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Self-concept related to identities and safer-sex cognitions in young adults who have lost a parent to AIDS

Marcie Berman
CUNY City College

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Abstract

In-person interviews conducted with 40 English-speaking AIDS-bereaved 18-22 year olds and a control group revealed a significant difference in identities. Data were collected from an AIDS-bereaved group through Rutgers, the State University of New Jersey and an introductory psychology class at Hunter College, City University of New York. Hierarchical Classes (HICLAS; Ceulemans & Van Mechelen, 2005) data analysis uncovered a significant difference in how the groups elaborate their *current* and *ideal* selves and their self-cognitions surrounding protected and unprotected sex with both new and ongoing partners. Chi-square analysis showed significant differences in elaboration levels regarding how the AIDS-bereaved viewed unprotected versus protected sex when evaluated against the comparison sample. The AIDS-bereaved participants were more likely to attach traits connoting shame and guilt to unprotected sex, and have less complex ideas about protected sex; the comparison sample showed more complex identities for protected sex than for unprotected sex. These findings suggest that those who are AIDS-bereaved have less elaborated current and ideal identities and are more likely to attach guilty traits to actions that could transmit HIV-infection compared to a non-bereaved sample.

Keywords: AIDS-bereaved, identities, possible self

Acquired Immune Deficiency Syndrome (AIDS) is a virus that contributes a significant burden to all who are affected by the disease. In both the developing and developed world, AIDS has claimed the lives of millions of people since the early 1980s, particularly those with low socioeconomic statuses (SES) and who lack adequate healthcare and education (Fenton, 2004). HIV is a disease that affects the entire family; children of those who live with, and die from, HIV/AIDS suffer both economically and psychosocially (Tompkins & Wyatt, 2008). While there have been extensive studies of HIV-affected children, literature searches in PsycINFO, MEDLINE, and SocINDEX have not revealed any studies that investigate the identities and self-concepts of AIDS-bereaved young adults. Because children who live with HIV-positive family members and/or are AIDS-bereaved often have to take on greater responsibilities than children with HIV-negative parents (Bauman et al., 2006), their identities may have been adversely affected. Without the opportunity to engage in typical childhood activities, having adult responsibilities at an early age could potentially stunt identity formation and growth. Children of HIV-positive mothers have been shown to have identity developmental problems when compared to children of HIV-negative mothers (Murphy, Marelich, & Amaro, 2009). This study focuses on the young adult's currently held conception of self, a hoped-for ideal self, and the hypothetical self that one would have if he or she were HIV-positive (*possible HIV-selves*). The young adults in this study include HIV-negative individuals who have lost a parent to AIDS, as well as their views on various condom scenes, compared to a community sample.

The psychosocial impact of losing a parent to AIDS

Pequegnat et al. (2002) found that having an HIV-positive family member affects other non-infected members of the family in a variety of ways. Non-infected family members take on

the responsibilities of the HIV-positive member when the infected member is no longer able to function. The psychological stress and activity limitations of the parent directly and adversely affect the psychological well-being of their children (Bauman, Camacho, Silver, Hudis, & Draimin, 2002).

Children with HIV-positive parents are more likely to have a negative self-concept, as well as lower self-esteem and behavioral problems (Murphy, Marelich, & Amaro, 2009). Children who have lost a parent to AIDS have shown higher peer difficulties and behavioral and emotional problems, including higher risk for depression and anxiety (Doku, 2009; Bauman et al., 2006). Those who have witnessed the deterioration of a parent with AIDS often have had to live with the stigma that others attach to a family headed by a parent whose health is growing worse as a result of the disease (Bauman et al., 2006). Along with parental decline comes the necessity to grow up more quickly than other children. The children of parents dying of AIDS, depending on the ages at which they experienced parental decline, may have to take on adult roles for which they are not equipped to handle (Rotheram-Borus, Stein, & Lin, 2001). This role change could affect their identities and increase their risk-behaviors; in a six-year longitudinal study, adolescents who witnessed a parent's AIDS-related decline were more likely to have more sexual partners and engage in riskier sex acts directly after the parent's death if they did not receive any mental health treatment (Rotheram-Borus, Weiss, Alber, & Lester, 2005). Without proper mental health treatment, children who have lost a parent to AIDS may hold a more negative, less complex self-concept than children who have not lost a parent to AIDS.

Self-concept as current reality and future potential

Markus and Nurius (1986) argued that the self-concept consists of more than currently-held attributions of traits, emotions, and other qualities. According to Markus and Nurius, self-concept also refers to the knowledge of one's own self and how an individual assimilates this knowledge into images of whom he or she would like to become. Self-concept is directly affected by the perceptions that the individual holds about his or her past experiences. *Possible selves* are produced from an individual's past experiences as well as by his or her self-idealizations. History and future are directly interconnected, as it is presumed that individuals learn from past experiences that influence future decision-making. While there are many different aspects of selves, such as the current self and the self that one does not want to become (feared self), all selves represent an interpretation of our own realities (Markus & Nurius, 1986). The *current self* incorporates our present situations and defines our perception of reality; possible selves can incorporate both positive and negative future outcomes. The *undesired self* derives from our interpretations of past negative experiences; the more salient those experiences appear in the present, the less satisfied the individual will be with his or her current self (Ogilvie, 1987; Heppen & Ogilvie, 2003).

Possible selves can also relate to specific potential future outcomes. One aspect of future self specifically related to this study is the possible HIV-self; what one would be like if he or she became infected with HIV. For people who have not been close with someone who is HIV-positive, or who is not at high-risk for HIV-infection, the idea of a possible HIV-self may seem unrealistic. For those who are, or have been, close to someone who is HIV-positive, a possible HIV-self might be more cognitively accessible and conceptualized in great detail, particularly when the HIV-positive person is a parent. AIDS-bereaved young adults who have witnessed the

decline in health of a parent infected with HIV/AIDS may fear HIV more than others and might therefore directly incorporate that fear into their undesired selves.

Condom scenes as context-specific possible selves

HIV is, among other things, a sexually transmitted infection. Thus, those who have lost a parent to the AIDS virus may be extremely sensitive to issues surrounding safer sex. Young people's condom scripts, i.e., conceptions of organized patterns of behavior that bear on condom use, guide the interpretation and response to new sexual situations involving or implicating condom use (Reich & Rubin, 2007). The present study not only examines the current, ideal, and possible HIV-selves, but also the self as it relates to condom decision-making. It does so by exploring the subjective meaning of sexual situations involving condom use and non-use. Past experiences may help to interpret condom use, and those who have had, or witnessed, negative consequences of condom non-compliance may attach harsher attributes to unprotected sex. Because of their history with the virus, AIDS-bereaved individuals, for instance, could potentially view non-use of condoms as more harmful and shameful than those who have not lost someone to AIDS.

Elaboration as a property of the self-concept

For this study, the current, ideal, and possible HIV-selves are all aspects of the participant's identity within various context-specific situations. Participants were asked various questions, such as "me with older family members" and "me with friends" within these three specific identities (e.g. Me with my significant other as I am/ as I ideally would like to be/ as an HIV-positive person), and were asked to choose as many trait terms that they felt corresponded with that identity. The number of trait terms (or words the participant would use to describe

himself or herself within each specific identity) that a participant chose for each of the three

identities reveal each identity's degree of elaboration. The greater number of traits associated

with a specific identity, the more elaborated and complex the identity. The more elaborated an

identity, the more prominent and complex it is considered within that participant's self-system.

The concept of elaboration was introduced by Rosenberg and Gara (1985) and has been used to

evaluate identity structures for a wide variety of individuals; from satisfaction in life in older

individuals to hoped-for career identities in young people (McQuillen, Licht, & Licht, 2001;

Strauss, Griffin, & Parker, 2011; Robey, Cohen, & Gara, 1989). For this study, the elaboration

of AIDS-bereaved current, ideal, and possible HIV-selves and condom scene views were

evaluated against a comparison sample.

The current study

This study focuses on the identities of young adults (ages 18-22) who have lost a parent

to AIDS in New York City. It is hypothesized that AIDS-bereaved young adults (ABYA) will

attribute more trait terms to their possible HIV-selves, i.e., the HIV-selves will be more

elaborated, than will the members of the non-bereaved comparison group.

Through Rutgers, the State University of New Jersey (which conducted the interviewing

aspect of the study via The Family Center), and Hunter College, City University of New York,

data have previously been collected regarding the perceived identities in a community sample of

40 young adults who had lost a parent to AIDS and 40 Hunter College students enrolled in an

introductory psychology course.

<div align="center">Method</div>

Participants

The AIDS-bereaved group consisted of 40 HIV-negative young adults (28 women and 12 men, age 18-22; M=20.63, SD=1.29) who had lost a parent to AIDS. Nineteen self-identified as Latino/a, 11 as White, nine as African-American, one as mixed race, and one as Asian. They were recruited through The Family Center via Internet advertisements as part of a larger study[1], and were offered $40 and transportation reimbursement for participating. The comparison group consisted of 40 Hunter College students (28 women and 12 men, age 18-22 years old; M=19.33, SD=1.05) enrolled in an introductory psychology course. The participants were offered two points extra credit for their participation. Sixteen self-identified as Latino/a, 10 as White, six as African-American, six as mixed race, and one as Asian. The groups were compared based on ethnicity and gender for the purpose of this secondary data analysis; while sexual activity was not linked directly to each specific participant, overall sexual activity collected for both groups were comparable (89.7% ABYA were sexually active, 78.2% comparison sample were sexually active). The participants had similar ethnicities and genders; some claimed more than one ethnic group and are therefore classified as "mixed".

Procedure

The procedures for both groups were similar, with the exception that the ABYA group was interviewed at The Family Center while the comparison sample was interviewed in a laboratory at Hunter College. For both groups, after signing the consent form, an in-person, individual interview was performed in which participants described 13 identities as their current selves, their ideal selves, and their possible HIV-selves (e.g. "Me in a social role-currently" "Me

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[1] The original study focused on AIDS-bereaved young adults and drug addiction; the drug aspect of this data was collected for the original study but not collected for the comparison group and is not of primary interest in the current study.

in my religious role-in the future, ideally," see Appendix A). To depict these 13 identities they selected from a list of 36 trait terms (e.g. worried, dependable, honest). Participants were presented with each identity (e.g. me in an important personal goal if I were HIV-positive; me with an older family member as I currently am; me in a student/work role as who I would ideally like to be) in random order. The trait list was presented on one sheet in front of the participant, and the interviewer recorded the responses for each identity. This procedure was followed three times in random order, once for current, once for ideal, and once for possible HIV identities. The participants carried out the same trait selection sequence for six *condom scenes,* which are hypothetical sexual situations in which a condom is either used or not used. Each of these scenes was repeated for a new and an ongoing partner. Interviews lasted approximately 60 to 90 minutes.

Materials

Identities were created as part of the experimental process to collect data (see Appendix B). Traits used were drawn from a prior pilot study in which 25 ABYA described possible identities in an open-ended format (Reich & Rubin, 2007). All participants were asked about their perceived current, ideal, and possible HIV identities within the context of the 36 traits that emerged from the prior study (for exact wording, see Appendix A). These questions include how they feel they would be perceived by their family members (me with an older family member, me with a younger family member) their partners (me with my significant other), their friends (me with friends), their religion (me in my religious role), etc. Six additional questions, labeled "condom scenes," were also asked of the participants (see Appendix C). All six condom scenes were various situations in which participants allotted traits (e.g. sad, friendly, loving, and

worried) to how they would feel if they had sexual relations with or without condoms, with either an ongoing partner or a new partner.

Modeling self-descriptive data using HICLAS

This study used a three-way HICLAS (i.e. traits, identities, and subjects; Ceulemans and Van Mechelen, 2005), which is an iterative procedure used to discover clusters of identities and traits and identifies the links among these clusters. HICLAS models binary data in such a way as to reveal distinctive arrangements of identities and traits. Such an arrangement is referred to as a *bundle*. Bundles are distinct groups of traits and the roles to which they are attached. Bundles may overlap in content, revealing a more complex view of who the participant is and what he or she may be like. In line with the theoretical definition cited above, the greater the number of bundles in an individual's data set, the more elaborated is that individual's identity.

Three-way HICLAS performs three distinct procedures to minimize possible errors between the data and the HICLAS process. Primarily, it clusters traits which appear in the same identity classes. These identities are then placed in the same identity class when they are involved in the same trait class. Afterwards, the identity classes are then linked together via the trait classes that they include. Any identities that do not fit into the structure because they are not elaborated are listed as residual identities. HICLAS identifies these distinct bundles of traits and identities, and then identifies which bundles (if any) are present in the trait data contributed by each participant. The result is a detailed image that identifies hierarchical classes of participants which correspond with a certain blueprint of identities and traits. HICLAS finds the best fitting solution for each self, identity, and trait.

At first, two three-way HICLAS analyses were performed: one for all of the identities and one for the condom scenes. Data derived from a single HICLAS for all of the identities produced non-significant results. However, it might be that a single three-way HICLAS analysis obscured patterns in the data. If true, then running three separate three-way HICLAS analyses for each "self," might be more sensitive to identity-trait bundles present in participants' self-description. Hence, three separate three-way HICLAS analyses were conducted, each containing the self-descriptions of 80 participants (40 ABYA and 40 comparison): 13 rows (identities) and 36 columns (traits) each. A "1" in a cell indicated that a given participant selected that trait to describe that identity, while a "0" indicated that the trait was not selected. For example, one of the ABYA participants chose for her ideal self the traits *vulnerable, respect, trust, caring, happy, loving*, and *honest*, all of which were linked to the roles of being with a significant other, as she would like to see herself as a woman, as she would like others to see her, herself privately, and herself socially. The same procedure was followed for the six condom scenes for which a separate HICLAS analysis was conducted.

HICLAS and elaboration scores

Elaboration scores, derived from the HICLAS output, ranged from zero (e.g., a participant's current self contained no bundles) to seven (e.g., a participant's ideal self contained seven bundles). These elaboration scores for each self were then entered into an SPSS data file based on levels of elaboration, from zero to seven. A repeated measures ANOVA was conducted to determine if there was a significant between-groups difference in the elaboration of the three selves.

Condom scene elaboration scores were separated into purely negatively elaborated, purely positively elaborated, and mixed (both positively and negatively) elaborated. Purely

negatively elaborated consists of only negative trait terms chosen by the participant, purely

positively elaborated contains only positive trait terms, while mixed elaboration means both

positive and negative trait terms were chosen, insinuating that the participant does not view the

particular scene as only positive or only negative. These were then assessed and analyzed using a

chi-square analysis to determine group differences in pure negative elaborations between the

ABYA and comparison samples.

<div align="center">Results</div>

Identity analyses

There were two hypotheses for this particular study: first, the ABYA group would have

more bundles of traits for their possible HIV identities (more elaborated), and that they would

also have more negative bundles of traits toward the unprotected condom scenes (more

negatively elaborated). The identity and condom scenes analyses were performed separately.

For the identity analyses, a repeated measures ANOVA was run comparing the elaboration of

current, ideal, and possible HIV identities for the ABYA and comparison groups. There was a

significant main effect which showed that the comparison group had more elaborated selves than

the ABYA group overall. There was also a significant within-subjects (current, ideal, and

possible HIV-self) effect, which showed that there were significant differences in levels of

elaborations between the selves within the ABYA and comparison groups, respectively (for F

statistics see Table 1).

More interesting was the significant group by self-interaction effect. Simple effects t-

tests were conducted to determine which selves, (current, ideal, or possible HIV) were differently

elaborated between groups. Results revealed that the ideal self for the comparison group was

significantly more elaborated than the ABYA group, t (78)=2.97, p=.004. There was a marginally significant difference in the elaboration of the current self, t (78)=1.90, p=.06 but no significant differences in the elaboration of the possible HIV-selves between the ABYA and comparison samples, t (78)=0.149, p=.88 (for Means and Standard Deviations for each group, see Table 2).

Condom scenes analyses

The comparison group had marginally more elaborated condom scenes than the ABYA group, t (78) = 1.931, p=.06. To more directly test the hypothesis, the context of the elaborations was evaluated for the condom scenes; purely negative as well as mixed (both positive and negative) elaborations (for condom scene elaboration frequencies, see Table 3; participants who had purely positive and mixed condom scene elaborations were collapsed into one group for statistical analysis but are presented separately in the table). For the ABYA group, unprotected condom scenes were linked to a purely negative elaborated trait bundle, χ^2 (1, N=80) = 4.27, p=.04, and unelaborated protected condom scenes. The opposite was true for the comparison sample; they had positively elaborated protected condom scenes and unelaborated unprotected condom scenes. Non-significant chi-square analyses revealed no gender differences in regard to how each gender viewed protected and unprotected condom scenes χ^2 (2, N=80)=.26, p=.88. HICLAS identified that the ABYA group were more likely to view unprotected sex as something worthy of shame, guilt, and worry, whereas the comparison group were more likely to view protected sex as intelligent, loving, and happy.

Discussion

The findings from this study revealed an interesting trend in how ABYA perceive themselves. Those in the ABYA group attached significantly fewer traits to their ideal self identities than did a matched sample of college students, suggesting that those who have lost a parent to AIDS viewed their futures more pessimistically. The ABYA also attributed more negative trait terms to unprotected sexual encounters, and fewer traits to sex with a condom, than the comparison sample. The opposite was true for the comparison sample; they chose more trait terms for the protected condom scenes and less for the unprotected condom scenes. Also, counter to the hypothesis, there was no difference found in the elaboration of the HIV-self for the ABYA participants and the comparison group. There could be a few reasons for these findings.

Identity formation

If members of the ABYA group had to care for their sick parent, the effects of caring for an individual dying of AIDS could have potentially taken a toll on their identity formation. Developmental problems could have emerged from the stress that accompanies caring for a dying parent. Having a parent who is too sick and discharges his or her parental responsibilities, and/or one who suffers from a depression stemming from the knowledge of being infected, is likely to have an adverse effect on the child (Annunziato, Rakotomihamina, & Rubacka, 2007). This information was not collected for this study, but could be a possible explanation for the ABYA unelaborated ideal selves. The child may have to assume responsibilities that most same-age children ordinarily do not take on and thus lose out on many of the activities children enjoy. The child may become depressed by his or her distressing circumstances (Bauman et al., 2002). Sadness and depression may decrease the child's perception of future prospects, thereby leading to a less elaborated ideal self (Lavender & Watkins, 2004).

In addition, members of the ABYA group could also have fewer future prospects due to the financial problems that accompany parental loss. Information regarding finances was not collected from either group; however, HIV/AIDS is an expensive illness to manage. While there are government programs that assist with costs associated with medication and doctors visits, without programs and financial assistance medications alone have been known to range from $10,000 to $15,000 per year in the United States (Avert, 2011). While undergraduates may accumulate sizable debts while studying for their degrees, the burdens of repaying student loans does not begin until after graduation, and are less immediate than the necessity to pay for life-saving medications. These immediate financial stressors could contribute to negative speculations about the future.

Data on educational status were not collected from the ABYA group. However, it is known that participants in the comparison group were all undergraduates. While the comparison sample may not have been matriculated students, they were all enrolled in at least one undergraduate course, which may indicate the desire to achieve a future goal. It is unknown if the ABYA were enrolled in higher education or not.

Negative views of unprotected sex

Regarding the condom scenes, ABYA were more likely to associate shameful traits with unprotected sex and attach fewer traits to protected condom scenes. The comparison group was more likely to affix more trait terms to protected condom scenes, and fewer to unprotected condom scenes. This was an expected outcome of the study, and the combination of these findings lead to a few possible conclusions.

Those who are AIDS-bereaved could possibly view themselves no differently than their counterparts in regard to their possible HIV-selves, but hold harsh negative attributes toward unprotected sex. The traits that they associated with unprotected sex included guilt, shame and worry, with the latter two the most commonly used traits that the ABYA group chose for unprotected condom scenes.

Many of the participants in both the ABYA and comparison groups had unelaborated condom scene identities, and were not included in the statistical analysis. This could indicate an underdeveloped sexual self; all of the participants were 18-22 years old, and may not have had the capacity to have a fully developed sexual self, or be able to explain how they would feel/what they would be like in situations implicating condom use or non-use.

Limitations

While the ABYA group was recruited only if they were HIV-negative, the same criteria did not apply for the comparison group. It is possible that some members of the comparison group were HIV-positive and/or AIDS-bereaved, which could affect how they viewed their possible HIV-selves. However, the chances of this are slim: approximately 1.4% of the New York City population is living with HIV or AIDS. There are approximately 45.8 HIV diagnoses per 100,000 people in the New York City population as well (NYC Department of Health, 2009). This would make the chances of one of those 40 participants in the comparison group being HIV-positive a mere 2%. Also, there was no data collected on the SES or educational status of the ABYA group; while the comparison sample was made of undergraduate college students, the ABYA may or may not have been enrolled in higher education. The data analyzed for this particular study were also collected during one point in time, not including their current

emotional status; the cross-sectional nature of the study, and the unrepresentativeness of the

sample, limits the generalizability of the findings and the capacity of the study to help

investigators draw cause-effect conclusions.

Conclusion

These limitations notwithstanding, this exploratory analysis is the first to study the

perceived identities of ABYA. The results showed that ABYA have less elaborated ideal self

identities, are more apt to viewing unprotected sex with guilty traits, and are less likely to view

protected sex in an affirmative light, compared with a non-bereaved sample. These findings shed

light on the impact that bereavement may have on self-perceptions, particularly in regard to

future self and sexual self, and provides the first step in what may be a fruitful area of future

research. Indeed future research in this area should factor in education, income, and other

demographic variables. Age of bereavement could also help determine how the death of a parent

may have affected identity formations: identity formation processes in young children who lose a

parent to AIDS may differ from processes in older children who lose a parent.

If these results are replicated, they would suggest another avenue of intervention for

mental health practitioners. That is, in addition to standard counseling and care for those who

are HIV-affected and AIDS-bereaved, mental health counselors may need to pay particular

attention to including interventions that focus on developing strong future self-concepts as well

as healthier views regarding sex. While these options are available to some, eligibility may be

difficult pending economic status, location, and overall participant availability. Some may be

more willing to utilize these services than others, while some who may want these services may

not have access to them based on various confounding variables. Those who are affected by the

HIV/AIDS virus could potentially be encouraged to participate in counseling through their

medical doctors, local hospitals, as well as social service organizations that they may already be

involved. With proper counseling and care, perhaps the effects of losing a parent to AIDS may

be assuaged in regard to identity as well as overall mental health, and could vastly improve the

lives of this extremely vulnerable community.

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Table 1: Repeated Measures ANOVA of the Elaboration Levels of ABYA and Comparison Groups Current, Ideal, and Possible HIV Identities

	df	*F*	*p*
Within-Subjects Effect	2,77	77.59	<.001
Between-Group Effect	1,78	4.77	.03
Self-Interaction Effect	1	7.26	.001

Table 2: Means and Standard Deviations for the Current, Ideal, and Possible HIV-Selves for the

ABYA and Comparison Groups

| | ABYA | | | Comparison | |
	M	SD		M	SD
Current	0.95	0.18		1.43*	0.18
Ideal	2.48	0.32		3.93**	0.37
Possible HIV	1.13	0.27		1.18	0.20

*p=.06
**p=.004

Table 3: Positive, Negative, and Mixed Condom Scene Participant Numbers

	Unprotected (Negative only)	Protected (Positive only)	Mixed	Neither
Hunter	4	7	6	23
ABYA	10	3	1	26

Note: The "Neither" participants had too simple elaborations to be classified and, therefore, were not included in this analysis.   The Positive Only and Mixed categories were combined, and a Fisher's exact chi-square test was conducted to determine statistical results.

Appendix A: List of Identities

1) Me in my religious role: as I am/as I would ideally like to be/as an HIV-positive person.
2) Close family member with me: as I am/as I would ideally like to be/as an HIV-positive person.
3) Me in an important personal goal: as I am/as I would ideally like to be/as an HIV-positive person.
4) Me in a student/work role: as I am/as I would ideally like to be/as an HIV-positive person.
5) Me with my significant other: as I am/as I would ideally like to be/as an HIV-positive person.
6) Significant other with me: as I am/as I would ideally like to be/as an HIV-positive person.
7) Me with older family member: as I am/as I would ideally like to be/as an HIV-positive person.
8) Me with younger family member: as I am/as I would ideally like to be/as an HIV-positive person.
9) Me with friends: as I am/as I would ideally like to be/as an HIV-positive person.
10) Me as a man/woman: as I am/as I would ideally like to be/as an HIV-positive person.
11) The self that others see: as I am/as I would ideally like to be/as an HIV-positive person.
12) My private view of myself: as I am/as I would ideally like to be/as an HIV-positive person.
13) Me in a social role: as I am/as I would ideally like to be/as an HIV-positive person.

Appendix B: Traits

Promiscuous
Not Physically Attractive
Sexual
Flashy
Don't Care
Tired
Selfish
Lazy
Caring
Respect
Trust
Friendly
Happy
Loving
Honest
Protective
Physically Attractive
Assertive
Physically Fit
Shame
Sad
Guilt
Angry
Worried
Insecure
Shy
Distant
Vulnerable
Dependable
Motivated
Excited
Confident
Open Minded
Optimistic
Outgoing
Intelligent

Appendix C: Condom scenes

1) Sex with a condom with a new/ongoing partner.

2) Sex without a condom with a new/ongoing partner.

3) Not having sex because there is no condom with a new/ongoing partner.