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### Perceived Benefits and Drawbacks of Disclosure Practices: An Analysis of PLWHAs' Strategies for Disclosing HIV Status

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# Perceived Benefits and Drawbacks of Disclosure Practices: An Analysis of PLWHAs' Strategies for Disclosing HIV Status

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People living with HIV/AIDS must make decisions about how, where, when, what, and to whom to disclose their HIV status. This study explores their perceptions of benefits and drawbacks of various HIV disclosure strategies. The authors interviewed 53 people living with HIV/AIDS from a large AIDS service organization in a northeastern U.S. state and used a combination of deductive and inductive coding to analyze disclosure strategies and advantages and disadvantages of disclosure strategies. Deductive codes consisted of eight strategies subsumed under three broad categories: mode (face-to-face, non-face-to-face, and third-party disclosure), context (setting, bringing a companion, and planning a time), and content (practicing and incremental disclosure). Inductive coding identified benefits and drawbacks for enacting each specific disclosure strategy. The discussion focuses on theoretical explanations for the reasons for and against disclosure strategy enactment and the utility of these findings for practical interventions concerning HIV disclosure practices and decision making.

As a field, we know very little about the perceived benefits and drawbacks of specific HIV disclosure strategies. Researchers study disclosure as an outcome variable where participants either reveal or conceal without distinguishing the ways that people disclose (Obermeyer, 2011). Focusing on enactment of specific disclosure strategies increases understanding of how and why people disclose HIV status in a particular way. This is especially true when there might be high stakes associated with disclosing a stigmatized condition.

The potential negative consequences of disclosing HIV status are well documented, but we know little about the range of communicative strategies used to minimize negative outcomes. Individuals' evaluation of these risks affects their disclosure decision making and disclosure strategy enactment (Greene, Derlega, & Mathews, 2006).

When people living with HIV/AIDS (PLWHAs) disclose their HIV status, they must choose how, when, where, what, and to whom to share the information. This study aims to explore the perceptions of strategies that PLWHAs use to disclose their HIV status. More specifically, this study examines how PLWHAs disclose their HIV status through an exploration of benefits and drawbacks of using specific disclosure strategies.

The most relevant theorizing for disclosure message strategy enactment is located in the disclosure decision-making models. Disclosure decision-making models generally evaluate specific predictors of whether people disclose without

distinguishing the ways that people disclose. However, none of the disclosure decision-making models develop specific hypotheses about the type of disclosure strategy likely to be enacted (for an exception, see the revelation risk model, which is not applied to health; Affi & Steuber, 2009). Some of the models have been applied to health and HIV specifically but missing are predictors of disclosure message practices when sharing (e.g., Greene, 2009). The best existing summary of message features for HIV disclosure is presented in Greene, Derlega, Yep, and Petronio (2003). Thus, we review the existing literature on various disclosure message features including disclosure mode (face-to-face [F2F], non-face-to-face [nonF2F], and third party), context (setting, bringing a companion, and planning a time), and content (practicing and incremental disclosure).

## Mode

PLWHAs who decide to disclose select from a range of communication modes or channels. PLWHAs might choose to reveal in a F2F encounter, nonF2F, or using a third party (Greene et al., 2003).

## F2F

F2F disclosure is a mode characterized by verbal and nonverbal cues, being interactive, and providing the opportunity for immediate reactions from the disclosure target. Sharing an HIV diagnosis might be better communicated through a F2F interaction because the sender and receiver are present to observe and evaluate verbal and nonverbal cues, to clarify any misunderstandings, and to address questions. The advantages of F2F disclosure might also serve as disadvantages if

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the discloser is asked follow-up questions or has to manage the target's reaction (Petronio et al., 1996). Thus, F2F disclosure might affect the control the discloser has over the amount of information that is revealed and target reaction during the interaction.

#### *NonF2F*

NonF2F disclosure is characterized by reduced cues and less immediate feedback. Examples include e-mail, letter, text, or phone. NonF2F disclosure is seen as less threatening than F2F disclosure is, which, in turn, increases feelings of ease, comfort, and safety if and when deciding to share (Greene & Magsamen-Conrad, 2010). If nonF2F is the normal mode of communication in a particular relationship, nonF2F disclosure might be seen as appropriate. However, if nonF2F communication is not usual or possible for the relationship, then disclosing this way might harm the relationship with the target and be interpreted as a lack of respect for the target (Greene & Faulkner, 2002).

#### *Third-Party Disclosure*

Beyond F2F and nonF2F, third-party disclosure is an option involving asking another person or intermediary to disclose on the PLWHA's behalf (Greene et al., 2003; Miller & Rubin, 2007). Greene and Faulkner (2002) found PLWHAs endorse using an intermediary to tell the desired target because it was emotionally easier, they did not know how to tell others, or they felt too busy. There are also dangers to enacting a third-party disclosure strategy. For example, there might be side effects such as lack of clarity about who this third person can tell (e.g., Petronio & Bantz, 1991; Venetis et al., 2012), and the target being upset because the discloser did not share directly. In addition, a recipient might violate the discloser's privacy either accidentally or deliberately leaking confidential information to others.

#### *Context*

Context includes setting, bringing a companion, and timing for disclosure.

#### *Setting*

Setting, the physical environment where people interact, may influence how people disclose (Werner, Altman, & Brown, 1992). A person might choose to disclose in a public setting (restaurant or park) to constrain target reaction (Greene et al., 2003). Conversely, a person might choose to disclose in a private setting such as a home to increase intimacy with the target and to ensure privacy (see Klitzman, 1999).

#### *Bringing a Companion*

Another strategy that PLWHAs might enact is to bring a companion when disclosing. PLWHAs might want assistance with the process of disclosing and managing target's reaction and ask for help from a trusted companion. In addition, the companion who is there to provide emotional support for the target and discloser might eventually share the HIV status if the discloser cannot (Greene et al., 2003). Petronio, Sargent, Andea, Reganis, and Cichocki (2004) studied bringing a companion to healthcare encounter. Companions described their

role as altruistic supporters who assisted patients, yet feel conflicted about what to say.

#### *Timing*

The issue of "when" to share is also important to disclosure strategy enactment. Timing can be conceptualized on four levels: timing based on disease stage/progression, spontaneous versus preplanned disclosure, timing in a relationship, and timing within a conversation (Greene et al., 2003). When considering disease stage, PLWHAs might wait to disclose until they are more ill (Greene & Faulkner, 2002; Klitzman, 1999) and physical symptoms are more visible (Schrimshaw & Siegel, 2002).

Timing of disclosure may be deliberate or spontaneous. A PLWHA might plan a time to disclose in order to minimize negative potential consequences such as gossip, being rejected, and physical/verbal abuse or violence associated with disclosing (Yep, Reece, & Negron, 2003). In contrast, a PLWHA might disclose if an opportune moment arises or as a result of being asked directly if they had HIV. Timing in a relationship involves the PLWHA deciding whether to disclose information at the start of a relationship, after an important event has occurred, or wait until the relationship progresses. Timing in a conversation requires PLWHAs to decide whether to disclose early, intermediately, or late in the interaction.

#### *Content*

Content is the final message consideration in disclosure strategy enactment, in addition to mode and context. Content includes practicing and incremental disclosure.

#### *Practicing*

Practice sharing information includes thinking out details or rehearsing how to disclose personal information before the actual disclosure (Afifi & Steuber, 2009; Greene et al., 2003). Miller and Rubin (2007) reported that some PLWHAs discuss disclosure strategies with a trusted person to facilitate planning, and this could include choosing what words they would use (Greene et al., 2003; Hosek et al., 2000), preparing for disclosure target's reaction (Afifi et al., 2005; Hosek et al., 2000), or creating a script for the disclosure to promote a desired target reaction (Afifi et al., 2005). Practice might increase efficacy in sharing stigmatized information to a specific target (Greene, 2009). Moreover, frequent rehearsal of information might increase likelihood of disclosure at a later time (Richards & Sillars, 2012). Despite practice or planning, disclosure interactions might unfold unpredictably.

#### *Incremental Disclosure*

Message content may also vary in breadth, depth, and specificity. Someone can discuss the topic all at once ("I'm HIV+") or incrementally in pieces ("I went to the doctor recently"). Disclosing fully, compared with incremental disclosure messages, might place more demand for a response from the target because the message is so direct and does not give targets time to prepare. Incremental disclosure is described as revealing information in stages (Greene et al., 2003; Petronio et al., 1996). Telling part of the information

is one strategy to gauge the reaction of the target (Cusick, 1999; Schneider & Conrad, 1980). If the target responds to the incremental disclosures in a way that PLWHAs perceive as positive, then they might share in greater breadth, depth, and/or specificity. Consequently, PLWHAs might test out targets' reactions by sharing information in stages before moving to full disclosure.

### Research Questions

On the basis of the aforementioned strategies, we propose the following research questions:

- Research Question 1: What message strategies do PLWHAs report using to disclose HIV status?
- Research Question 2: What do PLWHAs perceive as benefits and drawbacks of specific disclosure strategies?

## Method

### Participants

Participants ( $N=53$ ) were clients of a large AIDS service organization in a northeastern U.S. state. We provided the organization with a list of study inclusion criteria and staff recruited participants.<sup>1</sup> The sample included 26 men and 27 women between the ages of 28 and 64 years ( $M=48.69$  years,  $SD=9.13$  years). Individuals identified as heterosexual ( $n=37$ ) or lesbian, gay, bisexual, or transgender ( $n=16$ ). The majority of participants were African American ( $n=38$ ), with Hispanic ( $n=7$ ), Caucasian ( $n=5$ ), and multi-racial ( $n=3$ ). Level of education included the following: did not complete high school ( $n=17$ ), diploma or GED ( $n=21$ ), and beyond high school ( $n=15$ ). Individuals were 1 to 31 years postdiagnosis ( $M=11.80$  years,  $SD=8.24$  years). Most individuals acquired HIV through sexual contact ( $n=43$ ), IV drug use ( $n=6$ ), IV drug use or unprotected sex ( $n=2$ ), or were "unsure" ( $n=2$ ).<sup>2</sup>

### Procedure

Four graduate students conducted interviews in private rooms at two AIDS service organization locations. We examined differences by interviewer and did not detect any differences;

<sup>1</sup>The AIDS service organization recruited participants who met criteria that included: HIV+, older than 18 years of age, speak English, with no cognitive impairment. In addition, participants must have disclosed their HIV status to at least one person before the interview and were told that the interview focused on how and when people choose to share their HIV status. Participants expected the interview to be about 45 min, and they were previously acquainted with the AIDS service organization. Participants were told about research compensation, and this could also have affected motivation to participate in the project (many participants were economically distressed).

<sup>2</sup>Participants' body mass index ranged from 19.13 to 51.37 ( $M=29.45$ ,  $SD=7.55$ ). T-cell counts ranged from undetectable to 1,267 ( $M=561$ ,  $SD=279$ ), viral load from undetectable to 9,730 ( $M=555$ ,  $SD=1,641$ ), suggesting a reasonably healthy sample with some physically distressed participants.

thus, data were combined. Interviews ranged from 20 to 72 min ( $M=42.11$  min,  $SD=15.52$  min), generating 11 to 36 pages ( $M=22.32$  pages,  $SD=6.44$  pages) of transcribed text and were verified. Participants received Visa gift cards. The study was approved by an institutional review board.

### Measures

The structured interviews consist of two groups of questions related to specific disclosure message strategies; this project was one component of a larger study. The first set of questions asked participants to focus on any prior disclosure and report strategies used to share their HIV status.<sup>3</sup> The stem question asked, "Have you ever..." used the specific disclosure strategy: F2F disclosure, nonF2F disclosure, third-party disclosure, setting, bringing a companion, planning a time, practicing, and incremental disclosure. Follow-up questions asked participants to describe the benefits and drawbacks of each HIV disclosure strategy. The questions asked participants to think about the "up and downsides" of each specific strategy.<sup>4</sup>

### Data Analysis

We used a combination of deductive and inductive coding (Elo & Kyngas, 2008) to analyze disclosure strategies. We began with deductive coding, where the initial coding scheme included eight disclosure strategies: mode (F2F disclosure, nonF2F disclosure, and third-party disclosure), context (setting, bringing a companion, and planning a time), and content (practicing and incremental disclosure).

Because participants were asked to think about the benefits and drawbacks of using each strategy, we also used inductive coding.<sup>5</sup> This process included open coding and creating categories (Miles & Huberman, 1994). Similar data were clustered into larger categories, and a new category was created when data were perceived as different (Glaser & Strauss, 1967). Disagreements about the categories were resolved through group discussion.

## Results

Themes emerged regarding enactment and perceptions of message strategies. Specific strategies subsumed under mode, context, and content (Research Question 1) and related benefits and drawbacks of strategies (Research Question 2) are described, with illustrative quotes; parenthetical numbers refer to participant ID. Additional relevant quotes are available in a supplemental file.

<sup>3</sup>The questions focused on disclosure generally, which enabled participants to express overall endorsement of disclosure strategies. By keeping the questions broad, participants had the opportunity to provide specific examples of situations and/or relationships where this strategy may be more or less appropriate.

<sup>4</sup>Additional probes regarding the benefits and drawbacks of each disclosure strategy include what would be the pros/cons, positives/negatives, pluses/minuses, or good consequences/bad consequences.

<sup>5</sup>Two trained coders conducted the inductive coding. Disagreements were resolved through discussion between coders and senior author. Exemplary quotations were selected.

### Mode

Mode includes F2F, nonF2F, and third-party disclosure.

#### *F2F Disclosure*

Thirty-eight participants disclosed F2F, referencing one specific advantage: acknowledge target's reactions. Participants did not explicitly articulate disadvantages of F2F but indirectly referenced advantages of nonF2F.

#### *Benefit: Acknowledge Target's Reactions*

Participants emphasized being physically present to address target reactions or answer questions:

Because you can tell how they're feeling. If they are uncomfortable, fearful, if they have something they want to ask you. . . . And if you know a person, you can look them in the face and say 'You have something you want to say?' (32)

Another participant echoed the importance of "being there" in person to observe and address target hesitation, "'Cause sometimes if you on the phone, the phone gets quiet.' And you like 'Are you ok, did you have to say anything? . . . ' They want to know something and it is something they want to ask" (38). Participants identified F2F as enabling disclosers to answer target questions and gain access to target true feelings about the disclosure.

#### *NonF2F Disclosure*

Fifteen participants disclosed nonF2F.

#### *Benefit: Avoid Target's Reactions*

NonF2F enabled disclosers to avoid negative target reactions. One participant described disclosure via phone as "Because if you tell them by phone, and they start screamin' and yellin', you can go 'click,' hang up on 'em" (02). Participants were particularly motivated to avoid negative reactions. NonF2F mediums allowed disclosers to escape from and/or avoid negative reactions.

#### *Benefit: Enable Target to Process the Message*

Participants also considered target-focused benefits to nonF2F disclosure. One participant emphasized the asynchronous nature of nonF2F communication as providing ample time for the target to process the disclosure, "It probably would give them something to think about over the phone. Give them some time to calm down in case they happen to get upset or something" (04). Allowing the disclosure to sink in might result in less negative and/or intense target reactions.

#### *Drawback: Inappropriate for Information*

One participant referred to nonF2F disclosure as inappropriate: "I just think it's tacky if you are going to say something, HIV is so important and they need to hear it. You need to be in person when you say it" (20). In addition, participants discussed how nonF2F disclosure gave off the impression of a fearful discloser. One participant summarized, "It would be the cowardly way" (24). PLWHAs viewed nonF2F communication as improper for serious disclosing.

#### *Drawback: Violating Relational Expectations*

Participants also viewed nonF2F as inappropriate for the disclosure target. One participant described making the target feel respected, "I think it's just a level of respect. Because I think doing it over the phone or Internet is just so cold and distant from that person" (16).

#### *Drawback: Threats to Privacy*

Participants were fearful of the possibility of information leakage via nonF2F. One participant described challenges online as follows:

I was told never to share that information through email, because it is something tangible that someone could always bring back to haunt you. Someone could always say 'Here is the email that you sent.' . . . They could forward it to someone that I don't necessarily want to know. (33)

Another participant noted the overall lack of privacy, "Over the Internet, I would never do that 'cause then the whole world is reading what I'm putting on the Internet" (21). Participants acknowledged privacy concerns associated with disclosure nonF2F.

#### *Third-Party Disclosure*

PLWHAs can also ask another person to disclose their status. Four participants chose to disclose via a third party, and most knew an appropriate person if they chose to use this strategy.

#### *Benefit: More Skillful Delivery*

Participants identified key qualities of third parties that could enhance disclosure. One participant expressed how an intermediary might be better able to share:

She could explain it better than me and I think her emotions would be a little less than mine because of the way I felt about that person [target]. And it might not be so emotional where they [target] would listen to her instead of a bunch of crying, or not understanding, or not wanting to believe. (18)

The same participant emphasized how a third party might be more knowledgeable about HIV/AIDS:

Some might feel better that it was her because she has a lot of knowledge, more so than me. Questions they might have, I couldn't answer she could." (18)

#### *Benefit: Avoid Target's Reaction*

Participants acknowledged third-party disclosure as a means to avoid target reactions. One participant described the ability to avoid unwanted questions, "I don't have to sit and be drilled with 50 million questions" (32). Participants considered using a third party to avoid unwanted questions and anticipated negative reactions.

#### *Drawback: PLWHA's Responsibility*

Participants were generally adamant about being the person to disclose their status: "That is totally my responsibility, I

feel. Unless I'm physically unable to and I am on my death bed, and I say 'Please tell my mother why I'm here.' . . . It's my responsibility and I want to be the one to do it" (30). Use of a third party was seen as inappropriate for personal information such as an HIV diagnosis. The sense of ownership of information and personal responsibility was echoed: "I wouldn't want nobody else telling 'cause you know I'd rather do myself. I'd rather do my own work" (21). Participants viewed disclosing their status as their responsibility.

*Drawback: Misinformation*

Participants also expressed fear of misinformation. Participants worried that another might inaccurately explain, leave information out, and/or cause more negative target reactions:

I would prefer to do it myself. They're [third party] telling the story wrong. They are putting in words that could scare the person away by having somebody else tell. . . . I would rather tell from my own mouth than have somebody else tell and add their own bits and pieces along with it. (16)

Another participant echoed misinformation increasing target fear, "They [third party] might say I have AIDS. They might say something like, 'He getting ready to die.' And they just might give the wrong information" (33). Overall, participants viewed themselves as more informed and best able to share their HIV diagnosis.

*Drawback: Leakage*

Third-party disclosure was also associated with losing control over who knows about the HIV diagnosis. One participant described the inevitability of personal information dissemination, "If you tell somebody, they gonna probably go tell somebody else which, you know, they may just spread it and there may be people out there [who] don't really like people that has HIV" (21). Third parties resulted in unwanted others knowing about the diagnosis.

*Drawback: Violating Relational Expectations*

Third-party disclosure was viewed as violating relational expectations. Targets questioned why the message did not come from the person. One participant shared, "They [target] might be annoyed because they felt like it should have come from me and not her [third party]" (18). Participants discussed target expectations about hearing about the diagnosis from the PLWHA.

**Context**

Context includes setting, bringing a companion, and timing.

*Setting*

Seven participants disclosed in a public setting.

*Benefit: Control Target's Reaction*

Disclosing in public was a way to contain target reactions. One participant explained, "Their [target] reaction wouldn't be loud. Because there are people around so they don't want to be embarrassed" (08). Overall, participants viewed having

witnesses/an audience as reducing negative target reactions and potentially ensuring safety in an extreme instance.

*Benefit: Provide a Way Out*

A public setting also provided an escape route if the interaction went badly. One participant described providing space to process the message:

You're stuck with them [target] like if you take them to your apartment, then they might feel like it is a lot for them to deal with. 'Cause you just don't always know what a person's reaction is going to be. And you want to give them the opportunity to go somewhere and cry, to be able to just remove them self from that situation for a few minutes. (33)

Some participants disclosed in a public setting to allow both the discloser and target options.

*Drawback: Reduced Control of Information*

Even though participants described opportunities disclosing in a public setting, they were of aware threats to privacy. Participants worried about unwanted others finding about their HIV status accidentally. One participant described the possibility of being overheard,

Taking somebody out in public, you never really know who is listening. Other people are hearing things when you are talking to that person in a restaurant or store. 'Cause people, they see you talking, they always stop and try to be nosy reading your mouth. (23)

Unwanted others might not only learn by overhearing the discloser but also from target reactions. Participants acknowledged risks of being overheard and unpredictable target reactions while disclosing in a public setting.

*Drawback: Distractions*

Participants also viewed public settings as making it more difficult to send and process the message. One participant described his inability to disclose in public as follows: "I couldn't get it [disclosure] out because it was a public place and it was noisy. It was more stressful, and I didn't come out and tell them [target]" (04). Public settings presented barriers to ability to focus.

*Bringing a Companion*

Two participants brought a companion when disclosing. Most of participants knew a companion if they wanted to use this strategy.

*Benefit: Support*

Companions provided emotional support and safety; "They [companion] would be there for moral support, kind of like encourage me, push me, and show me the right way to do it, if there was anything I was doing wrong" (30). In addition, companions buffered target reactions:

I think it would be best to have some type of mediator so it wouldn't be screamin' and hollerin'. Things would get resolved better than if it was just a one-on-one type of

thing. It might keep harsh emotions down a little bit because she [companion] would be there. (18)

Participants acknowledged emotional and physical benefits of bring a companion when disclosing.

*Drawback: Doing More Harm Than Good*

Despite the various types of support associated with disclosure companions, participants identified drawbacks including becoming dependent:

I'd get use to having someone there while disclosing. . . . You have to get used to disclosing your status. You don't want to be dependent on having someone there all the time to help you disclose. You got to start learning how to do it on your own. (30)

Participants also expressed concern about companion negative reactions, "He [companion] has a temper like me, 'cause if they [target] reacted wrong he'd probably jump on them before I would. . . . The person that you bring with you might react" (02). There were multiple deterrents to bringing a third party when disclosing, and most had not brought a companion previously.

*Timing*

Thirty-two participants described planning a time for disclosure both in a relationship and within a conversation.

*Benefit: Minimizing Negative Reactions*

Participants described selecting an appropriate time in a relationship to reduce negative target reactions. One participant discussed context, "Yes, plan a time and a safe place. You never know how the person might react to you telling them" (04). Target reactions encouraged well-timed disclosure.

*Benefit: Providing Ample Time for Discussion*

Participants wanted to provide feedback and properly explain their situation. One participant referenced spending time to address target concerns, "It shouldn't be when you just say in passing. It should be something you have some time to spend with the person" (43). The ability to adequately explain HIV status might promote consideration of timing for disclosure within an interaction.

*Drawback: Coming Up in Conversation*

Despite endorsement of planning, participants identified situations where their status came up in conversation. One participant described a hospital stay that prompted disclosure,

I happened to tell them [target], I probably wouldn't have told it, but I was in the hospital, so I had to explain why I was in the hospital and why I needed someone to keep my dog. I could have told the lie . . . but when it comes to something detrimental like that, you have to tell somebody. (33)

Events or illness episodes might trigger changes in disclosure timing.

*Content*

Message content included practicing and incremental disclosure.

*Practicing*

Almost half of the participants practiced disclosure.

*Benefit: Building Confidence*

Participants discussed practice techniques including script building and preparing for target reactions. One participant summarized the relationship between practicing and confidence as follows: "For me it [practicing] gives me more confidence" (13). Being prepared for targets' reactions positively influenced confidence which was also related to knowing what to say. For example, "I think it is important to rehearse anything that you want to come out correct or right the first time or anything you want to be clear about. It is good to rehearse" (30). Practice might serve as a means of reducing participant uncertainty about what to say and how to handle target reactions, therefore, increasing confidence about disclosing.

*Drawback: Not Going as Planned*

Despite practicing, participants reported disclosure not going as planned. One participant attributed straying from her plan to target questions:

You can practice, but eventually it doesn't ever go the way you planned it to be because you don't know if a person [target] is going to redirect you with something. You didn't rehearse the questions that they are going to give you. So, you can somewhat practice but also understand when you are ready to go over that, that there are going to be some topics or questions that you can't rehearse. (16)

Overall, unsatisfactory experiences might deter participants from practicing disclosure.

*Drawback: Not Sounding Genuine*

Participants also viewed practicing as sounding rehearsed and contrived rather than natural. One participant described practicing as follows: "'Cause practicing, to me that is like lying. You got to think about what to tell them [target]. Just be honest" (23). Viewing practice as "phony" discouraged some participants from preparing what to say.

*Incremental Disclosure*

Twenty-nine participants used incremental disclosure. Disclosing in parts is motivated by gauging target's reaction, however, some participants viewed disclosure in stages as lying by omission. Participants provided examples of incremental disclosure including creating a hypothetical scenario, watching a movie about HIV, and discussing safer sex practices. One participant described seeking information by asking for advice about a HIV+ friend, "Yeah, sometimes [use incremental disclosure]. 'I got a friend that's positive and I don't know what to do,' you know, 'I need some advice'" (32). Participants also mentioned talking about safer sex practices to gauge level of comfort and knowledge about HIV/AIDS. One participant shared,

They [PLWHAs] should talk about condoms first. Ask what flavors have you ever tried.

You have to make it interesting. . . . First, you got their curiosity and like 'Oh, if she talkin' about that, maybe we could try some of that.' Then that opens the door for more. (14)

Incremental disclosure was used as a means to gauge target reactions.

#### *Benefit: Gauge Target's Reaction*

Participants emphasized testing target responses and knowledge about HIV/AIDS to minimize negative reactions. One participant described assessing sympathy toward PLWHAs, "You have got to find out how they feel about HIV. Are they going to have sympathy for that person or are they going to be ignorant about it? If they are going to be ignorant about it, don't even bother with it" (04). Participants also discussed how initial reactions guided how much to tell. One participant summarized, "You would know how much further you could go, you know, or if you should even go further" (35). Ultimately, positive target reactions to pieces of information promoted sharing.

#### *Drawback: Lying by Omission*

Despite utility to gauge target reactions, some participants viewed incremental disclosure as deceitful. One participant described it as follows: "[Sharing] a little piece at a time is you are kind of like lying" (35). For some participants, telling in pieces was seen as inappropriate and unfair to the target.

## **Discussion**

This study explored strategy enactment for disclosing an HIV diagnosis (RQ1) and perceptions of benefits/drawbacks of each strategy (RQ2). Most participants disclosed: F2F (for mode), in a private setting and planning a time (for context), and incrementally (for content). Most participants did not use a third party (mode) or bring a companion (context). Theories of social presence (Short et al., 1976) and media richness (Daft & Lengel, 1984) align with participants disclosing F2F primarily to acknowledge target reactions. Similar to Greene and Magsamen-Conrad (2010), participants utilized nonF2F disclosure to restrain reactions. The few who employed third-party disclosure sought to primarily avoid targets' reactions (e.g., Greene & Faulkner, 2002; Greene et al., 2003). Most participants did not enact this intermediary strategy out of fear of loss of control over information (Petronio & Bantz, 1991; Venetis et al., 2012) and violating relational expectations (Greene et al., 2003).

For content, few participants disclosed in a public setting, yet there were instances when PLWHAs chose a public setting in order to limit the ability of the target to react strongly (Greene et al., 2003). Most participants preferred disclosing in a private setting to increase intimacy with the target, ensure privacy and control of personal information, and to minimize distractions (Klitzman, 1999). Few participants reported bringing a companion when disclosing, but PLWHAs were able to identify someone who was discreet, supportive, and nonjudgmental (Kelly & McKillop, 1996) if

they wanted someone to accompany them. Most participants had planned prior to disclosure to minimize negative target reactions (Yep et al., 2003). Participants also reported straying from plans due to being asked directly or HIV coming up in conversations (Cusick, 1999; Klitzman, 1999).

Participants made content choices regarding practicing and incremental disclosure. Almost half of the participants practiced what to say, but participants were asked questions and had to stray from their "plan" (Greene, 2009). Disclosure in stages was also employed by half of the participants. This gradual disclosure enabled the discloser to maintain a level of control over how information is told, including not fully sharing (Greene & Faulkner, 2002; Greene et al., 2003; Petronio et al., 1996). Target initial reactions invited or inhibited further disclosure.

One finding that deserves additional examination is anticipated target reaction to disclosure. Anticipated target reaction emerged as either an advantage or disadvantage for each of the disclosure strategies subsumed under mode, context, and content. For mode considerations, the ability to acknowledge (F2F) and avoid reactions (nonF2F and third party) were advantages. For context considerations, the ability to constrain (setting), provide support with or protection from (bringing a companion), and minimize negative target reactions (planning a time) were advantages. For content considerations, the ability to prepare for (practicing) and gauge target reactions (incremental disclosure) were advantages. Being overheard or embarrassed (setting) was a disadvantage for context. People often consider the response of the disclosure target before sharing (Ben-Ari, 1995; Magsamen-Conrad, 2012). Greene et al. (2006) propose that the target reaction is "critical in understanding the disclosure process" (p. 417; cf. Reis & Shaver, 1988). HIV is a context with great potential for negative outcomes and thus increases salience of responses in disclosure decisions and strategy choices.

## **Implications**

One feature missing from the HIV disclosure literature is an intervention for PLWHAs to productively navigate complex disclosure decisions. The present findings reinforce the need for an intervention where PLWHAs are guided through an exercise to consider how, when, where, what, and to whom they might disclose (see Greene, Carpenter, Catona, & Magsamen-Conrad, 2013). Having participants analyze the advantages and disadvantages of specific disclosure strategies might be incorporated into interventions aimed at helping PLWHAs disclose in ways that increase their efficacy and potentially decrease negative target reactions. Being familiar with a number of alternate disclosure strategies, is particularly useful if PLWHAs anticipate negative target reactions to the HIV diagnosis. Teaching these evaluation skills may be especially significant for participants more recently diagnosed who have little experience enacting disclosure messages.

One target audience for disclosure interventions would be healthcare providers such as case workers. Healthcare providers could implement disclosure programs and assist PLWHAs in learning a range of communication skills designed to increase efficacy, maximize desired outcomes, and minimize negative



target reactions. Disclosure-focused interventions would be a valuable tool to help patients manage stress and anxiety, with potential links to increased treatment adherence and physical and psychosocial health indicators.

In addition to healthcare providers, social network members might be better able to provide social support for the PLWHA if decisions about who knows the diagnosis are clarified. Participants express concern about losing control over who knows about their HIV status. PLWHAs' evaluation of strategies revealed apprehension about third-party leakage or unwanted others knowing about their diagnosis which, in turn, led to enactment of alternate disclosure strategies.

Limitations and future research are included in a supplemental file.

## Supplementary Material

Supplemental data for this article can be accessed on the publisher's website at <http://dx.doi.org/10.1080/10810730.2015.1018640>.

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