported that they would use persistence as a strategy for discussing AIDS with a potential sex partner. Although there was considerable similarity in the way that men's and women's sexual dispositions, attitudes, and behaviors impacted their use of AIDS-related discussion strategies, other findings were more gender specific. For example, women with greater sexual esteem were more likely to report that they would use rational strategies and were less likely to use manipulation and charm as avenues for discussing AIDS. Among males, by contrast, sexual esteem was associated with less willingness to use charm to elicit a conversation about AIDS with a partner.

Reference


Exhibit

The AIDS Discussion Strategy Scale

Instructions: Suppose you wanted to talk to a potential or current sexual partner about AIDS. The following statements concern the types of things you might do if you wanted to discuss the topic of AIDS (Acquired Immune Deficiency Syndrome) with a sexual partner (either a current sexual partner or a future sexual partner). More specifically, we are interested in whether you would use each of the behaviors listed below. To provide your responses, use the following scale:

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
</tr>
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<tbody>
<tr>
<td>=</td>
<td>=</td>
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<tr>
<td>Definitely would not do this.</td>
<td>Might not do this.</td>
<td>Not sure whether I would do this.</td>
<td>Might do this.</td>
<td>Would definitely do this.</td>
</tr>
</tbody>
</table>

Remember: Be sure to respond to each and every statement; leave no blanks.
1. My partner and I would compromise about the aspects of the topic of AIDS we’d discuss.
2. I would try to reason with my partner to influence him/her to discuss AIDS.
3. I would drop hints about wanting to discuss the topic of AIDS.
4. I would simply tell my partner that I wanted to discuss AIDS with him/her.
5. I would put on a sweet face to induce my partner to discuss AIDS-related issues.
6. I would try to get my partner to discuss AIDS by doing some fast talking.
7. I would continually attempt to discuss the issue of AIDS.
8. I would try to discuss AIDS with my partner.
9. I would explain the reason that it’s important for us to discuss AIDS.
10. I would subtly bring up the topic of AIDS.
11. I would state in a matter-of-fact way that I wanted to talk about AIDS.
12. I would try to look sincere to make the person more willing to talk about AIDS.
13. I would persuade my partner to discuss AIDS by telling some small white lies.
14. I would try to discuss the topic of AIDS, despite any obstacles from my partner.
15. I would try to negotiate what AIDS-related topics we’d be willing to discuss.
16. I would argue in a logical way that it’s important for us to discuss AIDS.
17. I would make suggestions that we discuss AIDS.
18. I would simply ask to discuss AIDS with my partner.
19. I would try to put my partner in a good mood before trying to talk about AIDS.
20. I would use deception to get my partner to talk about AIDS.
21. I would talk with my partner about AIDS even if s/he didn’t want to.
22. I would tell my sexual partner that I’d do something special if s/he’d discuss AIDS with me.
23. I would explain the reason why I want to discuss AIDS.
24. I would try to make my partner think that s/he wanted to talk about AIDS.
25. I would tell my partner it’s in his/her best interest to discuss the issue of AIDS.
26. I would get mad if my partner didn’t want to discuss the topic of AIDS.
27. I would make my partner believe that s/he would be doing me a favor by discussing AIDS.
28. I would try to persuade my partner to discuss AIDS-related issues.
29. I would try to discuss the topic by convincing my partner that it’s really important.
30. I would make my partner realize that I have a legitimate right to demand we talk about AIDS.
31. I would try to make my partner feel like discussing topics related to AIDS.
32. I would demand to discuss aspects of our relationship that deal with AIDS.
33. I would try to make my partner feel bad or guilty if s/he didn’t discuss AIDS with me.
34. I would moralize about the topic of AIDS.
35. I would talk my partner into discussing issues dealing with AIDS.
36. I would give my partner a big hug to put her/him in a good mood to discuss AIDS.
37. I would tell my partner that it’s important for us to discuss AIDS.
38. I would con my partner into discussing things about AIDS.
39. I would keep bugging my partner to discuss the topic of AIDS.
40. I would use flattery to persuade my partner to discuss AIDS.
41. I would tell my partner I want to talk about AIDS.
42. I would pout or threaten to cry if I didn’t get my way in discussing AIDS.
43. I would promise sexual rewards if we first discussed AIDS.
44. I would repeatedly remind my partner that I want to discuss AIDS.
45. I would keep trying to discuss AIDS issues with my partner.
46. I would become especially affectionate so my partner would agree to discuss AIDS issues.
47. I would insist that my partner and I discuss AIDS.
48. I would drop subtle hints that I want to talk about AIDS.
49. I would refrain from sexual contact until we discussed AIDS.
50. I would try to use coercion or blackmail to make my partner discuss AIDS.
51. I would try my hardest to make my partner discuss AIDS.
52. I would blow up in anger if s/he would not discuss the issue of AIDS.
53. I would state my need to discuss AIDS with my partner.
54. I would withhold affection and act cold until s/he discusses the topic of AIDS with me.
55. I would tell my partner that unless we discussed AIDS, I would never talk with him/her again.
58. I would get angry and demand that s/he talk about AIDS with me.
59. I would give up if my partner refused to discuss any AIDS-related issues.
60. I would appeal to my partner’s love/affection for me as a basis for our discussing AIDS.
61. I would ask my partner if s/he wanted to discuss AIDS.
62. I would argue until my partner agreed to discuss the topic of AIDS with me.
63. I would refuse to interact further with my partner unless we first discussed AIDS.
64. I would act nice so that my partner could not refuse to discuss AIDS with me.
65. I would convince my partner that we need to discuss AIDS.
66. I would be especially sweet, charming, and pleasant before bringing up the subject of AIDS.
67. I would tell my partner we are close enough to discuss AIDS.
68. I would loudly voice my desire to discuss the topic of AIDS.
69. I would pretend to be an expert about AIDS.
70. I would plead or beg my partner to talk about the disease AIDS.
71. I would get someone else to help persuade my partner to discuss AIDS.
72. I would tell my partner I have a lot of knowledge about the topic of AIDS.

Multidimensional AIDS Anxiety Questionnaire

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Although considerable medical attention has been recently focused on AIDS, relatively little is known about the amount and nature of anxiety that this disease may be fostering in segments of society. To better understand the public’s reaction to AIDS, a multidimensional self-report measure of anxiety experienced about AIDS was developed, the Multidimensional AIDS Anxiety Questionnaire (MAAQ; Finney & Snell, 1989; Snell & Finney, 1996). Factor analysis indicated that the MAAQ items correspond to five concepts concerned with AIDS anxiety: (a) AIDS-related anxiety manifested as physiological arousal, (b) AIDS-related anxiety manifested as fear, (c) AIDS-related anxiety manifested as cognitive worry, (d) AIDS-related anxiety manifested as sexual inhibition, and (e) AIDS-anxiety manifested as discussion inhibition.

Description

The MAAQ consists of 50 items. In responding to the MAAQ, individuals are asked to indicate how characteristic each statement is of them. A 5-point Likert-type scale is used to collect data on the subjects’ responses, with each item being scored from 0 to 4: not at all characteristic of me (A), slightly characteristic of me (B), somewhat characteristic of me (C), moderately characteristic of me (D), and very characteristic of me (E). In order to create subscale scores, the items on each subscale are averaged. Higher scores thus correspond to greater amounts of each respective type of AIDS-related anxiety.

Response Mode and Timing

Individuals are asked to record their responses to the MAAQ on a computer scan sheet by darkening in a response from A to E for each MAAQ item. Alternatively, one could prepare the MAAQ so that respondents write directly on the instrument itself. The questionnaire usually takes between 20 and 25 minutes to complete.

Scoring

The MAAQ consists of five subscales designed to measure several aspects of anxiety about AIDS. (The items on the sixth subscale are indicated here also, although the eigenvalue from the factor analysis for this subscale was less than 1. Although this sixth subscale appears to be psychometrically weak, we anticipate that it will gain more prominence in future research.) The labels for these subscales are (with a listing of the items on each subscale) Physiological Arousal (Items 13, 14, 23, 27, 28, 29, 31, 33, 34, 38, 39, 43, 44, 46, 47, 48); Fear of AIDS (Items 5, 6, 10, 15, 16, and 21); Sexual Inhibition (Items 18, 30, 35, 37, 40, 42); Cognitive Worry (Items 1, 3, 4, 8, and 9); Discussion Inhibition (Items 2, 7, 12, 19, and 24); and Anxiety About AIDS Exposure.