Factors Influencing the Accessibility of the HIV/AIDS Schema

Tracee Washington
College of William & Mary - Arts & Sciences

Follow this and additional works at: https://scholarworks.wm.edu/etd

Part of the Psychology Commons, and the Public Health Commons

Recommended Citation
https://dx.doi.org/doi:10.21220/s2-ekrp-1289

This Thesis is brought to you for free and open access by the Theses, Dissertations, & Master Projects at W&M ScholarWorks. It has been accepted for inclusion in Dissertations, Theses, and Masters Projects by an authorized administrator of W&M ScholarWorks. For more information, please contact scholarworks@wm.edu.
FACTORS INFLUENCING THE ACCESSIBILITY OF THE HIV/AIDS SCHEMA

A Thesis

Presented to

The Faculty of the Department of Psychology
The College of William and Mary in Virginia

In Partial Fulfillment

Of the Requirements for the Degree of

Master of Arts

by

Tracee Washington

1999
APPROVAL SHEET

This thesis is submitted in partial fulfillment of the requirements
for the degree of

Master of Arts

Author

Approved, July 1999

Constance J. Pilkington, Ph.D.

Harvey Længholtz, Ph.D.

Joseph Galano, Ph.D.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACKNOWLEDGMENTS</td>
<td>iv</td>
</tr>
<tr>
<td>LIST OF TABLES</td>
<td>v</td>
</tr>
<tr>
<td>ABSTRACT</td>
<td>vi</td>
</tr>
<tr>
<td>CHAPTER I. LITERATURE REVIEW</td>
<td>2</td>
</tr>
<tr>
<td>CHAPTER II. METHOD</td>
<td>17</td>
</tr>
<tr>
<td>CHAPTER III. RESULTS</td>
<td>19</td>
</tr>
<tr>
<td>CHAPTER IV. DISCUSSION</td>
<td>22</td>
</tr>
<tr>
<td>TABLES</td>
<td>26</td>
</tr>
<tr>
<td>APPENDICES</td>
<td>30</td>
</tr>
<tr>
<td>REFERENCES</td>
<td>44</td>
</tr>
</tbody>
</table>
ACKNOWLEDGMENTS

From the beginning of undertaking this thesis, the writer has been burdened with many other obligations that pulled her attention away from her research. Despite this, Dr. Constance Pilkington showed the utmost patience in advising the writer throughout this process and subtly urging the completion of this thesis. The writer is indebted to Dr. Pilkington for this, as well as to the other committee members, Dr. Harvey Langholtz and Dr. Joseph Galano, for their willingness to stay involved with this thesis despite very infrequent and semi-coherent communication from the writer for the duration of this project.
## LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Responses to the Scenarios</td>
<td>26</td>
</tr>
<tr>
<td>2. Rotated Matrix</td>
<td>27</td>
</tr>
<tr>
<td>3. Comparison of Three Groups by Scenario</td>
<td>28</td>
</tr>
<tr>
<td>4. Comparison of Groups by Factors</td>
<td>29</td>
</tr>
</tbody>
</table>
ABSTRACT

The purpose of this study is to examine the accessibility of the HIV/AIDS schema when related or unrelated schemas are activated. People who know that HIV is transmitted through unprotected sexual intercourse may fail to protect themselves because they are not accessing this schema when necessary. Participants completed a priming task designed to activate various schemas before responding to scenarios. Analyses failed to yield significant results. Potential reasons for this lack of significant results include methodological problems or an inaccurate hypothesis, but the social relevance of this issue makes it worthy of future study.
FACTORS INFLUENCING THE ACCESSIBILITY
OF THE HIV/AIDS SCHEMA
In 1997, the last full year for which statistics are available, 48,269 people in the United States developed Acquired Immunodeficiency Syndrome (AIDS; Center for Disease Control [CDC], 1998). This brings the total number of people living with AIDS to an estimated 270,841 people in the United States, which is a 12% increase from 1996 (CDC, 1998). An estimated 19,084 adults and adolescents tested positive for Human Immunodeficiency Virus (HIV) by December of 1998 for that year (CDC, 1998). Although more effective treatment strategies are preventing people from developing full-blown AIDS, no vaccine or cure has been found to completely stop the spread of AIDS (CDC, 1998). Since no vaccine or cure has been developed the best method for protecting people from HIV and AIDS is to prevent infection in the first place. The most common methods of infection are through sexual contact and intravenous drug use (CDC, 1998). Both of these means of HIV transmission are behavioral, placing psychology, the study of behavior, in an ideal position to study the way people behave, why they behave as they do, and ways to alter the behavior that leaves them susceptible to HIV and AIDS (Lewis and Kashima, 1993).

Several psychological theories are utilized in studying risky sexual behavior and ways to reduce risk. One theory involves the motivational hypothesis. The motivational hypothesis suggests that people who perceive themselves to be at risk
for HIV will take the necessary steps to prevent that risk, such as using condoms or practicing abstinence (Gerrard, Gibbons, & Bushman, 1996). Prevention efforts, therefore, should focus on educating people about the possible modes of HIV transmission, such as via sexual contact. This information will then supposedly motivate sexually active people to take the appropriate precautions to protect themselves. Some researchers have attempted to apply decision-making theories to decisions about sexual behavior (Linville, Fisher, & Fischhoff, 1993). This entails examining more closely exactly how people come to decide when, and with whom, to be sexually intimate. Finding errors in these decision-making processes will indicate to psychologists how people need to be better informed to make decisions that will protect their health. Another theory is the theory of reasoned action (TRA; Fishbein & Ajzen, 1975) which suggests that people's intentions will determine their future behaviors. Prevention efforts, therefore, should focus on encouraging the intention to practice abstinence or use condoms on every sexual occasion by educating people about the risks of not protecting themselves (Serovich and Greene, 1997).

An assumption underlying many of the theories and interventions is that informed people will change their behavior based on concern about contracting HIV. The idea is that if people understand that HIV leads to AIDS, which is a terminal illness, and that it can be spread through sexual contact, people will then fear contracting the disease and alter their sexual behavior accordingly. Therefore, people will estimate the potential risks before deciding whether or not to perform an action (Gerrard et al., 1993). This is referred to in the research literature as perceived vulnerability (Gerrard, Gibbons, Warner, & Smith, 1993) and perceived risk
(MacNair-Semands & Simono, 1996). The results of empirical research that examine the impact of perceived vulnerability/ perceived risk on sexual behavior have been mixed. Research with a variety of populations has failed to show a relationship between perceived vulnerability/ risk and sexual behavior. Studies with adolescent females (Catania et al., 1989) and adolescent males (Pleck, Sonenstein, & Ku, 1990) failed to show statistically significant relationships between perceived risk and condom use. Studies with adult gay men have also failed to show significant relationships with precautionary risk behavior, such as maintaining monogamous relationships and using condoms (Aspinwall et al., 1991; Joseph et al., 1987; Montgomery et al., 1989). Other studies, however, have shown support for the idea that perceived vulnerability/ risk encourages people to use condoms. In fact, one study of adolescents found that perceived risk is positively correlated with condom use (Hingston, Strunin, Berlin, & Heerin, 1990). Studies with gay men have also found that perceived risk was positively correlated with condom use (Valdiserri et al., 1988) and a reduction in risk behaviors, such as unprotected anal intercourse and high numbers of sexual partners (Emmons et al., 1986; Keeter & Bradford, 1988).

Although the idea that perceived vulnerability/ risk should encourage people to alter behavior seems intuitive, the research results do not support the hypothesis.

More puzzling outcomes have come from other research studies. Although the Emmons et al. (1986) study of gay men found that perceived risk was associated with behavioral changes and fewer sexual partners, they also found that perceived risk was associated with an increase in the number of anonymous sexual partners. Gerrard and Warner (1992) conducted a study that involved looking for a relationship
between perceived vulnerability/risk and condom use in college women. They found that perceived vulnerability/risk was negatively associated with condom use. These puzzling findings, and the mixed results outlined earlier, suggest that the relationship between perceived vulnerability/risk and sexual behavior decisions is not as simple as feeling fear and then adjusting behavior in response to fear.

Montgomery et al. (1989) suggested that the reason the relationship between perceived vulnerability/risk and behavior is unclear is because of the complexity of the situation. Going to a clinic for a health check-up for a disease is much more straightforward than altering something as emotionally charged as sexual behavior. Research results suggest that there are significant differences between considering HIV infection and considering other health threats (Gerrard, Gibbons, & Bushman, 1996). It may also be that the temporal aspect of the relationship is the opposite of what is hypothesized; instead of people perceiving risk and altering their behavior, they may determine their risk by their current behavior (Gerrard et al., 1996). An example of this would be people who consider themselves at low risk for contracting HIV because they use condoms, instead of first evaluating their risk and then attributing their use of condoms to their evaluation of that risk. Research suggests that this is more likely to be true for older people than younger individuals (Gerrard et al., 1996).

The complex set of behaviors associated with sexuality may also obscure the linear relationship between perceived risk and safer sex behaviors (Gerrard et al., 1993). The high arousal level that can accompany sexual activity interferes with decision-making (Gerrard et al., 1993; Lewis & Kashima, 1993). It may be that the
relationship between perceived vulnerability/risk and sexual behavior is curvilinear (Gerrard et al., 1993), mediated by other factors. These factors could be emotionality (Gerrard et al., 1993), high sexual arousal (Lewis & Kashima, 1993), alcohol use (MacNair-Semands & Simono, 1996), or the social interaction between sexual partners (Kippax & Crawford, 1993). It may also be that decision making for sexual behavior, in the “heat of the moment,” may simply be irrational (Kashima & Gallois, 1993). The numerous explanations for these conflicting results may very well be due to the more descriptive, and atheoretical, nature of the research. Although researchers have attempted to link perceived vulnerability/risk to decision making for sexual behavior, no extensive “grand theory” has been identified in these studies.

Some researchers suggest that an overarching theory may help psychologists better understand the sexual behavior decision making process (Linville et al., 1993; Kashima & Gallois, 1993). One potentially applicable theory is decision-making theory (Linville et al., 1993). Linville and her colleagues propose that examining AIDS risk perceptions and decision making biases can elucidate the reasons why people who are knowledgeable about HIV and AIDS still participate in risky sexual behaviors. Decision theory has five basic components (Linville et al., 1993). These components are: (a) the course of action, which entails making a decision, (b) uncertain events that a person must take into account, (c) subjective probability, which is a quantified version of the belief of what may have happened, (d) consequences, which is a value attribute about how a possible outcome would fulfill or not fulfill a personal objective, and (e) utility, which is the person’s opinion about the outcome (Linville et al., 1993). The underlying assumptions of the expected
utility theory is that decision making goals are twofold; one of maximizing pleasure and minimizing pain and the other is utilizing probabilities (Hershey & Shoemaker, 1980), which may be a way to cope with uncertain events.

Linville and her colleagues conducted studies that had two purposes; one purpose was to examine people’s risk estimation of contracting HIV, and the second was to examine people’s biases in decision making about using condoms. The results of the studies indicated that people significantly underestimated their risk of contracting HIV from repeated exposure and that they significantly over-estimated their risk of HIV infection from single-time exposures compared to government public health statistics (Linville et al., 1993). This is consistent with Hershey and Shoemaker’s (1980) findings that, contrary to expected utility theory, people tend to overestimate the likelihood of events with low probabilities and underestimate the likelihood of events with high probabilities. Linville et al. also found that participants exhibited a comparative optimism bias, in that they tended to consider themselves at lower levels of risk for contracting HIV relative to others. Ironically, the participants’ estimates about their risk for contracting HIV were very close to public health statistics, so they did not show an absolute optimism bias, only a relative one (Linville et al., 1993). Yet this research did not examine actual behavior, so the link between participants’ responses and their future behavior is not available. Another important point to consider is whether or not people really make decisions the way decision theories, including the expected utility theory, assume they do. It seems improbable that people use statistics, probability estimates, and decision trees to make decisions about their sexual behavior. Moreover, when making a decision, people are
more likely to use concrete information than abstract information (Borgida and Nisbett, 1977), thus further inhibiting the use of epidemiological statistics. Finally, decision theory does not account for social factors that may influence the practice of safer sex behaviors, such as the relationship between the person and significant others.

A theory that attempts to integrate cognitive and social factors in decision-making factors is the theory of reasoned action (TRA; Fishbein & Ajzen, 1975). TRA has been a popular theory for problem-oriented research that leads to policy recommendations and interventions (Kashima & Gallois, 1993). Yet TRA has been subject to some criticism (Kashima & Gallois, 1993; Kippax & Crawford, 1993), and the empirical evidence is not very supportive of the theory’s efficacy for the problem of safer sex (Moore, Rosenthal, & Boldero, 1993). TRA’s underlying premise is that people make decisions to perform behaviors (Lewis & Kashima, 1993). Behavior is caused by beliefs. Successful intervention strategies, therefore, would identify beliefs that encourage risky sexual behaviors and modify or replace them with beliefs that encourage safer sexual behavior (Lewis & Kashima, 1993). The theory identifies three basic aspects of an individual’s behavior to be examined: a person’s attitude, norms, and intentions (Kashima & Gallois, 1993). TRA stipulates that people use an evaluative model to determine their attitudes (Kashima & Gallois, 1993). The evaluative model is that people determine whether an object is positive or negative, and their attitude is based on their evaluation of the object. It is a type of belief-based model in that a person’s belief about an object (their evaluation) determines their attitudes (Warwick, Terry, & Gallois, 1993).
The conceptualization of norms in TRA is very specific. Kashima and Gallois (1993) delineate four types of norms that are relevant for TRA. The first norm is personal norms, which refer to the individual’s opinions about something. In the case of safer sex, which is often measure by examining condom use, a personal norm may refer to a person’s opinion about whether s/he in particular should use condoms. This is a little different from attitude in the sense that personal norm refers specifically to how the person thinks s/he, and only s/he, should behave. For example, a person may feel that, in general, people should use condoms. Yet the person may consider condoms too bothersome and she may consider herself at low risk, therefore she does not need to use condoms, just other people. Her personal norm, then, would be to not use condoms. The second type of norm in TRA is behavioral norms, which refers to what an individual’s significant other is perceived as doing. An example of this is what a heterosexual woman thinks of her boyfriend’s sexual activity. She may think he is monogamous and has never had unprotected sex outside of a committed relationship. The third type of norm is the subjective norm, which refers to a type of morality. A subjective norm is what the individual thinks s/he should do. To continue the previously mentioned example, the woman may think that even if her boyfriend is faithful to her and has never participated in unprotected sex, using condoms may still be the “right thing” to do. The final “norm” is past behavior. Even though it is not technically a “norm,” Kashima and Gallois (1993) maintain that past behavior is a powerful predictor for future behavior. Therefore, as a final continuation of the running example, regardless of what the woman’s personal norms, behavioral norms, and subjective norms may be, her own previous condom use is the
most likely predictor of her current and future condom use. So if the woman has consistently used condoms in the past, it seems likely that she will use them with her current boyfriend. It logically follows that attitudes and norms determine the final factor in the TRA model.

The final factor in the TRA model is intention. Intentions are considered important because of the relationship between intentions and behavior. A person’s intention, in a situation that is theoretically under the person’s volitional control, should virtually determine their behavior (Kashima & Gallois, 1993). Although it seems that attitude and norms should predict intention, TRA does not account for the additive impact of attitudes and normative factors (Kashima & Gallois, 1993). Instead, the impact of attitudes and normative factors are examined and measured separately.

Despite the comprehensiveness of TRA, empirical efforts to support the theory in the realm of sexual decision making have not been successful. Moore et al. (1993) asked individuals about the variables that are relevant to TRA: their attitudes toward condoms, their behavioral beliefs about condoms’ ability to protect against HIV/AIDS, the perceived importance of being protected from HIV/AIDS, beliefs about families’ and friends’ attitudes about using condoms, and the participants’ motivation to comply with their friends’ and families’ attitudes (Moore et al., 1993). The researchers also gave the participants questionnaires about their sexual activity to be returned within a month, whether or not they had been sexually active (Moore et al., 1993).
Most of the participants reported that they planned to use a condom, discussed using a condom with their partner, had a condom ready, and used it. Yet in the analysis, the relevant TRA factors (attitudes toward condoms for HIV/AIDS protection and subjective norms) did not predict the participants' intentions (Moore et al., 1993). Intention, however, was a significant factor, which TRA predicts, as were the factors of sexual arousal, the presence of a condom, and discussing the use of condoms with partners (Moore et al., 1993). These results suggest that TRA fails to explain the decision making process to use condoms (safer sex behavior), although intention is ultimately important. There are several possible reasons for these findings. The participants who returned the questionnaire and were included in the final analysis were slightly older than the ones who did not, although the specific age ranges were not provided. These participants may have been more confident about expressing and following through with their original intentions. Another possible reason for these results may have been the state of the relationships of most of the participants; the majority reported being involved in monogamous relationships, so they may have felt more comfortable communicating with their partners about using condoms. Despite these potential explanations, a deeper analysis of the problems with TRA must be considered.

There are several theoretical criticisms of TRA. In an examination of the central factors to TRA, Kashima and Gallois (1993) identified a criticism about the conceptualization of attitudes. TRA stipulates that a person's belief about an object determines her/his feelings about an object, but the underlying assumption is that affect is synonymous with belief. It is possible to believe that condoms serve a useful
purpose yet still dislike using them. In addition to critically examining the factors of TRA, the theoretical assumptions are also questionable (Kashima & Gallois, 1993). One criticism is that TRA is too narrow because it only deals with specific behaviors instead of global behaviors. Following the line of thinking that leads to this criticism, a psychological theory should be as broad and all-encompassing as possible, not something that is useful only in very specific circumstances. A second criticism of TRA is that it does not attempt to describe or explain any psychological theories about for behavior; it is primarily concerned with describing the thought process that leads to specific behaviors. Another criticism identified by Kashima and Gallois (1993) is that TRA focuses on the individual instead of social influences that impact behavior. Although TRA does consider social norms, it does not consider that the decision to use condoms involves more than an isolated individual; it involves at least two people.

Kippax and Crawford (1993) also consider TRA’s emphasis on the individual inappropriate. They argue that TRA is too cognitive in nature, given the fact that sexual behavior occurs in a social context and decisions about sexual behavior are not made independently but between two people. These decisions represent a collective action. Beliefs, according to Kippax and Crawford (1993), are created from meanings that are determined in a social context, through discourse, not from the isolated pieces of knowledge of an individual. Although Kippax and Crawford (1993) acknowledge that social norms are considered, they argue that the relationship between cultural values and individual attitudes is not examined. The argument that sexual behavior is not determined solely by an individual appears to be their most
powerful point; ultimately, what occurs between two people before becoming sexually active needs to be considered. TRA does account for this in behavioral norms, but the assumption that condom use is under complete volitional control appears to negate the importance of behavioral norms. TRA is contradictory on this point. Overall, TRA is an elaborate theory that attempts to consider the salient factors that impact decision making and safer sex behaviors. Unfortunately, as with the perceived vulnerability/risk hypothesis, the empirical research on TRA is inconclusive at best. This is especially surprising given that both theories make intuitive sense. Yet the research results suggest that another way of conceptualizing safer sex behavior may be more appropriate.

The present study is an attempt to examine safer sex behavior by applying the principles of social cognition. Social cognition attempts to combine both the social elements that influence thinking and the cognitive elements that describe the thought process. The underlying premise of social cognition is that people think about objects and people using the same basic thought processes (attention, encoding information, storing it, and retrieving it later); yet there are some differences in the way people think about other people as opposed to objects (Fiske, 1995). The basic thought process is that people attend to information, encode it into long-term memory, and retrieve it into working memory when the information is needed (Ashcraft, 1994). Information is stored in schemata, which are mental structures that contain specific types of information (Ashcraft, 1994). An example of this could be a safer sex schema, which may include such information as ways to prevent contracting sexually transmitted diseases, such as using condoms or abstaining from sexual intercourse.
Pieces of information, and presumably schemata, are then organized semantically instead of in verbatim form (Ashcraft, 1994), so information that is related is grouped together. Schemata that may be closely related to a safer sex schema, for example, could be a sexually transmitted disease (STD) schema that contains information about various types of diseases and their seriousness, and a schema about other methods of birth control, such as the birth control pill or Depo-Provera, which provide protection against pregnancy but do not offer protection against various STDs. In addition, Fiske (1995) theorizes that people are “cognitive misers,” which means that people tend to extend the least amount of effort necessary when thinking. Therefore, when people have to think about something specific, it seems probable that they access the relevant schema and activate the surrounding, related schemata. Schemata influence the cognitive process at every stage, from directing attention to specific information to the encoding process to the retrieval process and the decision making process (Fiske, 1995). It is also important to note that this entire process occurs very rapidly (Fiske, 1995), possibly at a subconscious level.

As mentioned earlier, this process occurs whether people are attending to other people, themselves, or an object (Fiske, 1995). Yet when people are interacting with other people, some additional factors become important, such as the mutual perception that occurs between two or more people, the self-implication that the perceiver has in the interaction (the perceiver judging her/himself by the other person), the perceiver’s concern with self-presentation, and the unobservable traits in the other that the perceiver must try to assess (Fiske, 1995). These additional
influences impact cognitive processes, making the overall cognitive process somewhat different in an interpersonal situation than in an impersonal one.

This may explain why people can fairly accurately estimate their risk for HIV, as Linville et al. (1993) found, yet still make risky sexual decisions, such as not wearing a condom while having sex. People may not be accessing the correct schema when it actually comes time to make a decision upon which they will act. Consistent with the Moore et al. (1993) findings that sexual arousal interfered with decisions made before having sex, it may be that instead of activating the schemata that contain safer sex or specifically HIV/AIDS information, people are preoccupied with other schemata, such as their schema for their romantic partner, their own self-schema, and their schema for romantic and/or sexual situations.

The present study attempts to determine whether or not people access different schemata depending on where their attention is focused. People were primed to think romantic thoughts, safer sex thoughts, or neutral thoughts, which had nothing to do with sexual behavior. It was hypothesized that people who were primed with safer sex thoughts would be more likely to consider HIV/AIDS risk because they would access that schema more easily than those primed with romantic thoughts or neutral thoughts. People primed with romantic thoughts, on the other hand, would access schemata that pertained to love more easily than those primed with safer sex or neutral thoughts. If the hypothesis is supported, it would suggest that persuading people to engage in safer sex behaviors requires making their safer sex schemata (HIV/AIDS schema, protection schema) more accessible at the critical time. This is in addition to educating people about HIV/AIDS, other STDs, and
methods to protect themselves against them. This study focuses solely on people with a heterosexual orientation.
CHAPTER II

Method

Participants

Sixty-one participants were recruited from an introductory psychology subject pool at a mid-sized public institution in the southeast. The participants were informed ahead of time that the study included responding to hypothetical scenarios that contained sexual content. They were given the option of withdrawing from the study upon notification of the sexual content, and they were informed of their right to skip any question or stop their participation at any time during the study without penalty if they were offended or uncomfortable. No participants withdrew.

Procedure

The participants were divided into three groups that received different primes (Appendix A). The priming task was a word fragment completion task. One group, the safer sex group, completed a list of word fragments related to safer sex, such as the word "condom." This group had 20 participants in it. Another group, the romantic group, completed a list of word fragments that were related to romantic feelings, such as the word "love." This group had 20 participants as well. A third group, the neutral group, completed a list of neutral word fragments, such as the word "exam." This group had 21 participants. All three lists of word fragments contained the same ten neutral fragments interspersed with the other word fragments. After completing the task, all the participants were given the same 18 hypothetical scenarios (Appendix B). The scenarios were divided into three categories, based on the question that followed them. Six scenarios were about sexual situations. The
participants were asked to rate the risk of HIV infection based on the scenario.

Another six scenarios were also about sexual situations, but the participants were asked to rate the likelihood that this was true love. The last six scenarios were about ethical situations, and the participants were asked to rate how likely it was that a person in the scenario would make an unethical decision. All of these responses were based on a seven-point scale. The presentation of the scenarios was randomized.
CHAPTER III

Results

Descriptive statistics for the three groups’ responses are included in Table 1. All of the scenarios contained Likert scales that ranged from 1 to 7. Each participant’s ratings for a type of scenario (romantic, safer sex, or ethical scenarios) was added, then all of the scores for all of the participants in the same group (neutral prime, romantic prime, or safer sex prime) were aggregated, and the aggregates were compared. The averaged scores for each group were compared using the general linear model.

Six romantic scenarios were presented. In each scenario, a romantic situation was described and the participant was asked to rate, on a Likert scale, how likely it was that this scenario was an example of true love. A score of one meant “not at all,” and a score of seven meant that this was an example of true love. The means for the three groups were not significantly different $F(2, 56) = 1.06$, n.s. (See Table 3), though the group that received a neutral prime scored slightly higher than the other two groups (See Table 1). Interestingly, the group that received the romantic prime had the lowest mean and the highest variability.

The participants also read six safer sex scenarios. Each of these scenarios contained a sexual situation and was followed by the question of the likelihood that one of the participants had contracted HIV. A score of one on the Likert scale meant that it was not at all likely that the person had contracted HIV, and a score of seven meant that it was very likely. As with the responses to the romantic scenarios, the means were very similar, not significantly different, $F(2, 56) = 0.15$, n.s. (See Table
3), though the group that received the romantic primes had a slightly higher mean than the other two groups (See Table 1).

The participants responded to six ethical scenarios, which served as the neutral scenarios. The standard question was whether or not a character in the scenario would take a course of action that was unethical. As with the romantic and safer sex scenarios, the participants responded to the scenarios using a seven-point Likert scale. A score of one indicated that it was unlikely the person would do the unethical task, and a score of seven indicated that it was likely that the person would do the unethical task. The three groups provided highly similar means, \( F(2, 56) = 0.68, \text{n.s.} \) (See Table 3), and even had similar levels of variability in their responses to these scenarios, as can be seen in Table 1.

The multivariate analysis that compared all three groups was not significant \( F(2, 55) = 0.61, \text{n.s.} \). Given that the results of the univariate analyses were not significant, it is not surprising that the multivariate analysis yielded no significant effects either.

Factor analyses were conducted to see if the scenarios were grouped appropriately. The rotated matrix revealed that although the responses to the safer sex scenarios all loaded on the same factor, responses to the ethical scenarios and the romantic scenarios split across factors. Four factors, as revealed in Table 2, were identified. The first of the four factors consisted of all the safer sex scenarios. The second factor consisted of all the ethics scenarios except for the first ethics scenario. The last two factors were a little more unusual. The third factor consisted of one ethics scenario and three romantic scenarios. The fourth factor included one ethics
scenario and three romantic scenarios. The factors were analyzed in a general linear model to see if there were significant differences between the groups. As can be seen in Table 4, none of the results were significant.
CHAPTER IV

Discussion

Clearly, no support was found for the hypothesis that priming participants would lead them to access related schemata. There are several potential reasons for this lack of support. One reason may be methodological; the priming task may not have been effective. Another methodological reason for the lack of significant results may be that the measurement of the priming effect (reactions to the scenarios) did not capture the effect of the priming. Another reason the results were not significant may be that the schematic categorization is different than hypothesized.

The methodological reasons for lack of significance appear to be the most likely. The prime may not have been effective. Perhaps the participants found the task too frustrating to pay attention to the words. Maybe the neutral words in the list, which were intended to make the priming less apparent, actually weakened the effect of the priming words. Yet the results suggest that the prime may have worked but brought about the opposite effect. The aggregate scores for the romantic and safer sex scenarios by the priming groups revealed that the group primed with romantic words had the lowest mean of the three groups and the highest amount of variability. The same is true regarding the group primed with safer sex words and the safer sex scenarios. This suggests that the prime may have had at least some type of weak effect, but the effect may have been to make the participants more careful with their responses. Perhaps, in an effort to out-maneuver the experiment, the participants were more careful in their responses to the scenarios that were impacted by the primes and some responded in ways that they thought would be unexpected. An
example of this may be a participant who received safer sex primes. When this participant read the safer sex scenarios, s/he may have thought a particular response was expected and therefore gave the “unexpected” response to show that s/he was not “duped” or “fooled” by the experiment. This may have occurred because, despite the addition of neutral words, the priming task was still too transparent.

In contrast, another reason the participants may have responded in the manner that they did is the set-reset hypothesis (Martin, 1986). This hypothesis suggests that when people are making judgments, yet realize that their judgments may be biased, they adjust their original judgments. However, these people overadjust, so they end up providing the opposite responses than expected. For example, a participant in this study who completed the priming task with safer sex words may have read the scenarios regarding HIV and thought the character in the scenario was at higher risk. Before actually making a final judgment, however, the participant may have then realized that her/his judgment was influenced by the safer sex words from the completion task. To correct for that influence, the person then set an even higher standard for determining vulnerability to HIV. The participant would have then judged the character in the scenario to be less vulnerable for contracting HIV because they set a very high standard for vulnerability to HIV. This standard is higher than what the participant would normally employ because s/he is correcting for possible bias from the word completion task. Given the finding that the response patterns for safer sex and romantic scenarios are in the opposite directions of what was hypothesized (although the responses are not significantly different between the groups) suggests that this may have happened.
Another potential methodological reason for the failure to obtain significant results is that the scenarios may not have been appropriate targets to measure the effect of the prime. The assumption underlying the responses to the scenarios is that the participant would feel the same way if s/he was one of the people in the scenario; yet providing responses to situations that involve others may lower inhibitions and lessen social desirability concerns. In theory, therefore, responses to the scenarios can reflect the types of judgment the participants would make if they behaved the same way. Situations that involve others, however, may actually be perceived and responded to differently because the participant is being more objective than if the situation involved him/her personally. It is also possible that the scenario does not seem personally relevant to the participant for some reason; for example, a scenario may present a situation the participant thinks s/he would not ever be in, so her/his judgment is different than it would be in real life. This means that the schemata that were activated in the study were not the same as the schemata that would be activated in real life, leading to the unexpected results. The scenarios were unsuccessful in eliciting the responses that would occur in real life.

A final reason for the results obtained may be that the schematic categorization that was hypothesized was wrong. Information may not be stored in neat categories that are linked to each other, as social cognitive theories suggest (Fiske, 1995). It may be that the links that were assumed, such as a closer link between STDs and HIV/AIDS compared to STDs and romantic feelings, may not exist; perhaps information is not stored in terms of related information being spatially closer to certain pieces of information than others. The evidence presented by Fiske
(1995) and Ashcraft (1994), however, refutes the idea that information is not stored in schemata that are linked to related information. It seems more likely that the schemata were there, but they either were not accessed or the accessibility was not rated properly.

Given the difficulty psychologists have had explaining people’s behavior in the midst of the AIDS crisis (Gerrard et al., 1993; Lewis and Kashima, 1993), and psychologists’ central role in combating the spread of this illness, this is an important area of research. The idea that people are not accessing relevant schemata at the crucial times (i.e. thinking about their vulnerability to AIDS as they are about to become sexually intimate with someone) may have some merit. One way to test this theory that might give more insightful results may be to conduct a reaction time study. The participants would still be primed, but the time it takes them to respond to the various scenarios may provide some insight into this schema. Yet even a reaction time study does not solve the problem of studying a highly emotional process in an artificial laboratory setting. It may not be possible to recreate the same mindset of a person who is sexually aroused (which s/he presumably is before becoming sexually intimate) in the laboratory, and there does not appear to be an ethical way to study a person in that state. The real challenge of this type of research is finding a way to study such an emotionally charged situation utilizing scientific research techniques and theories to conceptualize the process that is occurring during these situations. The importance of this research, however, makes the struggle worthwhile.
Table 1: Responses to the Scenarios

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Neutral Prime</th>
<th>Romantic Prime</th>
<th>Safer Sex Prime</th>
</tr>
</thead>
<tbody>
<tr>
<td>Romantic Scenarios(^a)</td>
<td>(M = 26.00)</td>
<td>(M = 24.25)</td>
<td>(M = 25.42)</td>
</tr>
<tr>
<td>(SD = 3.46)</td>
<td>(SD = 5.49)</td>
<td>(SD = 4.45)</td>
<td></td>
</tr>
<tr>
<td>Safer Sex Scenarios(^b)</td>
<td>(M = 25.80)</td>
<td>(M = 26.75)</td>
<td>(M = 25.79)</td>
</tr>
<tr>
<td>(SD = 5.78)</td>
<td>(SD = 6.14)</td>
<td>(SD = 7.35)</td>
<td></td>
</tr>
<tr>
<td>Ethical Scenarios(^c)</td>
<td>(M = 25.70)</td>
<td>(M = 25.60)</td>
<td>(M = 27.16)</td>
</tr>
<tr>
<td>(SD = 4.82)</td>
<td>(SD = 4.21)</td>
<td>(SD = 4.89)</td>
<td></td>
</tr>
</tbody>
</table>

\(^a\) Scale was a 7 point Likert scale, with 1 meaning that this was a scenario that did not represent true love and 7 meaning that this scenario was an example of true love.

\(^b\) Scale was a 7 point Likert scale, with 1 meaning that it was not at all likely that this person was exposed to HIV and 7 meaning that it was very likely that this person had been exposed to HIV.

\(^c\) Scale was a 7 point Likert scale, with 1 meaning that it was not at all likely that a character in the scenario would perform an unethical act and 7 meaning it was very likely that the character would perform an unethical act.
## Table 2: Rotated Matrix

<table>
<thead>
<tr>
<th>Item</th>
<th>Factor</th>
<th>Factor</th>
<th>Factor</th>
<th>Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Safer Sex 1</td>
<td>0.78</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Safer Sex 2</td>
<td>0.63</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Safer Sex 3</td>
<td>0.89</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Safer Sex 4</td>
<td>0.91</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Safer Sex 5</td>
<td>0.84</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Safer Sex 6</td>
<td>0.77</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Ethics 3</td>
<td>--</td>
<td>0.50</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Ethics 4</td>
<td>--</td>
<td>0.65</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Ethics 5</td>
<td>--</td>
<td>0.68</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Ethics 6</td>
<td>--</td>
<td>0.72</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Romantic 1</td>
<td>--</td>
<td>--</td>
<td>0.66</td>
<td>--</td>
</tr>
<tr>
<td>Ethics 2</td>
<td>--</td>
<td>--</td>
<td>0.49</td>
<td>--</td>
</tr>
<tr>
<td>Romantic 3</td>
<td>--</td>
<td>--</td>
<td>0.81</td>
<td>--</td>
</tr>
<tr>
<td>Romantic 4</td>
<td>--</td>
<td>--</td>
<td>0.69</td>
<td>--</td>
</tr>
<tr>
<td>Ethics 1</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>0.68</td>
</tr>
<tr>
<td>Romantic 2</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>0.56</td>
</tr>
<tr>
<td>Romantic 5</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>0.60</td>
</tr>
<tr>
<td>Romantic 6</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>0.67</td>
</tr>
</tbody>
</table>
Table 3: Comparing Three Groups by Scenario

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Level of Analysis</th>
<th>Sum of Squares</th>
<th>Degrees of Freedom</th>
<th>Mean Square</th>
<th>F-ratio</th>
<th>Sig. Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Romance</td>
<td>Between</td>
<td>41.71</td>
<td>2</td>
<td>20.86</td>
<td>1.06</td>
<td>0.36</td>
</tr>
<tr>
<td></td>
<td>Within</td>
<td>1106.70</td>
<td>56</td>
<td>19.76</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>1148.41</td>
<td>58</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safer Sex</td>
<td>Between</td>
<td>12.06</td>
<td>2</td>
<td>6.03</td>
<td>0.15</td>
<td>0.87</td>
</tr>
<tr>
<td></td>
<td>Within</td>
<td>2324.11</td>
<td>56</td>
<td>41.50</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>2336.17</td>
<td>58</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethics</td>
<td>Between</td>
<td>29.39</td>
<td>2</td>
<td>14.69</td>
<td>0.68</td>
<td>0.51</td>
</tr>
<tr>
<td></td>
<td>Within</td>
<td>1209.53</td>
<td>56</td>
<td>21.60</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>1238.92</td>
<td>58</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 4: Comparing Groups on Factor

<table>
<thead>
<tr>
<th>Source</th>
<th>Dep. Variable</th>
<th>Type III Sum of Squares</th>
<th>Degrees of Freedom</th>
<th>Mean Square</th>
<th>F-ratio</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group</td>
<td>Safer Sex</td>
<td>12.06</td>
<td>2</td>
<td>6.03</td>
<td>0.15</td>
<td>0.87</td>
</tr>
<tr>
<td>Ethics</td>
<td>(revised)</td>
<td>1.58</td>
<td>2</td>
<td>0.79</td>
<td>1.12</td>
<td>0.33</td>
</tr>
<tr>
<td>Romantic</td>
<td>Factor 1</td>
<td>2.08</td>
<td>2</td>
<td>1.04</td>
<td>1.19</td>
<td>0.31</td>
</tr>
<tr>
<td>Romantic</td>
<td>Factor 2</td>
<td>0.93</td>
<td>2</td>
<td>0.47</td>
<td>0.55</td>
<td>0.58</td>
</tr>
</tbody>
</table>
Appendix A

Word Completion Tasks for all three groups

Romantic Prime

Please complete the words below. Please attempt to do each one before moving on to the next part of the study.

1) d_s_
2) i_tim_y
3) pr_g_a_
4) af_e_t_on
5) u_ic_rn
6) ch_r_h
7) co pu_e_
8) l_v_
9) se ti_nt_l
10) ro_an_
11) c_m_itm_nt
12) pe_c_l
13) c_o_i_e
14) te_d_me_s
15) bo_k_et
16) de_oti_n
17) su_sh_n_
18) fu_n_

19) en_h__t_ent

20) b_as_

Once you are finished, please check your completed words against the list on the following page. If you have a word that is not on the list, please attempt to complete that word again.
**Word List**

Courtship
Program
Desk
Devotion
Commitment
Cherish
Brass
Choice
Funny
Unicorn
Intimacy
Romance
Love
Affection
Tenderness
Adoration
Beloved
Sentimental
Pencil
Computer
Captivation
Doting
Endearment
Amorous
Enchantment
Fascination
Booklet
Infatuation
Sunshine
Sweetheart

Once you have filled in all the words correctly, please continue onto the next phase of the study.
Safer Sex Prime

Please complete the words below. Please attempt to complete the list before moving on to the next part of the study.

1) b_as__
2) p_eca_ti_n
3) pe_c_l
4) di_e_se
5) co_do_
6) de_s
7) fu_n_
8) r_s_y
9) su_sh_n_
10) pr_te_tio_
11) co_pu_e_
12) he_p__
13) c_o_k
14) _ir_s
15) co_ul_ti_n
16) u_ic_rn
17) vi_gi_it_
18) bo_k_et
19) a_st_n_nce
20) pr_g_a_

Once you are finished, please check your completed words against the list on the following page. If you have a word that is not on the list, please attempt to complete that word again.
Word List

Protection
Prophylactic
Sunshine
Program
Intercourse
Brass
Fondle
Computer
Ablstinence
Unicorn
Clock
Rash
Syndrome
Syphilis
Virus
Risky
Funny
Immune
Herpes
Booklet
Virginity
Monogamy
Copulation
Pencil
Disease
Precaution
Desk
Caution

Once you have filled in all the words correctly, please continue onto the next phase of the study.
Neutral Prime

Please complete the words below. Please attempt to do each one before moving on to the next part of the study.

1) ex_m
2) d_s_
3) pe_c_
4) o_r
5) co_pu_e_
6) s_u_d_i_
7) c_o_k
8) bo_k_et
9) c_o_i_e
10) pr_g_a_
11) b_as_
12) f_we_
13) su_sh_n_
14) fu_n_
15) u_ic_rn
16) s_h_o_l
17) pr_ng
18) s_ap_es
19) s_c_s
20) _o_k

Once you are finished, please check your completed words against the word list on the following page. If you have a word that is not on the list, please attempt to complete that word again.

Word List

School
Funny
Test
Exam
Funny
Purple
Studying
Socks
Clock
Dog
Unicorn
Staples
Pencil
Pen
Booklet
Work
Door
Program
Elevator
Brass
Choice
Spring
Sunshine
Flowers
Desk

Once you have filled in all the words correctly, please continue onto the next phase of the study.
Appendix B

Scenarios Presented to the Participants

Directions: Please read each scenario and respond to the questions. Do not assume any information other than what is in each scenario. There are no right or wrong answers, so please just select the answer that appeals the most to you. Also, please answer the questions as quickly as possible. If you have any questions, please ask the experimenter.

Scenario 1

Serena and Rick have known each other all their lives, growing up in the same neighborhood and going to the same neighborhood school. They dated each other exclusively throughout high school. They went to different colleges and ended up dating people. When they saw each other again, however, after graduating from college, they found themselves attracted to each other again.

How likely is it that this is true love?

1 2 3 4 5 6 7
Not at all Very

Scenario 2

Adam is a premed student. The only thing he wants to do is help people, and he has the potential to be an excellent doctor. The only problem is his introductory chemistry course. No matter how hard he works and how much he studies, he just doesn’t understand it. He failed his midterm and desperately needs to do well on the final. A friend told him about a chemistry graduate student who is willing to take tests for students for $500.

How likely is it that Adam will hire the graduate student?

1 2 3 4 5 6 7
Not at all Very

Scenario 3

Sara went to a party last Saturday night with friends, just hoping to relax and have a good time. She ended being introduced to a guy named Dave through a mutual acquaintance. They danced together for a little while before stopping to talk. Afterwards, Dave walked Sara back to her room. One thing led to another, and they ended up having sex. The next day they had breakfast together before exchanging phone numbers and Dave left.
How likely is it that either one has become infected with HIV?

1 2 3 4 5 6 7
Not at all Very

Scenario 4

Mary and Joe met while taking the same class. They were assigned to work together on a class presentation, so they got to know each other pretty well. They found that they had a lot in common, and the pair became attracted to each other while working on their presentation. At one late-night meeting for their presentation in Mary’s room, they ended up having sex.

How likely is it that this is true love?

1 2 3 4 5 6 7
Not at all Very

Scenario 5

Alice’s friend, Heather, is having a difficult time. Her parents were recently killed in a car crash. Heather is having a difficult time focusing on her schoolwork, but she fears that a leave of absence will only leave her isolated and depressed. While Alice and Heather are both taking an exam for a course, Alice glances at Heather and realizes she is having a difficult time with the exam. Heather motions for Alice to move her arm so that she (Heather) can see Alice’s answers.

How likely is it that Alice will allow Heather to see her answers?

1 2 3 4 5 6 7
Not at all Very

Scenario 6

Jack and Kim had been dating for over three years. They loved each other very much and were engaged to get married after they graduated from college. Although they had begun having sex a couple of years ago, Kim did not take birth control pills because she did not like taking pills. Instead, they still used condoms. One night, the condom broke.

How likely is it that either one has become infected with HIV?

1 2 3 4 5 6 7
Not at all Very
Scenario 7

Jackson and Pam met and began dating in college. They had talked about marriage, but both wanted to be established in their respective careers before becoming married. Despite wanting to wait, Pam was dreaming about their wedding, planning how many bridesmaids she wanted and who would be the flower girl. Then Pam found out she was pregnant. Although they were still in graduate school, she wanted to get married. Jackson agreed.

How likely is it that this is true love?

1  2  3  4  5  6  7
Not at all       Very

Scenario 8

Tessa has come to college primarily for the experience. She has a trust fund that she will get when she becomes 21 that is so large she will never need to work for a living. Tessa enjoys hanging out with her sorority sisters and different guys, but the math course she is required to take as part of her distributional requirements is a real drag. She knows she’ll never use this knowledge. One of her sorority sisters who already took the math class offers to show Tessa her old tests so that Tessa won’t have to study.

How likely is it that Tessa will look at her sorority sister’s old tests?

1  2  3  4  5  6  7
Not at all       Very

Scenario 9

Jennifer and her friends went to Daytona Beach for spring break. They purposely made it a “girls only” trip so that they could hang out together and meet a lot of guys. Jennifer ended up flirting with a cute guy on the beach. Within a couple of hours, they ended up having unprotected sex in his hotel room right off the beach.

How likely is it that either one has become infected with HIV?

1  2  3  4  5  6  7
Not at all       Very
Scenario 10

Ryan and Jill have been dating since their freshman year in college. Now they are about to graduate and embark on their careers—Ryan in accounting and Jill in sales. Although they are still young, they think they are soul mates. So, despite their parents’ advice to live independently for a couple of years and perhaps date other people, they plan to get married a month after graduating.

How likely is it that this is true love?

1 2 3 4 5 6 7
Not at all Very

Scenario 11

Bob and Lana have been dating for a couple of years. Lana is a couple of years behind Bob, but after getting his bachelor’s degree Bob stays around at the same university as a graduate student. Their anniversary is coming up, but Lana isn’t sure she should go out because she has a major test coming up in one of her classes. Bob is a TA for that class, so he knows what is on the test.

How likely is it that Bob will tell Lana what is on the test so that they can celebrate their anniversary?

1 2 3 4 5 6 7
Not at all Very

Scenario 12

Frank and Tanya have been seeing each other for a couple of weeks. They have fun together and the more they see of each other, the more they like each other. One night they end up having sex. Neither had condoms, but they had sex anyway.

How likely is it that either one has become infected with HIV?

1 2 3 4 5 6 7
Not at all Very

Scenario 13

Natalie loves the thought of being fluent in French, but she finds that she cannot seem to learn it, despite hours of studying. Normally a straight-A student, Natalie goes to an academic advisor to discuss her concerns. The academic advisor suggests she be tested for a learning disability. The test results indicate that Natalie
does have a learning disability. However, it is well after the drop/add period, so she is not allowed to drop the course. Her instructor will not allow her to bring any additional aids to help her during the tests. Desperate to maintain her high GPA, Natalie asks a friend to let her cheat off her test.

How likely is it that the friend will allow Natalie to copy her answers?

1 2 3 4 5 6 7
Not at all Very

Scenario 14

Jessica and Sam have been dating for a year. Their relationship began slowly, steadily becoming more intense as they became closer. They appeared to be polar opposites to their friends, but Jessica and Sam considered their personalities complementary. They balanced each other's more excessive tendencies. They began to talk about dating each other exclusively.

How likely is it that this is true love?

1 2 3 4 5 6 7
Not at all Very

Scenario 15

During finals week, Joan studies with her study group until 3 am in a nearby dorm. Once they are done, Joan heads back to her room to get a couple of hours of sleep before the exam later that morning. On her way, a man wearing a ski mask grabs Joan, drags her to an unlit area and rapes her. Afterwards, the man runs away, and Joan runs to her dormitory.

How likely is it that either one has become infected with HIV?

1 2 3 4 5 6 7
Not at all Very

Scenario 16

Mike's father promised to send him to Europe for the summer if he maintained a 3.0 GPA. Mike wanted to take a really challenging course load to impress his father, but it turns out to be too much for him. He really wants to take that summer trip to Europe. Normally an honest person, Mike becomes desperate. He knows someone who can get access to the tests for one of his class.
How likely is it that Mike will ask his friend to get him copies of the test?

1 2 3 4 5 6 7
Not at all Very

Scenario 17

Jeff and Melissa met at a club one night when they were out with their respective groups of friends. After a couple of drinks, Jeff got up the nerve to approach Melissa and ask her to dance. They got to talking, and they ended up talking for hours, never getting bored or running out of things to say. They ended up going back to Jeff’s apartment and having sex.

How likely is it that this is true love?

1 2 3 4 5 6 7
Not at all Very

Scenario 18

John and Tricia have been married for almost fifteen years. Their marriage has been a happy one; both have successful careers and two healthy, well-adjusted children. John gets the chance to spend a weekend with his old college roommates while Tricia stays home with the kids. John ends up sleeping with one woman on Friday night and another on Saturday night, mostly to be able to brag about it to his friends. Although he did not use condoms, he doesn’t tell Tricia because he figures the one-night stands were meaningless and would only upset her.

How likely is it that either one has become infected with HIV?

1 2 3 4 5 6 7
Not at all Very
References


VITA

Born in Ann Arbor, Michigan, January 23, 1974. Received high school diploma from Cranbrook Kingswood in Bloomfield Hills, Michigan, 1992, A. B. in psychology from the University of Michigan, Ann Arbor, 1996. M. A. candidate at the College of William and Mary in Virginia, 1997-1999. All course requirements have been fulfilled for this degree, and this thesis: Factors Influencing the Accessibility of the HIV/AIDS Schema, is the final requirement.

In the fall of 1999 the writer will begin doctoral studies in clinical psychology at the University of Michigan, Ann Arbor.