

Chapter one

Introduction

1.1 General Introduction

The proportions of the Human Immunodeficiency Virus (HIV) epidemic sweeping through South Africa have been reported in numerous studies (Eaton, Flisher & Aarø, 2003; Lovelife, 2001; Wagendorp, 2004). At the end of 2000 an estimated 4.75 Million people in South Africa were HIV positive, a figure which is expected to more than double over the next decade (Lovelife, 2001). Due to risk factors that include erratic condom use and having sex with multiple partners (Akande, 1997) younger South Africans are at greatest risk of infection and 60 % of infections occur before the age of 25.

People with HIV, in addition to having to deal with the physical consequences of the disease (van Dyk, 2001a), are also subjected to prejudice and differential treatment from others. Reported reactions to HIV positive people include anger, irritation, pity, sympathy and fear (e.g. Gilmore & Somerville, 1994; Parker & Aggleton, 2003; Walkey, Taylor & Green, 1990).

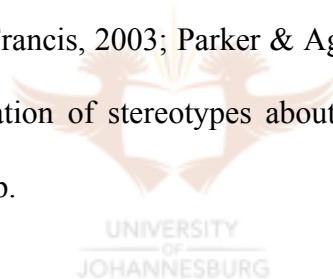
As will be discussed in later chapters stereotypes about people with HIV can be approached from an individualistic perspective, such as schema theory, and from a collectivist perspective, such as social identity theory.

From a social cognitive, individualistic perspective stereotypes about people with HIV can be considered from the perspective within an individual, focussing on processes associated with stereotyping and the consequences (e.g. Stangor & Schaller, 1996), such as self-fulfilling prophecies (Pennington, 2000).

Collectivist approaches and social identity theory (SIT) look at stereotypes about people with HIV from an intergroup perspective (Stangor & Schaller, 1996), emphasising the principles of social categorisation, social identity and social comparison (Tajfel, 1981).

As suggested by literature on HIV stigma and prejudice (Aggleton & Parker, 2002; Gilmore & Somerville, 1994), people with HIV may also be subject to stereotyping. Potential consequences of HIV-related stigma and negative stereotypes include tendency to question and deny the presence of HIV/ AIDS in one's own community, refusal to test or to disclose HIV positive status, (Eaton, Flisher & Aarø, 2003; MacPhail & Campbell, 2000).to name a few of the ramifications.

Despite an abundance of research regarding negative consequences of stigma, prejudice or discrimination (Carstens, 2003; Francis, 2003; Parker & Aggleton, 2003) thus far no research has attempted a detailed exploration of stereotypes about people with HIV. The proposed study aims to fill this research gap.



1.2 Aim and rationale of the study

The aim of the present study will be to explore stereotype content and subtypes about people with HIV.

The study of attitudes and reactions towards people with HIV is particularly relevant in the South African context due to the large number of people infected (Carstens, 2003; Finlay, 2003) and consequently affected. To date, few studies have explored the actual content of stereotypes about people with HIV, and those that do (e.g. Makena, 1999; Walkey, Taylor & Green, 1990) are limited by their methodology or general approach.

Determining the content of the stereotypes and about people with HIV and identifying the subtypes within these stereotypes will provide a platform for working towards challenging and ultimately improving the generally negative perceptions about people with HIV (Parker & Aggleton, 2003).

As, statistically, there are differences in the numbers of HIV infection within the diverse ethnic communities in South Africa (Finlay, 2003) it is possible that there are differences in the stereotypical subtypes between the ethnic groups.

A further aim of the present study is to determine differences in stereotype content and subtypes about people with HIV. Determining these differences can provides valuable information for specific interventions dealing with, for example, stereotype reduction or HIV awareness within different communities.



1.3 Overview of Chapters

Chapter two introduces and discusses the two most dominant perspectives in the social psychological study of intergroup relations, namely social cognitive and intergroup approaches. Both approaches will be presented along with their historical backgrounds and developments and extensions of the core theories. Firstly, social stereotypes will be explained using schema theory. A discussion of the inevitability of stereotypes and prejudice is followed by an account of schema functioning, as well as a critical approach to schema theory.

Next, chapter two focuses on stereotypes within the paradigm of social identity theory (SIT), considering each of the three basic underlying principles social categorisation, social identity and social comparison, in turn. The review will further consider extensions of SIT and discuss benefits and shortcomings of the perspective.

In chapter three the social psychological principles introduced in chapter two are applied to the stereotypes about people with HIV. Stereotype content studies are introduced and critically considered. This is followed by a presentation of attitudes about people with HIV in general, and the focus on the study of stigma and prejudice in the social psychological study about people with HIV will be communicated. Next, stereotypes about people with HIV are considered as individual beliefs and as collective beliefs, notions corresponding to the social cognitive and intergroup approaches introduced in chapter two. Finally, stereotype content studies about people with HIV are discussed, followed by a discussion of stereotype content measurement techniques.

Chapter four introduces the problem statements, expectations and hypotheses generated with regards to the aims, rationale and literature review of the present study. Further, the research method used to examine the problem statements and appraise the hypotheses will be described. This will include a discussion of the sample used, the procedure followed and the data analysis employed.

In chapter five the results of the present study are reported and illustrated.

Chapter six concludes the present study by proposing explanations of the results, as well as a discussion of implementations. The extent to which research goals and problem statements were addressed, are also elucidated. Limitations and advantages of the present study are discussed, as well as suggestions for potential areas of future research.

Social cognition and Social identity

2.1 Introduction

In this chapter I will consider the two leading social psychological perspectives on intergroup relations: social cognitive and intergroup approaches. As an example of social cognition I will focus on schema theory as an explanation for stereotyping. Next, I will concentrate on social identity theory, introducing alternative and additional concepts including self-categorisation theory. I will discuss values and criticisms of both social cognitive and intergroup approaches. This chapter aims to provide an introduction into the two major perspectives in social stereotype research, which will be discussed in detail in relation to HIV in the following chapter.



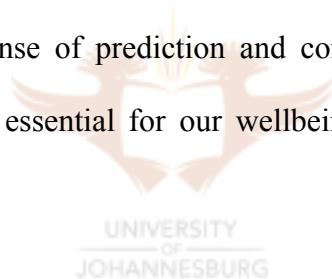
2.2 Social Cognition

Social cognition presents today's dominant perspective in contemporary social psychology (Augoustinos & Walker, 1996). Social cognitive approaches are concerned with the manner in which people make sense of themselves, others and events (Fiske & Taylor, 1984). Further, they deal with the attribution of causes to behaviour and the various cognitive processes which govern all of these (Pennington, Gillen & Hill, 1999). Contemporary social cognition theory and research is driven by an individualistic orientation, and focuses on the processes within the individual to understand social behaviour (Operario & Fiske, 1999). One of the leading and dominant theories in social cognition is schema theory.

2.2.1 Schema Theory

One of the most influential research traditions preceding social schema theory was Bartlett's (1932) research on non-social memory. Bartlett's research findings suggested that information-processing and recall were facilitated by imposing an organising and meaningful structure. This contradicted the dominant view at the time that information is perceived and represented as isolated elements (Augoustinos & Walker, 1996).

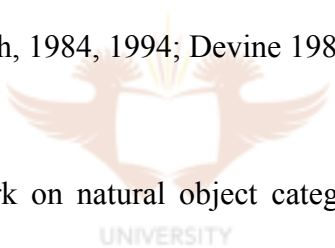
Schemas or schemata are cognitive structures that contain the knowledge and expectations of the social world, including general expectations about people, social roles and events, as well as to what constitutes adequate behaviour in different situations (Baron & Byrne, 1997). Schemas take the form of general expectations that are learned through experience and socialisation. They provide a sense of prediction and control of the social world and are considered to be functional and essential for our wellbeing (Fiske, 1993; Fiske & Taylor, 1991).



Before schematic knowledge can be applied to an object, person or situation, it is necessary to categorise them (Hogg & Vaughan, 1998). Categorisation is the process used to understand what something is by knowing which other things it is equivalent to and which things it is different from (Oakes, 2001). It is considered to be a central and fundamental tendency of human cognition and as such, is central to schema theory, as well as to other theories of stereotyping, both social cognitive and intergroup theories, discussed later in this chapter. The principles of categorisation in social cognition are largely based on the research on natural object categories by Eleanor Rosch (1975) and colleagues (Rosch, Mervis, Gray, Johnson & Boyes-Braem, 1976). Rosch proposed that some category members, known as prototypes, act as cognitive reference points and are considered to be more representative of a category than

other members. Consequently, the prototype, the “central tendency” of all category members, is judged as more prototypical much faster than less typical members (Rosch, 1975).

The prototype approach is an influential account of how stimuli are stored and represented in memory (Augoustinos & Walker, 1996). However, social categorisation, the categorisation of people and events, is assumed to be a more complex process than that of objects because social categories are more variable, interactive and dynamic and therefore less predictable (Augoustinos & Walker, 1996). By applying categories the unique and complex varieties of individuals are simplified and this provides a sense of predictability and coherence to an otherwise overwhelming wealth of information. As such, social categorisation is a “functional feature of mental life” (Macrae & Bodenhausen, 2001, p.251). A much-discussed implication of the importance of categorisation and associated stereotype activation is that prejudice is an inevitable consequence (e.g. Bargh, 1984, 1994; Devine 1989; Lepore & Brown, 1997).



In line with Rosch’s (1975) work on natural object categories, it has been suggested that social categories, including social schemas and stereotypes, are organised hierarchically (Deaux, Winton, Crowley & Lewis, 1985). This means that less inclusive categories (i.e. those that include fewer members and attributes) are nested beneath more inclusive categories (i.e. those that include more members and attributes). For example, the very inclusive category *professionals* is nested above the intermediate categories *doctors* and *lawyers*, which in turn are situated in the hierarchy above the very exclusive categories *neurosurgeons* and *human rights lawyers*. The evidence in support of this is somewhat mixed. An often cited early study by Brewer, Dull and Lui (1981) found that participants differentiated the cognitive representation of the social category *the elderly* into meaningful subcategories of *the senior citizen*, *the grandmotherly type* and *the elderly statesman*, each associated with distinctive personality and behavioural characteristics and physical features. Brewer et al. (1981) concluded that the stereotyping of individuals occurs at the level of basic rather than

superordinate categories. While another early study by Deaux, Winton, Crowley and Lewis (1985) found sets of well articulated subcategories or subtypes from the more generic concepts of *man* and *woman*, they found no evidence that these concepts were superordinate to the subtypes in the hierarchy. So while there is multiple evidence that categories including social stereotypes are organised cognitively into meaningful subtypes, evidence in support of the hierarchical arrangement of these subcategories is less clear.

The diversion from predictions based on Rosch's (1975) findings regarding hierarchical arrangement may be explained in terms of methodological differences (Deaux et al., 1985). Alternatively, as Lingle and colleagues (cited in Deaux et al., 1985) suggested, it could be due to firstly the variability of social categories in contrast with natural object categories and secondly, due to an overlapping rather than hierarchical nature of social categories. Augoustinos and Walker (1996) argued that the way social information is internally organised depends on its content and whether it is salient to the perceiver. People are more likely to use schemas cued by easily detectable features such as race and gender in general, and schemas that are linked to features that are important to them in a particular context (Hogg & Vaughan, 1998). For example, a Catholic in Northern Ireland, where for many years conflicts between religious groups have shaped day to day life, is perhaps more likely to apply religious schemas than someone in whose context religion is less salient.

The schema concept has been applied empirically to four content areas, including person schemas, self schemas, event schemas and role schemas. Event schemas, also called scripts, describe the sequential organisation of events in everyday activities. They provide a structure for comprehending social information in the context of information we already have and thus form the basis for anticipating the future, planning and setting goals (Fiske & Taylor, 1991; Baron & Byrne, 1997).

Self schemas are defined as “cognitive generalisations about the self, derived from past experience that organise and guide the processing of self-related information contained in the individual’s social experiences” (Markus, 1977, p. 64). They are components of the self-concept that are central to identity and self-definition and form the basis for perceiving and interpreting our own behaviour and help to make sense of our social interactions (Fischer, Tarquinio & Vischer, 2004; Oyserman, Kemmelmeier, Fryberg, Brosh & Hart-Johnson, 2003).

Person schemas, or trait prototypes, are trait-based mental representations of characteristics of known others (Fiske & Taylor, 1991; Pennington, Gillen & Hill, 1999) and assist us in answering the question of what kind of person we are dealing with (Aronson, Wilson & Akert, 2005; Horowitz, 1991). They help to anticipate the nature of interactions with specific individuals, thus instilling a sense of control and predictability in social interactions.

When encountering a stranger, perceivers are likely to employ role schemas. These are highly routinised knowledge structures of the norms and expected behaviours of specific achieved or ascribed role positions in society (Fiske & Neuberg, 1990; Fiske & Taylor, 1991). Achieved role schemas provide the normative expectations regarding the behaviours of individuals in certain positions and are usually related to occupation. Ascribed role schemas are those roles over which we have little or no control, such as gender or race (Augoustinos & Walker, 1996). Role schemas influence social stereotypes: it has been found that the perceived roles of a group affect how the group is stereotyped (Ho, Sanbonmatsu & Akimoto, 2002).

Social stereotypes are a type of role schema which organises information and knowledge regarding people from different social categories (Slugoski, 1998). Stereotype research is consistent with schema theory in that both see a process of categorisation of individuals into respective social group membership as highly functional: it simplifies the natural complexity

of the social world for the perceiver (Augoustinos & Walker, 1996). Ascribed societal roles are seen to be highly significant and take priority to any other kind of person categorisation that may take place (Augoustinos & Walker, 1996; Fiske & Neuberg, 1990). Indeed, a study by Anderson and Klatzky (1987) found social stereotypes to be associatively richer in structure and able to elicit more concrete and specific attributes compared to schemas or trait-based structures. Anderson and Klatzky (1987) thus distinguish between social schemas and stereotypes in saying that stereotypes are more complex and likely to be culturally determined than schemas.

Self-fulfilling prophecies are a concept linked to schemas and are particularly prominent with role schemas and stereotypes. Self-fulfilling prophecies occur when the behaviours and traits we expect of people in social positions (including ourselves) lead us to act in ways that elicit behaviours from these people that confirm our original expectations (Pennington, 2000). In the case of ascribed role schemas that are negative this can have profound effects. A famous study by Rosenthal and Jacobson (1968) found that a year after school teachers had been told that certain pupils (which had been selected at random) would bloom academically, these pupils performed better in class than others. Similarly, the same principle applied to those labelled “slow to learn” (Rosenthal, 1985). Recent studies link mothers’ expectations regarding drinking to children’s subsequent alcohol use (Madon, Gyll, Spoth, Cross & Hilbert, 2003) and expectations of being faced with a competitive opponent to negotiators becoming less competitive (Diekmann, Tenbrunsel & Galinsky, 2003). Overall, these findings imply that the stereotypes we hold of others can actually lead to them ultimately confirming those as a consequence of our behaviour towards them.

The power of stereotypes on others and ourselves are emphasised when conceptualising stereotypes as the cognitive component of prejudices. Indeed, much debate has emerged over the inevitability of prejudices following stereotyping.

2.2.2 Inevitability of stereotypes and prejudice

Devine (1989) put forward the dissociation model which explains the relationship between stereotypes and prejudice. It posits that social stereotypes are consensually known regardless of one's own beliefs and are internalised as memory structures and automatised. This means that stereotypes are automatically activated upon encountering a target group or its members (Devine, 1989). However, not all people accept the stereotype due to personal beliefs and values conflicting with the stereotype. Devine (1989) suggests that low-prejudice people consciously inhibit automatic stereotype-related information, whereas high-prejudice people experience no conflict between the activated stereotype and their own beliefs and are therefore not motivated to inhibit activation.

Devine (1989) concluded from a series of her own studies that low and high-prejudice people do not differ in the knowledge of stereotype content or in how automatically activated stereotype-related information affects subsequent judgements of ambiguous behaviour. However, she deduced that they differ when asked to list their own thoughts related to the target group. Although the three studies conducted by Devine are consistent with the dissociation model, they are not incontestable evidence for it. Firstly, in support of the claim that high- and low-prejudice persons automatically activate stereotypes in the same negative way, Devine primed subconsciously both the category label *Blacks* and the stereotype content simultaneously and found no difference in either group's subsequent impression of a target person. A large proportion of the priming stimuli used by Devine were negative (e.g. "lazy", "poor", "niggers"; see Lepore & Brown, 1997) which could have directly cued hostility. Thus the results would be attributable to semantic priming (Lepore & Brown, 1997) rather than stereotype activation.

Secondly, the results of the thought-listing task were used to claim that there are differences in how high- and low-prejudice persons endorse the stereotype. However, the association between prejudice level and self-reported endorsement of the stereotype may be due to a common social desirability response (Locke & Walker, 1999). In other words participants may have indicated that their own personal beliefs differed from the general stereotype in order to appeal socially, as opposed to this being a reflection of their true beliefs.

Lepore and Brown (1997) posed further challenges to the dissociation model. They demonstrated that when only a group category was primed (without subsequent priming of the stereotype content) stereotype-activation differed significantly in high- and low-prejudice participants. Specifically, participants high in prejudice rated the target person more negatively compared to those low in prejudice. These findings implied that when presented with a category label people low in prejudice do not automatically access the negative stereotype while high prejudice people do. It thus follows that high- and low-prejudice people have different representations of the group (Lepore & Brown, 1997), which do not differ in content but in the strength with which the positive and negative attributes are associated with the category label.

Devine's (1989) claim that stereotypes are automatically activated similarly in high- and low-prejudice people, has been challenged. For instance, Gilbert and Hixon (1991) demonstrated the possibility to empirically separate category activation from stereotype activation by manipulating a situational variable. They found that while participants were able to recall a female Asian-American assistant race after the experiment, they did not categorise her according to race during the experiment. Gilbert and Hixon (1991) suggested that social interaction may cognitively occupy the interacting parties thus reducing the likelihood of stereotype activation.

Further, Lepore and Brown (1997) found that both high and low-prejudice persons showed evidence of stereotype-activation when primed directly with the stereotype content. It has been suggested that endorsement of the negative stereotype makes it more accessible for activation (Higgins, 1996; Lepore & Brown, 1997). Hence high-prejudice people have both a chronic and an immediately primed component of stereotype activation, whereas low-prejudice people have only the primed component.

It emerges that while there is a link between stereotypes and prejudice, prejudice does not have to follow stereotyping automatically. Rather, prejudice activation occurs only when presented with negative aspects of a stereotype. Further, evidence suggests that the mere presentation of a label identifying the stereotyped group is not sufficient to trigger automatic stereotype operation (Locke & Walker, 1999). This challenges the idea that stereotype and schema activation occurs in the same automatic fashion in everyone. The following section provides a number of explanations for schema functioning.

2.2.3 Schema functioning

There are a number of theorised explanations for how schemas work. Research suggests that schemas influence the three basic aspects of social cognition, namely attention, encoding and retrieval of information (Baron & Byrne, 1997).

When schemas are explained as theory-driven it is suggested that they rely on people's prior expectations, preconceptions and knowledge regarding the social world in order to make sense of new situations and encounters. This means that schemas guide identification of the elements of incoming information thus providing a context for its meaning and internal representation (Augoustinos & Walker, 1996). Schemas can, for example, provide mental short-cuts through the use of heuristics (Kahneman & Tversky, 1972). Heuristics are mental

rules of thumb that enable us to make simple judgements based on complex information (Kahneman & Tversky, 1972). For instance, we use the representative heuristic to make judgements of similarity, or the availability heuristic to judge the frequency of an event by the effortlessness with which it can be brought to mind (Pennington, 2000; Slugoski, 1998). This kind of theory-driven schematic processing can often lead to biased judgements: because schemas are pre-existing cognitive structures, people often fill-in missing data from incoming social information with pre-existing assumptions and knowledge (Augoustinos & Walker, 1996).

This explanation of schema-functioning is consistent with the metaphor of perceivers as *cognitive misers*, a term coined by Fiske and Taylor (1984) meaning that we economise as much as possible on the effort spent on information processing and thus simplify reality “by interpreting specific instances in light of the general case” (p.141). This metaphor suggests that humans are rarely motivated to use the mental activity and cognitive resources to optimise their evaluations of others. Rather, they do just enough work to get by; a saving which is achieved by the use of category-based knowledge structures (Macrae & Bodenhausen, 2001).

A second explanation conceptualises schemas as memory traces. According to this view schemas work by influencing and guiding the encoding and retrieval of social information from memory (Augoustinos & Walker, 1996). Early memory research generally found that schemas facilitated information-recall and that schema-consistent information was remembered better than schema-inconsistent information (Cantor & Mischel, 1977). More recent research findings suggest that schema-inconsistent information can be distorted in memory, making it more congruent with expectations (Vicente & Brewer, 1993). For example, in a study by Carli (1999), two groups of participants were read a story about a man and a woman going on a trip to a ski lodge. In group one the story ended with the man

proposing to the woman, whereas in group two the man ended up raping the woman. In the memory test conducted two weeks later, participants in group one were more likely to misremember details consistent with a proposal schema, whereas those in group two were more likely to falsely recall details consistent with a rape schema (Carli, 1999). This finding led Aronson, Wilson and Akert (2005) to conclude that schemas become stronger and more resistant to change over time.

Moreover, research literature suggests that schema-consistent or schema-relevant information is processed at faster speeds than inconsistent information (Augoustinos & Walker, 1996). Hence, if a target's traits and actions are stereotype-consistent, they are likely to be processed faster and remembered better, compared to stereotype-inconsistent actions and traits. This is due to the schemas guiding the encoding of social information.

Schema theory explains social cognition as predominantly theory-driven, however this explanation has been directly challenged. In an often cited (Augoustinos & Walker, 1996; Fiske & Taylor, 1991; Stangor & Lange, 1994) early study Hastie and Kumar (1979) found, contrary to most schema models at the time, that schema-inconsistent information was remembered over schema-consistent information. They suggested that this was due to the novelty and distinctiveness of the inconsistent information being potentially more informative to the perceiver, thus making the stimulus more likely to be attended to (Hastie & Kumar, 1979). Their finding shows that schemas are not applied at all costs and that there are situations in which perceivers are influenced by the nature of the stimulus itself, rather than the schema (Augoustinos & Walker, 1996).

A series of studies by Forgas (1985) found both data-driven and theory-driven models to be ecologically valid: participants adopted different processing strategies depending on the nature of the stimulus information. According to Forgas (1985) the higher the cultural

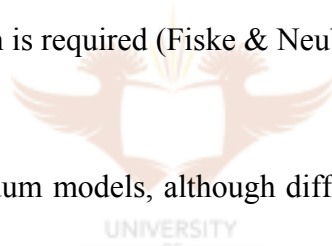
salience of a stimulus, the more likely it is that schematic processing will be activated. Cultural salience can be defined as “the extent to which a cognitive object...is infused with values and meaning for members of a subcultural group, and is significantly differentiated from other similar objects” (Forgas, 1985, p.11). Put differently, an object or stimulus is culturally salient if it holds meaning for members of a particular social group or subgroup. Accordingly, if a stimulus is low in cultural salience, or holds little meaning to the social context of the perceiver, processing is more likely to be data-driven. It thus appears that cognitive factors are not the only influences on information processing, and cultural influences may too play a significant part.

Applied to social stereotypes, Forgas’s (1985) dual processing model (Brewer, 1988) states that if the stereotype or the stereotyped group is culturally relevant, the perceiver is likely to make use of schemas. However if the encountered person or group has no cultural relevance, the perception will be data-driven. This dual-processing model deals with the inconsistency of research findings that the theory-driven approach cannot, since results of studies with superior memory of schema-inconsistent material may have had no or little cultural salience to that particular group of participants.

Fiske and Neuberg (1990) differ with the dual processing model. They suggest that social information processing happens along a continuum from category- or schema-based to a more individuating data-based approach. Schema-based processing is used when the data is unambiguous and of relatively little importance to the perceiver. Fiske and Neuberg propose that immediate and automatic reactions are schema-based; it is very much the “default option” (Fiske, 1993; Fiske & Neuberg, 1990) since we do not have the time or capacity to always use more individuating strategies, which process a target’s particular attributes to the relative exclusion of category membership. Individuation of a target occurs for example, when perceivers have to evaluate a large number of individuals on the basis of few specific features

(Fiske & Neuberg, 1990). An illustration of this is the preliminary screening of applicants for a job or university course.

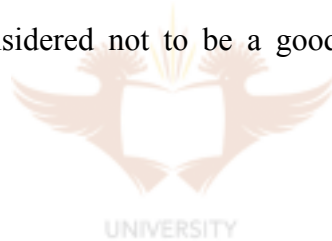
As with general schematic processing (Hogg & Vaughan, 1998; Oakes, 2001) according to the continuum model, the first step in impression formation is always social categorisation, and many everyday judgements are schematic and associatively linked to stereotypes about social categories (Augoustinos & Walker, 1996; Fiske & Neuberg, 1990). If, however, a previously stereotyped target defies our expectations or we have a strong motivation for accuracy, the information regarding the target can be integrated into a more individuated knowledge of the person (Fiske & Neuberg, 1990). This requires attention and allows us to gather more information which can either confirm the initial schema, or individuate the target person (Fiske, 1993) when the person is interpreted as not easily categorisable and attribute-by-attribute analysis of the person is required (Fiske & Neuberg, 1990).



The dual-process and the continuum models, although differing, are both consistent with the more contemporary metaphor of perceivers as *motivated tacticians* (Fiske & Taylor, 1991; Macrae & Bodenhausen, 2001; Ruscher, Fiske & Schnake, 2000), which has largely replaced that of the cognitive miser. As early as 1890 James (cited in Fiske, 1993) recognised that in person perception the perceiver's purposes must be considered, an idea developed further into the metaphor of the motivated tactician: a fully engaged thinker who can choose from multiple cognitive strategies, depending on the current goals, motives and needs (Fiske, 1993; Fiske & Taylor, 1991). The adopted strategy may be aimed at meeting the potentially most salient goal, and sometimes may be adopted in order to reach a compromise among various goals (Ruscher et al., 2000). Either way, some motivations lead to people wanting to feel or appear accurate, whereas others prompt fast decision and action (Fiske, 1993).

2.2.4 Critique of Schema Theory

Although the schema concept has been a dominant perspective in social cognition research, it has been criticised in a number of ways. Firstly and most prominently, the schema concept as a theory is very general and non-specific. For instance it can account for contradictory findings (Augoustinos & Walker, 1996), like the fact that some studies found that memory was biased in favour of schema-consistent information (e.g. Cantor and Mischel, 1977; Carli, 1999) whereas others found schema-inconsistent information to be remembered better (Hastie & Kumar, 1979). This has been accommodated first in a dual-processing model (Brewer, 1988; Forgas, 1985) and more recently in Fiske and Neuberg's (1990) continuum model. It thus becomes apparent that it is difficult to falsify the concept because it can explain "any result and its opposite" (Fiske & Linville, 1980, p. 545). As such, a theory which is conceptually unfalsifiable is considered not to be a good theory (Augoustinos & Walker, 1996).



Further criticism is noted when looking at the research conducted in support of schema theory, the findings of which are often inconsistent and contradictory (Augoustinos & Walker, 1996). Schema theory is clearly rooted in a cognitive framework of human information processing, a fact which is often cited as one of its major weaknesses in that the theory is lacking a dynamic social and contextual perspective (Augoustinos & Walker, 1996).

The use of stereotypes and other energy-saving schemas as necessary means to simplify information and reduce cognitive effort was taken for granted and remained empirically virtually untested until only ten years ago. Macrae, Milne and Bodenhausen (1994), used a dual-task paradigm where participants formed impressions of targets while simultaneously listening to a passage. Macrae and colleagues found that participants' performance was enhanced when presented with stereotype labels for the impression-formation task, even when

the labels were presented subliminally. Macrae et al. (1994) propose that stereotype activation is likely to be an unconscious process that frees up valuable cognitive resources which can be used elsewhere. Contrary to the common bemoaning of the energy-saving properties of schematic and categorical processing by social psychologists (Augoustinos & Walker, 1996), Macrae et al. (1994) take a more positive stance: they suggest that stereotype-activation and inferential thinking may have evolved, not due to cognitive laziness, but rather due to the need for economical and functional deployment of our limited cognitive resources (Macrae et al., 1994) so that, as Macrae (2003) puts it “when the information processing gets tough, stereotypes get going” (p.275).

Nonetheless, even such a functional approach to stereotyping does not explain the content of social stereotypes and why some groups rather than others are more likely to be negatively stereotyped and discriminated against. Thus cognitive models alone cannot account for socio-structural and historical forces shaping specific intergroup relations (Augoustinos & Walker, 1996) and for answers regarding the content of stereotypes it is to intergroup approaches that we turn in the following section.

2.3 Social identity theory

Intergroup constructs, specifically *social identity theory* (SIT), are both a European development away from the individualistic focus of North American social psychology and social cognition, as well as a more narrowly defined set of hypotheses and explanatory principles. SIT was forwarded as a non-reductionist approach of intergroup behaviour and is based on the crucial insight that people relate to each other as members of social groups and categories rather than at an individual level (Abrams, 1999). The dominant paradigm in European social psychology before the formulation of social identity theory (SIT) was *realistic conflict theory* (RCT).

Realistic conflict theory was forwarded by Sherif (1967) and focussed on the competition between groups relatively similar in power and status, with each group's striving towards attaining its goals directly threatening the probability of the other realising its goals. Consequently, RCT has been typically limited to situations in which each social group poses a real threat to the other, thus making animosity against the threatening outgroup functional for the ingroup, serving to mobilise it against this threat. There are, however, intergroup situations where prejudice serves vital group interests in relation to one or more outgroup, irrelevant of the concept of real threat. Firstly, where one group dominates or exploits another, this entails a clear conflict of intergroup interests. Here a "hope of gain" (p. 148) rather than a threat to resources provides the underlying motive (Duckitt, 1992).

Realistic conflict theory is still regarded as a concept of great importance in understanding intergroup attitudes and perceptions (Duckitt, 1992; Pennington, 2000). Nevertheless RCT could not explain the results of a series of studies conducted by Henri Tajfel and his colleagues (Tajfel, 1970; Tajfel & Billig, 1974; Tajfel, Billig, Bundy & Flament, 1971) using a concept called the *minimal group paradigm* (MGP).

The MGP was developed to explore whether intergroup categories can, "on its own, determine differential intergroup behaviour" (Tajfel et al., 1971, p. 153). Participants were randomly allocated to one of two groups but were led to believe that the allocation was based on their preference of one of two pieces of artwork. They were not informed of the identity of their ingroup members, nor did they have an opportunity to interact with other participants. Each participant was provided with a points-matrix consisting of pairs of points of differing amounts. They were told that the points represented money which they were to award to an ingroup and outgroup member. The points-matrix was arranged in such a way that often the

maximum number of points to the ingroup member was paired with a higher number of points for the outgroup member.

Generally Tajfel et al. (1971) found that points were allocated to favour the anonymous ingroup member over the outgroup members. This *ingroup favouritism* (Tajfel et al., 1971) was executed at the cost of maximum ingroup profit. In other words, participants chose the amount that was higher for the ingroup member compared to the outgroup member, although this meant that overall the ingroup member did not end up with the highest possible number of points. The many replications of this experiment have robustly found the same effect; even when the random group allocation was made obvious to participants by flipping a coin to determine group members (Billig & Tajfel, 1973; Tajfel & Billig, 1974).

The results of the minimal group paradigm studies could not be explained in terms of realistic conflict since there was no real conflict between the artificially created groups, nor could the participants' actions be explained in purely interpersonal terms. Tajfel (1970; 1981) developed social identity theory (SIT) to account for the results of the minimal group paradigm.

Social identity theory has its origin in Tajfel's early work on categorisation and social perception and his pursuit for a social psychological understanding of the causes of intergroup relations in general, and prejudice and social conflict in particular (Hogg & Abrams, 1999; Operario & Fiske, 1999). Social identity theory has been applied to a broad range of areas such as conformity, norms, and group influence, group motivation, prejudice and stereotyping (Hogg & Abrams, 1999) and reinforces the idea that people's social cognitions are socially constructed depending on their group or collective frame of reference (Operario & Fiske, 1999).

Social identity theory explains intergroup perceptions in terms of three underlying concepts: social categorisation, social identity and social comparison (Tajfel, 1981) each of which will be considered separately here.

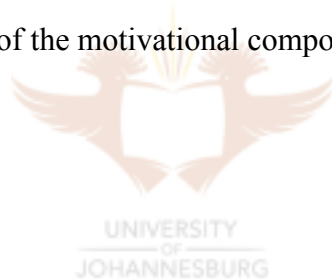
2.3.1 Social Categorisation and SIT

Social categorisation is the cognitive component underlying social identity theory (Abrams, 1999) and is founded on two basic principles. Firstly, people base their understanding of the social world on categorical distinctions that convert continuous variables into separate classes (Tajfel, 1974). In other words we understand our world in terms of categories. Secondly, we use a process of social categorisation as a means to locate ourselves and others in society. Social categorisation functions to meaningfully simplify the vast complexity of social stimuli in our environment (Hogg & Vaughan, 1998). Categorisation alone has been empirically shown to accentuate perceived similarities on an intragroup level and a maximisation of perceived differences on an intergroup level. This is also known as the *accentuation effect* (Fiske & Taylor, 1991; Hogg & Vaughan, 1998). The accentuation effect has been demonstrated in the judgement of physical stimuli (Eiser, 2003; Tajfel & Wilkes, 1963), as well as social stimuli (Corneille & Judd, 1999; McGarty & Penny, 1988).

McGarty and Penny (1988) point out that not all categorisations produce the accentuation effect; only those categorisations of importance for the perceiver in the judgement task do. The empirical evidence that McGarty and Penny (1988) provide for their argument give the first indication of how the basic process of categorisation can lead to the formation of social stereotypes. Indeed, social categorisation has been described as leading to the road of bias (Wilder, 1986) and discrimination (Bodenhausen & Macrae, 1998). Social stereotypes are the perhaps most extensively studied examples of social categorisation (Stangor, 2000; Tajfel & Forgas, 1981).

The distinction between self and other is one of the most basic social categorisations. People place themselves and those they identify with into categories referred to as ingroups (“we”, “our people”), and others whom they perceive as different into outgroups (“they”, “outsiders”, “foreigners”), which are perceived to be distinct (Triandis & Trafimow, 2001). Although it is the perceiver rather than the perceived who generates categorisations, this does not mean that each of us has an entirely idiosyncratic set of perceptual categories. As Augoustinos and Walker (1996) point out the perceptual categories are given to us by the culture we are born into and thus perception is shared, ordered and relatively consistent.

Social identity theory does not explain the salience of social categories in purely cognitive terms. Instead, for an understanding of what determines which social categories are of importance to use we turn to one of the motivational components of SIT: social identity.



2.3.2 Social identity and SIT

As the term social identity suggests, it describes an aspect central to social identity theory. It is defined as “that part of an individual’s self-concept which derives from their knowledge of their membership of a social group (or groups) together with the values and emotional significance of that membership” (Tajfel, 1981, p. 255). When social identity (as opposed to personal identity) is salient, such as when there has been a historical conflict between ingroup and outgroups, people deal with each other on an intergroup level instead of an interpersonal level (Triandis & Trafimow, 2001). Social identity describes our knowledge of belonging to a certain social group along with the emotional significance of this group membership (Tajfel & Forgas, 1981).

We have a strong motivation to evaluate our social identity positively, just as we strive for positive self-esteem (Tesser, 1988). This motivation drives much social behaviour and is expressed as a tendency to evaluate one's ingroup memberships positively compared to outgroups (Augoustinos & Walker, 1996). This ingroup favouritism has been demonstrated in the minimal group studies described earlier (e.g. Tajfel et al., 1971) and reflects the desire to be associated with groups that enhance one's self-esteem (Fiske & Taylor, 1991).

One basis for feelings of positive social identity drawn from group membership stems from the actual positively appreciated experiences individuals have through the association with their ingroup (Sherman, Hamilton & Lewis, 1999). Therefore the positive outcomes of group success, praise or achievement are shared by individual members and enhance their feelings of self-worth. These positive feelings may arise from actual participation and contribution to the group's achievement, or may simply stem from identification with the group, even in the absence of personal contribution (Sherman, Hamilton & Lewis, 1999).

According to SIT our social identity is made up of a large number of social identifications we have with various social groups, not all of which are salient to us at any one time. The social identity is made up of a few identifications selected to suit the particular context (Augoustinos & Walker, 1996). Jackson and Smith (1999) emphasise four variables presumed to affect social identity. Firstly, depending on the intergroup context the ingroup may be more or less salient, and may be perceived to have competitive or cooperative relations with the outgroup. Secondly, the perceiver's attraction to the ingroup, or the extent to which he likes the group he or she is part of, may affect social identity. The third variable suggested by Jackson and Smith (1999) is the extent to which perceivers consider their fate and future to be bound with that of their group, known as interdependence beliefs. Fourthly, depersonalisation can affect social identity. That is, perceivers may think of themselves as group members (high depersonalisation) or as unique individuals (low depersonalisation).

Triandis and Trafimow (2001) propose that group orientations can be relational or autonomous. Only when group orientations are relational, that is exist in comparison to other groups, is social identity salient and self-esteem enhancing. For example for sports teams, political parties or business organisations comparison is an essential aspect of identity. In contrast, autonomous groups are freestanding. For example a hobbyist group, unless in competition, has no reason to think in terms of ingroup versus outgroup, or *us* versus *them* and social identity is therefore not that salient (Triandis & Trafimow, 2001).

It thus emerges that mere knowledge of one's social identifications is not sufficient to form evaluations of those identifications. Group membership can only be evaluated through processes of social comparison, the third principle of social identity theory.

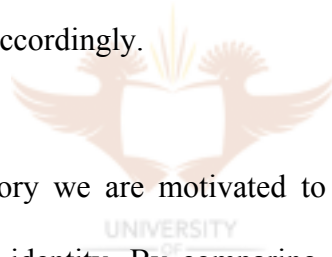
2.3.3 Social comparison and SIT



Any particular social group membership can only provide a positive identity through comparison with other groups. The self-concept or self-image depends in some ways on group memberships and in particular on the differentiation between one's ingroup and outgroups.

Perceivers choose comparison groups and the dimension for comparison so as to maximise positive social identity and ingroup favouritism (Triandis & Trafimow, 2001). Cultural values are used to judge favourability of an attribute, for example in an individualistic culture it may be considered favourable if members are autonomous from their parents, whereas in a collectivist culture it may be judged as positive if members are close to their parents (Triandis & Trafimow, 2001). Tajfel and Forgas (1981) argue that social comparison processes play a central role in discrimination between groups and in the creation and maintenance of positive social identities: “we are what we are because they are not what we are” (p.55).

The importance of social comparison in intergroup processes was recognised prior to the development of SIT in Festinger's (1954) theory of social comparison. This theory proposed that the goal of social comparison was accurate self-evaluation, which has been supported empirically (Douglas, McGarty, Bliuc & Lala, 2005; Helgeson & Mickelson, 1995; Wood, Michela & Giordano, 2000). Contrary to this suggestion, SIT takes on the idea that we use social comparison for self- enhancement, particularly under conditions of threat which appear to add to the need for self-enhancement (Fiske & Taylor, 1991). The theory of social comparison worked at the individual level and suggested that in the absence of some objective criterion we employ a social comparison for evaluative standards, (Festinger, 1954; Hogg & Vaughan, 1998). Social identity theory, as opposed to Festinger's approach, looks at social comparison processes at the intergroup level: group memberships are emphasised and social identities are shaped and valued accordingly.



According to social identity theory we are motivated to evaluate our group memberships positively to enhance our social identity. By comparing our ingroup to outgroups we can achieve positive differentiation of our ingroup. When we belong to a social group that is perceived favourably in comparison to other groups, we can maintain a positive social identity (Hinton, 2000). However, what happens if our ingroup cannot be evaluated positively in relation to other social groups?

In this scenario the relative status inferiority of the ingroup presents a threat to the social identity of an individual. This leads to two possible behavioural responses (Augoustinos & Walker, 1996). The first potential solution is to exit from the group, an option only potentially available for group memberships that are achieved, rather than ascribed.

Exit is, however, not an option for social groups that are ascribed, such as race or gender. Further, even when exit is a theoretical possibility it may not be psychologically feasible due to ingroup loyalties or attachments (Augoustinos & Walker, 1996). In this case individuals may remain in their ingroup but strive to change and improve the group's status through either social competition or social creativity. Examples of social competition include signing petitions and boycotting, or more extreme measures such as political riots and violence. Social competition is linked to the theory of relative deprivation (Kelly, 1993; Walker & Pettigrew, 1984). Social creativity is the attempt to "seek positive distinctiveness for the ingroup by redefining or altering the elements of the comparative situation" (Tajfel & Turner, 1986, p.19). This may be achieved by ingroup members redefining the comparative dimension on which the ingroup was negatively evaluated in the first place (Jost, Pelham & Carvallo, 2002). This is particularly valuable if the dimension of comparison is criterial to the ingroup or is fixed like race or gender, so that giving up the characteristic would destroy the fundamental nature of the group (Hogg & Abrams, 1981). For example, before the 1960s to be black was negatively valued in the United States (Clark & Clark, 1947, Jost et al., 2002) prior to the civil rights movements which aimed to create a positive distinctiveness from others using that very characteristic ("Black is beautiful").

A third possible consequence of threat to social identity is one that has received little attention in social psychology: accepting the negative social identity (Augoustinos & Walker, 1996). In a classic study by Clark and Clark (1947) black and white children both chose the white doll as the "good" and "nice" example and the black doll as the one that looked "bad"- an effect which has been replicated cross culturally (Berry, Kalin & Taylor, 1977; Vaughan, 1978). This internalised ingroup derogation (or outgroup favouritism) may aid in justifying the social system responsible for producing the relative social positions of ingroup and outgroup. For example North American research showed that women and other disadvantaged groups showed reluctance to support progressive social policies such as the Equal Rights Amendment

(e.g. Jost et al., 2002; Mansbridge, 1986). Ingroup derogation also leads to a sense of fatalism which inhibits any form of social action that could lead to social change (Jost, 1995).

Outgroup favouritism and internalisation of ingroup inferiority are addressed directly by *system justification theory*, which builds on the principles of social identity theory rather than contradicts it (Jost & Banaji, 1994). According to system justification theory people internalise and maintain systemic forms of inequality, despite the fact that this may sometimes lead to holding preferences for higher status outgroups (Jost et al., 2002). The motive to favour the ingroup in order to enhance self-esteem suggested by SIT is affected by competing motives to accept and rationalise the status quo (Jost et al., 2002).

2.3.4 Self-categorisation Theory

Categorisation is a central aspect of SIT so much so that it has been further developed into *self-categorisation theory*. In the eighties Turner (Turner, 1985; Turner, Hogg, Oakes, Reicher & Wetherell, 1987) developed self-categorisation theory (SCT) with the aim of developing a specific interactionist explanation for the psychological basis of social groups which included psychological processes and the social reality of group life (Oakes, Haslam & Reynolds, 1999).

SCT proposes that we perceive the social world exclusively through a process of categorisation. As with all other objects of social perception, we see ourselves categorically, belonging to some categories and not to others. Categorisations can be ordered vertically, from subordinate relatively exclusive categorisations at the bottom to superordinate, relatively inclusive categorisations at the top (Augoustinos & Walker, 1996). SCT produces dynamic, context-specific definitions of self and others which allows for the virtually infinitely variable pattern of human social relations (Oakes, Haslam & Reynolds, 1999).

Rather than an opposing or rivalling paradigm, self-categorisation theory can be conceptualised as an elaboration of certain aspects of social identity theory. While the latter is primarily motivational, self-categorisation theory is primarily cognitive (Hogg & Vaughan, 1998). According to Farr (1996) self-categorisation theory is the expression of modern social cognition in social identity theory.

SCT argues that social contexts create meaningful group boundaries, and social identities represent socially constructed categories that shift depending on situational dynamics (Operario & Fiske, 1999). The salience of social categories determines how the ingroups and outgroups are perceived and organised.

A primary consequence of categorisation is the depersonalisation of outgroup members. Hence, individual outgroup members are treated as undifferentiated representatives of a joint social category, regardless of what individual differences there may be between them (Brewer, 1996). This perception is also known as the *outgroup homogeneity effect*, which describes the blurring of distinctions between outgroup members (Operario & Fiske, 1999). The term outgroup homogeneity refers to the perceived homogeneity of specific traits among outgroup members compared to more diverse, heterogeneous perception of ingroup members- “*they all look alike to me*” (Oakes, 2001, p. 11, original emphasis).

Thus, situational factors guide cognitive processes and SCT proposes that these cognitive processes form the basis for the resulting intergroup relations, such as prejudice and conflict (Operario & Fiske, 1999).

2.3.5 Optimal Distinctiveness Theory

The importance of social identifications to an individual's sense of a stable and coherent self has been conceived by Brewer (1991, 1996) in her *optimal distinctiveness theory*. This theory suggests that social identity arises from two opposing motivational systems that determine the interactions between self-concept and group membership: the need to belong (group identity) which motivates immersion and the desire to be part of social groups, and the need to be unique (self-identity), which functions in opposition to the need for immersion (Brewer, 1996; Operario & Fiske, 1999; Sherman, Hamilton & Lewis, 1999). In other words, we need to feel part of some larger social unit while at the same time feeling distinct and unique. Both of these needs are activated in response to social categorisation, and having a social identity satisfies an individual's concurrent needs for inclusion and differentiation thus providing the optimal distinctiveness for which individuals strive (Brewer, 1996; Operario & Fiske, 1999).

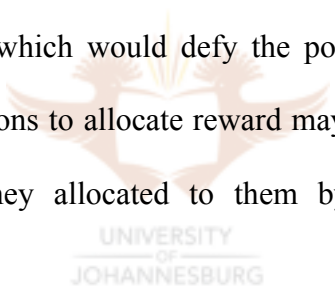
According to Brewer (1996) distinctiveness is conceptually and empirically independent of group status or how we are assessed by others. The theory hence accounts for high levels of social identification which are often seen, even for disadvantaged or negatively evaluated groups (Brewer, 1996; Brewer & Weber, 1994). In contrast to the need for positive self-esteem which we derive from our group memberships, optimal distinctiveness theory maintains that it is the motivation for optimal distinctiveness that drives this social identification.

2.4 Criticisms of Social Identity Theory

The various extending, elaborating or contradicting theories that have been developed to supplement or modify SIT suggest that there is still room for development for social identity theory. In this section some of the explicit criticisms of the theory are discussed.

It was the finding of ingroup favouritism using the minimal group paradigm that challenged the preceding dominant notion, realistic conflict theory and directly led to the development of social identity theory (Pennington, 2000; Slugoski 1998; Tajfel, 1981). However, SIT has also been criticised because it is based on the minimal group paradigm. In particular the intention of the minimal group paradigm to represent only classifications of individuals into categories on a random and trivial basis (Tajfel et al., 1971) has been highlighted.

The first line of criticism targets the possibility that the categories created with the paradigm were not minimal after all. According to Rabbie and Horwitz (1988) even when minimal groups are created randomly, this does not mean that individuals do not see interdependence among themselves. They may, for example, believe that the experimenter has some interest in dividing them into two groups, which would defy the point of randomly creating groups. Alternatively, participants' decisions to allocate reward may be influenced by the knowledge that they will receive the money allocated to them by members of the other group (Augoustinos & Walker, 1996).

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Rabbie and colleagues changed Tajfel's original setup of the minimal group paradigm experiments so that the monetary reward received by participants depended only on allocations made by outgroup members. This resulted in outgroup favouritism (Rabbie & Horwitz, 1988). These findings implied that bias favouring the ingroup was not an automatic consequence of categorisation, as formulated in SIT. Rabbie and Horwitz (1988) argued that neither Tajfel et al.'s (1971) nor their own experiments, provide evidence that ingroup favouritism is produced by classifying people into arbitrary categories. Rather, ingroup or outgroup favouritism is dependent on the perceived interdependence among participants' social groups, whether minimal or not (Rabbie & Horwitz, 1988).

Contrastingly, the second line of criticism is directed at the possibility that the categories created by the minimal group paradigm are indeed minimal. So much so that, according to Schiffman and Wicklund (1992), the results do not establish a phenomenon worth noting. They emphasise that even if an ingroup bias effect is produced by the minimal group paradigm, this does not justify the development of a whole theory. Schiffman and Wicklund (1992) suggest that any minimal group effects can be explained within existing theories such as symbolic self-completion or self-evaluation maintenance (Tesser, 1988; Wicklund & Gollwitzer, 1982). However, it must be highlighted that SIT actually preceded both these theories, a fact which Schiffman and Wicklund (1992) may have overlooked.

Finally, a fundamental assumption of SIT is the claim that intergroup differentiation between ingroups and outgroups increases self-esteem (Augoustinos & Walker, 1996). However, in reality few studies tested this notion and those that do, provide only mixed evidence (Hogg & Abrams, 1990; Schiffman & Wicklund 1992). A possible conclusion from this is that the theory has not fully expressed the role of self-esteem in intergroup differentiation. Augoustinos and Walker (1996) argue that the focus should not be on self-esteem in any case, as SIT concerns a social rather than personal identity. Nonetheless, there is a need for empirical studies on either self-esteem or group-esteem in order to support this aspect of social identity theory.

2.5 Chapter Summary

This chapter introduced and discussed the two dominant perspectives in the social psychological study of intergroup relations: social cognition and intergroup approaches.

Schema theory maintains that schemas provide a sense of prediction and control of the outside world and help to economise on informational processing. Stereotypes as schemas are thus

explained as enhancing perceived environmental control and saving cognitive resources. Contemporary social cognitive approaches to stereotyping (e.g. Devine, 1989) see stereotypes as automatically activated by the presence of a target group or its members. Recent studies by Bargh (1994) and Locke and Walker (1999) challenge this and suggest that activation of stereotype meaning is context-dependent. People in different contexts will activate different sets of information with which they judge others (Locke & Walker, 1999). Since theories of social cognition are primarily concerned with matters of stereotype processes, intergroup theories are important to explain the stereotype content.

Social identity theory SIT was developed as a way to account for results of the minimal group paradigm. It is based on principles of social categorisation, social identity and social comparison and it explains social stereotypes on an intergroup level. The primary dimension of SIT is the mental division into ingroup and outgroups, as a means to locate ourselves and others within society. This collection into groups alone is suggested to serve as a basis for stereotyping, due to ingroup favouritism and outgroup homogeneity.



In the following chapter I will extend the discussion of social stereotypes within both frameworks of social cognition and social identity theory and focus on the relevance of these frameworks to the context of stereotypes about people with HIV.

Stereotypes and HIV

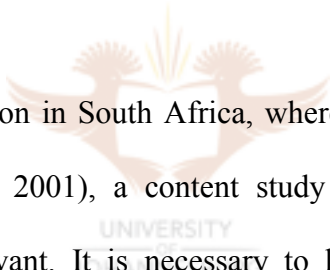
3.1 Introduction

In this chapter I will look at the importance of stereotype content studies, and the particular relevance of stereotype content studies in the context of HIV in South Africa. Next, I will describe and discuss attitudes towards people with HIV within two stereotype paradigms in social psychology. First, I will present an overview of historical and contextual variations of attitudes, stigmas and stereotypes regarding people with HIV. Next, I will use an individual framework, specifically schema theory, to explain stereotypes about people with HIV. This will be followed by an explanation of HIV stereotypes using a collective framework, specifically social identity theory. In the final part of this chapter I will review existing studies of stereotype content and HIV stereotype content, discussing their methodology and design. I then discuss various content measurement techniques to arrive at the framework used for the present study.

3.2 Stereotype Content

Social psychologists have studied the aspect of intergroup processes which are highlighted by stereotyping (Bar-Tal, 1997; Madon, 1997). Stereotypes are, for example, seen to be antecedents as well as outcomes of intergroup relations (Bar-Tal, 1997; Sherif & Sherif, 1969) and can thus be associated with social crises. Other than by the nature of intergroup relations, stereotypes are also shaped by various socio-political factors characterising the ingroup, including norms of tolerance, the openness of the society and possibilities of mobility (Bar-Tal, 1997).

Studies of stereotype process are clearly of great social and research value. In order to understand and interpret the nature of stereotype processes however, it is also necessary to conduct studies of stereotype content, as aspects of process and content rely on each other. Studies on stereotype content assess the specific features within stereotypes, their valence, strength and accuracy or inaccuracy. They hence lay the foundation to examine the stereotype processes associated with social problems (Madon, 1997). These studies also explore and establish possible stereotype subtypes, clusters of stereotypic attributes which offer more specific and detailed information (Deaux, Winton, Crowley & Lewis, 1985; Madon, 1997). Stereotype subtypes are usually operationalised by the extraction of factors from a list of stereotypic attributes using factor analysis (Madon, 1997) or cluster analysis (e.g. Brewer, Dull & Lui, 1981)



In light of the present-day situation in South Africa, where the spread of HIV has taken on pandemic proportions (Lovelife, 2001), a content study addressing the stereotype about people with HIV is highly relevant. It is necessary to know the content of a particular stereotype held by individuals or social groups, in order to evaluate stereotype formation. Knowing stereotype content is also essential in order to bring about change, which is considered a vital step towards prejudice reduction (Allport, 1958) and to evaluate accuracy and inaccuracy of social stereotypes and beliefs (Stangor & Lange, 1994).

It is the contents of intergroup stereotypes that determine to a large extent the nature of intergroup relations (Bar-Tal, 1997). As highlighted by Madon (1997), studies on stereotype content allow for a measurement of the valence or evaluative connotation of stereotypic attributes. Although stereotypes are often associated with negative attitudes (Fein & Spencer, 1997), this is not necessarily so. For example one stereotype of homosexual men is that they

are compassionate and warm-hearted (Madon, 1997) and one stereotype of Asians is that they are polite and intelligent (Gilbert & Hixon, 1991).

With regards to research into stereotypes concerning people with HIV, most studies have focussed on stigma and prejudice (e.g. Aggleton & Parker, 2002; Parker & Aggleton, 2003), and the processes involved rather than stereotype content. Research on reactions to HIV shows that negative attitudes towards and stigmatisation of people with HIV are linked to an increased denial of its presence within one's community (MacPhail & Campbell, 2000). This has been found particularly within rural or urban informal areas (Finlay, 2003) where the population had less HIV-related knowledge and greater measures of HIV-related stigma (Eaton, Flisher and Aarø, 2003; MacPhail & Campbell, 2000). This, in turn, can reduce HIV precautionary behaviour (such as abstinence or safer sex) and can consequently escalate the HIV rates within any community. The following section focuses on attitudes towards people with HIV.



3.3 Attitudes towards people with HIV/ AIDS

Peter Piot (2001) stated at the Plenary of the World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance:

“HIV/AIDS-related stigma comes from the powerful combination of shame and fear— shame because the sex or drug injecting that transmit HIV are surrounded by taboo and moral judgement, and fear because AIDS is relatively new, and considered deadly. Responding to AIDS with blame, or abuse towards people living with AIDS, simply forces the epidemic underground, creating the ideal conditions for HIV to spread. The only way of making progress against the epidemic is to replace shame with solidarity, and fear with hope.”

The spread of the HIV pandemic has created public anxiety and panic (Walkey, Taylor & Green, 1990). When individuals, groups or societies are confronted with frightening situations their defensive reaction often includes denial or displacement. This is achieved through means of stigmatisation, a deeply discrediting attribute that reduces a person to someone who is somehow tainted and can therefore be degraded (I. Katz, 1981), and scapegoating, a way of blaming a person or group for problems or crises of which they are really innocent (Gilmore & Somerville, 1994). This implies that the persons affected are somehow guilty or to blame for their situation, even when there is evidence that the concerned had no control over their circumstances (Gilmore & Somerville, 1994; Parker & Aggleton, 2003). Further, the reactions often target people that are already subject to prejudice and stigmatisation, especially those groups who are thought to engage in high-risk behaviour. Internationally, in the 1990s the primary high-risk groups for HIV were thought to be young male homosexuals, intravenous drug-users, and prostitutes (Walkey, Taylor & Green, 1990). In southern Africa heterosexual black males (Schlebusch, Bedford, Bosch & du Preez, 1991), particularly black mine workers (Campbell, 1997) represented the perceived high-risk group. Thus, internationally the perceived risk groups are social minorities due to the largely socially unacceptable or criminal behaviour their members choose to engage in. However, in southern Africa the perceived risk group is a social majority engaging in heterosexual activity (Campbell, 1997). This may imply that black heterosexual males are perceived to be acting unacceptably or are to blame for their HIV susceptibility due to their sexual behaviour.

As discussed in the previous chapter, social psychologists provide a great deal of the literature concerning attitudes about and behaviour towards social groups in general, and people with illnesses, including people with HIV, in particular (Makena, 1999; Parker & Aggleton, 2003; Peltzer, 2003; Skinner & Mfecane, 2004).

3.4 HIV Stereotypes as individual beliefs

Approaches looking at stereotypes from the perspective of within the mind of an individual, usually associated with theories of social cognition, deal with stereotypes on a micro-analytic level. From this perspective the underlying assumption is that we develop beliefs about the characteristics of people with HIV, through exposure from various sources, including the media (Lupton, 1999) and direct encounters (Deetlefs, Greeff & Koen, 2003). These beliefs influence our responses to subsequent encounters with individual members of those groups (Stangor, 2000; Stangor & Schaller, 1996). So a stereotype is “not a unique structure or process but exist[s] and operate[s] in the same manner as cognitive processes in general” (Taylor & Aboud, 1973, p. 330). In other words, stereotypes and HIV stereotypes are part of general cognitive actions and processes.

When encountering a person or a group whom we know is infected with HIV the stereotypes we hold already will influence what information is sought out, attended to and remembered. Suppose, for example, that my pre-existing stereotype is that people with HIV are unfriendly and have low morals. Upon encountering an HIV positive man that is friendly I may interpret his actions and mannerisms according to the stereotype I hold, for example “he is only friendly because he is trying to seduce me”. Here, by focusing on the morality aspect of my stereotype I can ignore information that I consider incongruent with my beliefs and hence confirm my stereotype.

The individual approach makes clear the conceptual relationship between the development of stereotypes, the way they influence judgement of others and the way they can change, particularly upon being confronted with stereotype-disconfirming behaviours. The same fundamental cognitive processes that underlie stereotype formation also are part of stereotype maintenance and change (Stangor & Schaller, 1996).

A further advantage of individual approaches is the conceptual foundation it provides for uniting stereotype studies with social knowledge more generally. For example, understanding stereotypes as the cognitive component of prejudices provides a way of studying stereotypes within the broader literature on attitudes and discriminatory behaviour (Stangor & Schaller, 1996).

3.4.1 HIV Stereotypes as schemas

As mentioned previously, social stereotypes are a type of role schema (Augoustinos & Walker, 1996). Stereotypes about people with HIV may thus be conceptualised as a form of categorisation to allow some simplification and structuring of the social world. In contemporary South Africa where engaging in unprotected sexual activities can lead to HIV infection (Lovelife, 2001) and subsequent death (van Dyk, 2001a), a sense of being able to predict who is infected with HIV seems not only functional for wellbeing: it can be life-saving. The emergence and prevalence of HIV may have created a sense of loss of control and subjective uncertainty. This can be conceptualised as being subjectively reduced by the use of stereotypes. By categorising the distinct and multifaceted complexities of people with HIV we can increase the subjective feeling of control and predictability in our environment.

In situations where we know and care for an individual with HIV, such as a relative or friend, motivation for accuracy may, however, be more important than social categorisation (Fiske & Neuberg, 1990). In these cases the information regarding the person with HIV will be integrated into a more individuated knowledge of the person, rather than the category in general.

3.4.2 Criticisms of individual approach to stereotyping

A criticism of the social cognitive or individual approach to stereotyping is that it has overemphasised the role of individual perception and direct contact with target group members as determinants of stereotypes (Stangor & Schaller, 1996). For instance, despite the assumption that stereotypes will improve upon direct contact it has been shown that contact has only small effects on stereotype change. For example Deetlefs et al. (2003) found that nurses working with people with HIV and AIDS still had largely negative attitudes towards them. Further, the spread of HIV in South Africa to a large proportion of the population should, according to the social cognitive, individualistic approach, create an improvement of stereotypes of people infected with HIV, since contact has greatly increased. However, this has not been found to be the case (Deetlefs et al., 2003; Parker & Aggleton, 2003; Schlebusch et al., 1991).



This contradiction to the assumption that contact will improve interpersonal and intergroup relations (Hogg & Vaughan, 1998) suggests that other factors may play an important role in the nature of HIV stereotype. These factors are incorporated into collective approaches to stereotyping.

3.5 HIV Stereotypes as collective beliefs

Even though individuals construct, adopt and endorse stereotypes, it is only in the context of group membership that the central meaning and consequence of these emerge: individuals' collection into groups serves as a basis for stereotyping (Bar-Tal, 1997). Thus other than individual beliefs, stereotypes can also be conceptualised as the part of the social fabric that is shared by people within a culture. The collective approaches use an intergroup perspective and are concerned primarily with stereotype content, as opposed to the emphasis on process

by the individual approaches (Stangor & Schaller, 1996; Tajfel, 1981). Society, not the individual, is seen as the basis of stored knowledge and stereotypes are considered to be public information about social groups, shared among individuals within a culture (Stangor & Schaller, 1996).

Collective or cultural approaches are also concerned with the modes of stereotype learning, transmission and change through indirect sources such as parents, peers and mass media and a focus is on language as a representation of social groups (Stangor & Schaller, 1996).

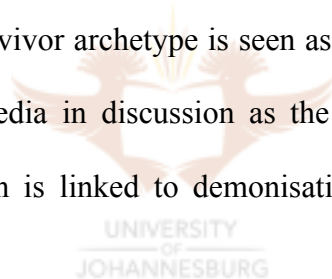
It is through communication that stereotypes are learned and changed (Stephan & Stephan, 1984) and the function of language in stereotyping leads to a specific focus on stereotype and category label content. Firstly, language influences the representation of category labels. Consider for example the politically correct category labels *homosexual* or *woman* versus the derogatory labels *faggot* and *bitch*. While the politically correct labels represent simple category membership, the derogatory slurs indicate the essence of the stereotype itself (Stangor & Schaller, 1996).

Furthermore, language influences the nature of stereotype itself (Stangor & Schaller, 1996). Although empirical research into the language as a basis of stereotyping has been limited, there is a body of literature on the study of ethnophaulisms, or derogatory labels (e.g. Mullen, 2001; Mullen & Johnson, 1993; Mullen & Rice (2003); Mullen, Rozell & Johnson, 2001). For example, Mullen and Johnson (1993) found the size of an ethnic group and the number of ethnophaulisms to be correlated. Mullen and Rice (2003) recently found that when ethnophaulisms were low in complexity and negative, as for example for ethnic immigrant groups (Mullen, 2001), this was related to several social consequences in these groups. Specifically, the affected groups were less likely to marry native-born Americans, more likely to be segregated into ethnic neighbourhoods and more likely to be subjected to harsher

immigration quota restrictions (Mullen & Rice, 2003). Ethnophaulisms thus provide a clear example of how language can directly affect social conditions.

Ethnophaulisms may be considered the language of stereotyping. In contemporary society, the communication of stereotypes is accomplished primarily through mass media including television, newspapers and the internet (Carstens, 2003; Lupton, 1999; Stangor & Schaller, 1996).

Research studies on the media narratives of HIV/ AIDS have identified three archetypes of representations of people with HIV/ AIDS, namely *the carrier*, *the victim* and *the survivor* (Lupton, 1999). Whereas the carrier and victim archetypes reflect maladaptive coping behaviours (specifically arousal of fear, and hiding and succumbing, offensive and defensive behaviours, respectively), the survivor archetype is seen as adaptive (Carstens, 2003). HIV is also often represented in the media in discussion as the metaphor of the “horror” or the “villain” in which HIV infection is linked to demonisation or wickedness in the infected (Gilmore & Somerville, 1994).



When a common set of beliefs, as for example transmitted via the mass media, is adopted and endorsed by a group, these beliefs may subsequently begin to influence the group’s behaviour, for example through expressed prejudice.

3.5.2 HIV Stereotypes and SIT

Social identity theory (SIT) highlights the dependence of stereotypes on the particulars of the intergroup setting (Locke & Walker, 1999). SIT suggests that the outgroup stereotype will change with the varying functional relationship between the ingroup and outgroup (Tajfel, 1981).

Most theories and research in social psychology focus around groups of ethnic, gender, race or social communities. Being confronted with disease, particularly “dread diseases” such as HIV and AIDS invokes within people and communities a mental division into *them* and *us* (Gilmore & Somerville, 1994), similar to the social categorisation described in social identity theory (Augoustinos & Walker, 1996; Tajfel, 1974). In the contemporary South African context of the HIV epidemic and the threat of infection, thus, one of the relevant dimensions of comparison may be whether one is infected or at risk for infection compared to not being free of infection.

Although not a distinct social group, people with HIV do get subjected to stigma and discrimination (Aggleton & Parker, 2002; Parker & Aggleton, 2003) in a fashion similar to the discrimination of explicit social groups (Francis, 2003). People with HIV may be conceptualised as a social category, that is a collection of individuals sharing at least one common attribute rather than a social group or a social system characterised by the perceived interdependence of its members (see Rabbie & Horwitz, 1988). The specific stigmatisation and discrimination of people with HIV, as well as the categorisation into *us* and *them* serve as an indication that there are at least aspects of this target group that are, indeed viewed as an outgroup by people not (openly) living with HIV.

Bearing in mind the potential limitations discussed above, the categorisation principle of SIT can be applied to people with HIV as a social category. Assuming the perceivers’ ingroup is HIV-free, stereotypes targeting people with HIV should serve positive distinctiveness in terms of SIT. In other words the perceivers will judge characteristics of their ingroup (people without HIV) more positively than those of the target outgroup (people with HIV). Further, it would be expected that members of the HIV-free ingroup are likely to employ the accentuation principle and to overstress similarities between members of the (HIV-free)

ingroup and to emphasise differences between ingroup and outgroups. These accentuations may occur along the lines of race (e.g. “we are white and therefore not at great risk of infection”), social status (e.g. “we are educated and most people with HIV are not”), culture (e.g. “we are Zulu and people with HIV tend to be Xhosas”) or location (e.g. “rural people are at greater risk of infection and we live in an urban area”).

Research on multiple category person perception suggests that certain categories will be more influential in different contexts (Gardner, MacIntyre and Lalonde, 1995; Macrae, Bodenhausen & Milne, 1995; Stangor, Lynch, Duan & Glass, 1992). The choice of which perceived ingroup-outgroup differences are salient at any one time depends on the socio-historical context (Bar-Tal, 1997). In the ethnic and cultural diversity of the South African context, it is possible that ethnic differences will be perceived as relevant in the stereotyping of people with HIV. Together with the statistical differences in HIV distribution (as more black than white people are infected with HIV; Kaiser Family Foundation, 2005) this may affect how the different ethnic groups stereotype people with HIV. For example the HIV stereotype content may differ as different stereotypes will enhance positive distinctiveness for different ethnic groups. While white participants may use ethnicity as a dimension of comparison, black participants (who share ethnicity with the majority of people with HIV) must use different dimensions of comparison in order to achieve positive distinctiveness. All groups (ethnic and otherwise), would be expected, according to SIT, to find dimension along which people with HIV are perceived to be different from their ingroups.

From the first appearance in public awareness of HIV/ AIDS in the early eighties it has been commonly seen as a disease of outsiders and viewed metaphorically as “otherness” (Gilmore & Somerville, 1994). Having first emerged among the gay community in North America, it was initially seen primarily as a “gay disease” (Aggleton & Parker 2002; Goldstein, Pretorius & Stuart, 2003; Parker & Aggleton 2003). Indeed, one of the originally suggested names of

the then mostly unknown disease was Gay-Related Immunodeficiency Disease (GRID), which was later changed into Human Immunodeficiency Virus after pressure from gay-rights activists (Kaiser Family Foundation, 2005) and because it was soon observed amongst non-gay groups as well.

People with HIV are often perceived as deserving of their disease because of something they have done or are doing wrong. In terms of SIT we compare ourselves to outgroups that we can accuse of wrongdoing. Through this social comparison we can retain a positive social identity because the ingroup is not perceived to have done wrong. When conceptualising the outgroup as people with HIV the perceived wrongdoings are often linked to sexual, illegal and socially unacceptable activities. For example, men with HIV may be perceived as sexually deviant, mainly homosexual or bisexual in Western societies (Walkey, Taylor & Green, 1990) or as having had sex with prostitutes. Women may be perceived to be promiscuous, prostitutes, or particularly in South Africa as have sex with truck drivers or “sugar daddies” (Aggleton & Parker, 2002; Harrison, Xaba, Kunene & Ntuli, 2001; van Dyk, 2001a). HIV is also interpreted as punishment, retribution for a sinful life, or failure of morality (Gilmore & Somerville, 1994). For instance, in a phenomenological study by Francis (2003) HIV positive individuals’ reported stereotypes by others were loaded with religious and sexual nuances including seeing the people with HIV as sinners, not having enough faith or being punished for straying from God’s ways.

As stressed by Stangor and Schaller (1996), it is the content of consensually shared stereotypes within a culture that makes stereotypes particularly problematical. The valence of a group’s stereotype can determine the group’s social status within a society and valence can in turn be determined by the social position of a group. As mentioned previously, the attitudes and stereotypes of people with HIV are largely negative (Walkey et al., 1990), hence it is not unexpected that the stigma and negative connotations attached to the disease have created

problems, such as a refusal to test, disclose, or take potentially life-saving antiretroviral medication by people at risk of having contracted HIV (Holzemer & Uys, 2003; Parker & Aggleton, 2003), for fear of being associated with the disease.

A problem with the collective approach is the lack of a theoretical or empirical tradition in the area of culturally determined stereotypes. Further, there is little solid evidence supporting the hypothesis that social norms and values are the most important determinants of stereotyping (Stangor & Schaller, 1996).

3.6 HIV stereotype content

To date, very few studies have explored the stereotype content regarding people with HIV. One study by Walkey, Taylor and Green (1990) did explore stereotype content concerning *the AIDS patient* and found that it differed considerably from stereotypes about people with cancer or coronary heart disease. One of the strongest stereotype features found by Walkey et al. (1990) were clusters related to moral worth and dependence. Walkey et al.'s (1990) study is one of the only stereotype content studies regarding people with HIV and AIDS in the literature. However, there are several limitations regarding the research design and method of this study.

Firstly, Walkey et al. (1990) used twelve semantic differential bipolar scales to explore the content of the stereotype. This method greatly limited the range of possible stereotypic attributes extracted and important attributes may have been missed. The actual stereotypes held by participants may have differed from or added to those attributes represented in the scales and the forced choice may thus not be representative of participants' true stereotypes. Secondly, the study used the term *patient*, rather than *person*, which implies that the person is ill or diseased and is somewhat derogatory. Participants were also simultaneously asked to

rate the concepts *cancer patient* and *coronary heart patient*, making it further more likely that participants were cued on disease and illness characteristics and responses may have been limited to and focussed around these constructs. The present study is aimed at overcoming these limitation and determining the content of stereotypes held about people with HIV in the specific South African context.

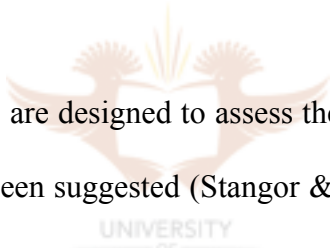
There are several ways to measure stereotype content and, as demonstrated by some of the limitations of Walkey, Taylor and Green's (1990) study, few of them are incontestable. Stereotype content measurement techniques are discussed in the following section.

3.7 Stereotype Content Measurement

Considering the variety of different definitions of stereotypes as discussed, it is astounding that there is no corresponding multiplicity of stereotype measurement approaches (Stangor & Lange, 1994). The traditional measurement techniques include the stereotype-checklist (D. Katz & Braly, 1933), the percentage estimate technique and the diagnostic ratio measure (see Stangor & Lange, 1994) for an overview), as well as the rating scale approach (Madon, 1997). An alternative to the traditional measurement techniques is the free response approach (Madon, 1997; Stangor & Lange, 1994)

One of the most commonly used measurement techniques in stereotype content research is the adjective checklist or stereotype checklist technique (D. Katz & Braly, 1933). Participants are presented with the names of social groups or categories followed by a list of predetermined broad range of attributes or trait terms and are asked to indicate which terms they see as most descriptive of the groups (Madon, 1997; Stangor & Lange, 1994). To date no research has employed the use of checklists in the measurement of stereotypes about people with HIV.

One of the advantages of using a checklist approach is that it can accommodate a broad range of attributes, which makes them compatible with assessing various components of the stereotype (Madon, 1997). However, as Stangor and Lange (1994) highlight, using only a predetermined checklist may result in exclusion of attributes that may be significant to people's stereotypes. Further, stereotype checklists generally consist of a large number of traits (usually around 400 or more words) which adds the potential of creating boredom in the participants, potentially distorting the results. A modified version of the checklist is the use of rating scales where, rather than indicating merely whether or not an attribute describes a social group, participants indicate the extent to which the attribute characterises the group. This approach allows for a more precise measurement of stereotypes and particularly the strength of the stereotypes (Madon, 1997), yet is still similarly limited by potentially omitting important stereotypical attributes.



While checklists and rating scales are designed to assess the availability of attributes within a representation of a group, it has been suggested (Stangor & Lange, 1994) that what is critical is the accessibility of a trait. It is argued that if a trait is considered stereotypical and as such is strongly associated with a group in memory, then any measure of relationship strength between the social group label and the attribute should function as a direct measure of a characteristic's stereotypicality (Stangor & Lange, 1994). The free-response approach can act as such a measure: participants are asked to list the traits or attributes they consider characteristic of the relevant social groups.

Some of the potential advantages of the free response approach are that it represents a more direct indication of how strong a characteristic is associated with a social group label (Stangor & Lange, 1994), which checklist approaches cannot do. Further, ratings of free response measures of stereotypes have been found to be significantly more highly correlated with measures of outcome variables such as prejudice and behavioural tendencies than checklist

approaches (Stangor & Lange, 1994). Another advantage of this approach is that it avoids the risk of including unsuitable traits in the checklist that could influence participants' judgement.

The free response approach also deals with the problem of omitting attributes potentially central to people's stereotypes as participants list those traits that they most strongly associate with a social group and that most readily come to mind, whilst excluding those that do not. As Madon (1997) points out, however, this may lead to incomplete responding when participants do not recall or record all of the traits they associate with a social group. This may be due to the trait not coming to mind in the measurement situation or may be influenced by social desirability such as thinking the attribute is too derogatory or not acceptable. A further disadvantage of using free responses is the time-consuming nature of this approach as participants' responses need to be coded in order to assess consensus among participants.

As suggested by Stangor and Lange (1994) combining different approaches can be beneficial as it can maximise the strengths of each individual approach while concurrently minimising their weaknesses. Particularly, the free response procedure can identify those attributes that are most central to the stereotype, which can then be combined with a larger checklist of attributes and rating scale. The checklist or scale then allows participants to indicate the extent to which they associate a specific trait with a social group, providing a measure of stereotype strength. Madon's (1997) study of stereotype content, strength and subtypes regarding gay males employed a combined approach. The first of her two preliminary studies asked participants to list three attributes of a total of 32 social category labels, of which *homosexuals* was one.

Madon (1997) then combined the attributes generated in the preliminary study one with the adjective checklist by Gough and Heilbrun (1983), as well as some experimenter-generated attributes. This list was presented to a small number of participants (N = 40) in a second

preliminary study. Only the attributes that were rated as stereotypic in the preliminary study were then included in Madon's (1997) main study in which she determined the stereotype content and strength of the stereotype about gay males. In the exploration of possible subtypes, the study found a stereotype subtype related to the violation of gender role and one related to positive qualities.

Madon's study may be improved on several points. Firstly, it may be argued that it was too easy for participants to recognise the target category, as the comparison groups used (e.g. party animals, pro-life supporters, ex-cons, body builders, liberals) were not as clearly defined as the category homosexuals. Secondly, by administering the full list to only a small number of participants the obtained results may not be representative of the larger group. Third, Madon used a relatively small sample ($N = 115$) to determine stereotype subtypes using exploratory factor analysis of the 35 attributes. However, it is recommended to have at least five to ten times the number of participants compared to the number of variables (e.g. Bryman & Cramer, 2001; Child, 1990), so there is a chance that her results were influenced by sampling errors.

The present study will address these limitations by carefully selecting the comparison groups in the free response part of the study and by administering the full list to all participants in the main study. This study is the first to use a combined approach to assess the stereotypes of people with HIV, in particular, and one of the first to investigate the stereotype content about people with HIV in general.

3.8 Chapter Summary

Stereotypes can be conceptualised from two complementary perspectives: as individual representations, and as collective representations.

Individual approaches are based on the assumption that beliefs about others are based on exposure from various sources and these beliefs influence our response to subsequent encounters.

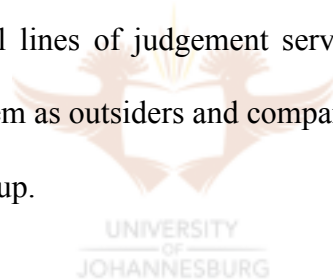
Stereotypes as schemas are conceptualised as ways to simplify information and minimise cognitive effort, particularly in unpredictable situations. It is likely, especially in South Africa where the threat of HIV is ever present for example in the media, that there is a motivation to employ HIV stereotypes in order to simplify the diversity of stimuli associated with HIV into simpler, more cognitively economical and predictable stereotypes.

As a collective approach to stereotyping social identity theory (SIT) suggests that a significant part of individuals' identity is comprised by group memberships, and that categorisation is at the core of identity formation (Tajfel & Forgas, 1981). According to SIT group members compare the social status of their own group with that of other groups, often with the aim of obtaining positive distinctiveness, which can result in enhanced self-esteem (Rubin & Hewstone, 1998). Thus, holding stereotypes about members of an outgroup that differentiate one from this group, can thus allow one to maintain a distinct HIV-free or no HIV risk identity.

Individual and collective approaches are two different, yet complementary positions. The individual approach highlights how stereotypes develop within individuals. Once the stereotype has surfaced within a culture, however, it begins to influence social behaviour in ways beyond that of the actions of any individual. The collective approach focuses on the means of stereotypes transmission and maintenance and on the modes in which stereotypes serve culturally shared values (Stangor & Schaller, 1996).

HIV/ AIDS-associated images vary; however they are formed in a way that ensures that the HIV/ AIDS-related stigma plays into, and fortifies, existing social inequalities (Aggleton & Parker, 2002). Some studies have explored various subcategories in the reaction to or portrayal of people with HIV (Carstens, 2003; Francis, 2003). Many studies report at least one stereotype- or attitude-cluster related to lack of moral worth or sin (Francis, 2003; Walkey et al., 1990) and another related to weakness or dependence (Carstens, 2003; Francis, 2003; Walkey et al., 1990;).

It has been concluded that the stereotype of people with HIV/ AIDS is more negative than those of other diseases (Crawford, 1996; Walkey et al., 1990). These people are perceived as a “tainted community” (H. Katz, 1999, p. 6) that are, due to their moral or sexual wrongdoings deserving of their disease (Francis, 2003). In terms of social identity theory the stereotyping of people with HIV along moral lines of judgement serves the enhancement of a positive social identity by categorising them as outsiders and comparing the morally perceived ingroup favourably to the immoral outgroup.



Establishing the content of the stereotypes and about HIV positive people and identifying subtypes within these stereotypes will provide a platform for working towards changing these stereotypes. As, statistically, there are differences in the numbers of HIV infection within the diverse ethnic communities in South Africa (Lovelife, 2001) it is possible that there may be differences in the stereotype content, strength and subtypes held by different ethnic groups. Determining these differences provides invaluable information for specific interventions dealing with, for example, stereotype reduction or HIV awareness within different communities.

Previous stereotype content studies by Walkey et al. (1990) and Madon (1997) have provided a material for the design and research method of this study. Points of critique regarding these content studies were integrated and improved upon in shaping the present study.

The present study aims to explore empirically the stereotype content regarding people with HIV as the importance of this has already been stressed (Stangor & Schaller, 1996). Further, a particular interest of this study is whether there are differences in stereotype content, strength and subtypes between different ethnic groups. Considering the ethnic and cultural variety associated with a variety of social norms and values in South Africa (Wagendorp, 2004), it is possible that there are differences in the way different ethnic groups stereotype people with HIV.



Research Method

4.1 Introduction:

In this chapter the goals and rationales as introduced in chapter one will be integrated with the preceding literature review to formulate the problem statement and hypotheses. Further, the design and method used in this research are presented, together with a summary of instrumentation including sampling methods, choice of participants, research procedures and data analysis methods.

4.2 Research Goals and Problem Statements

The goal of this study was to determine the stereotype contents and subtypes about people with HIV, as well as possible differences in subtype strength and content between different ethnic groups.

Accordingly, the following research goals have been formulated:

1. To explore the stereotype content about people with HIV, including personality traits, behaviours and physical characteristics.
2. To identify possible stereotype subtypes about people with HIV.
3. To determine any differences in strength between the stereotype subtypes about people with HIV.
4. To identify differences in stereotype content and subtypes among different ethnic groups (as defined by reported identification with ethnic group) within the sample.

The following problem statements have been formulated in order to achieve these goals:

1. What is the content of the stereotypes regarding people with HIV?
2. What are the stereotypical subtypes of people with HIV?
3. What are the differences in subtype strength?
4. What are the differences in stereotype content and subtype strength between different ethnic groups?

4.3 Hypotheses

Considering the outcomes of studies on stigma and prejudicial attitudes towards, as well as studies analysing the media portrayal of people with HIV, it was expected that one or more distinct stereotypes could be established. In accordance with SIT it was expected that these stereotypes were largely negative. Further, taking into consideration the array of different exposures to people with HIV such as through media portrayal (Carstens, 2003; Francis, 2003; Lupton, 1999), it was expected that at least two or more subtypes of these stereotypes could be established to accommodate these differences. With regard to problem statement 3, there are statistical differences between ethnic groups in HIV infection rates (Finlay, 2003). It was assumed that this would affect the subtype contents and strength within the various ethnic groups of participants.

The present study was primarily exploratory, hence no true hypotheses were formulated in terms of problem statements 1 and 2, which were concerned with exploration of stereotype content. The following hypotheses were formulated in accordance with problem statements 3 and 4:

- **Hypothesis 1:** There will be significant differences in subtype strength.
- **Hypothesis 2:** There will be significant differences between ethnic groups, as expressed by differences in subtype strength and distribution of stereotype content.

4.4 Preliminary Study

The first part of the study comprised of a preliminary study. It utilised a free response procedure to assess the social perceptions of a variety of social groups, including people with HIV/ AIDS.

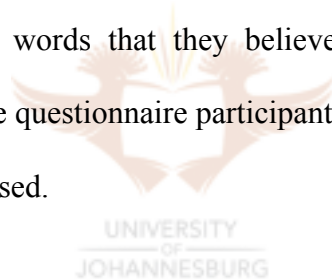
4.4.1 Participants and Design

One hundred and two (81 females, 21 males) first year undergraduate psychology students of the University of Johannesburg took part in this study on a voluntary basis, hence the sampling was non-random. According to self-reports on the biographical questionnaire mean age was 19.33 years with a standard deviation of 2.29 years. The age range was 18 to 35 years and 86.3 per cent of the sample was under the age of 21. Self-reported ethnicities were as follows: 34 (33.3%) stated their ethnicity as Black, 10 (9.8%) as Coloured, 34 (41.2%) as White and 16 (15.7%) as Indian. The majority of participants (95.1%) were South African citizens.

The design of the study was exploratory, in that participants provided free responses and there was no preconception as to what responses would be obtained.

4.4.2 Instrumentation and Procedure

Two student assistants assisted with data collection, which was conducted in two large groups. Participants volunteered to take part in the study after being given a verbal introduction informing them that the research looked at attitudes regarding several social groups. Further, they were assured that participation was entirely voluntary and anonymous. After volunteering and thus providing their informed consent, participants completed a questionnaire that included the labels of six different social groups of which *People with HIV/AIDS* was one. The groups were presented in the following order: *Taxi drivers*, *Asian people*, *People with HIV/AIDS*, *Drug addicts*, *Jewish people* and *Disabled people*. The remaining groups and the order in which they were presented were selected in order to avoid response sets and expectancy as well as social desirability effects. For each group, participants listed up to five attributes or descriptive words that they believed best characterised the groups' members. Upon completion of the questionnaire participants were thanked, debriefed as to the real focus of the study and dismissed.



4.4.3 Data Analysis

The free responses for *People with HIV/AIDS* were computed. The total of 217 different free responses was reduced by the use of several procedures: Firstly, words that were neither adjectives nor phrases descriptive of attributes, such as nouns (e.g. “hospitals”, “medication”) were excluded. Next, attributes that were listed once only were omitted from the list to exclude idiosyncratic beliefs. Thirdly, attributes that overlapped with Gough and Heilbrun’s (1983) Adjective checklist (ACL) were excluded, as the ACL was included in the main study. Next, words relating to medical descriptions or facts connected to HIV (e.g. “are infected”, “should take medication”, “can live 10 to 15 years”) were also omitted. Finally, three judges met and used group discussion to determine which of the remaining attributes were synonyms

and which differed in meaning. They then discussed which attribute best described the pair or group of synonyms, using majority rule when no consensus could be reached through discussion. The chosen attribute was then included in the list and the remainder excluded from the list.

4.4.4 Results

The reduction procedures yielded a list of 60 attributes, which was combined with a list of 45 experimenter-generated attributes obtained through group discussion by the three judges, eliminating those attributes already represented in the ACL or derived from the free responses.

As Gough and Heilbrun's (1983) ACL was developed in the American context, the full checklist was given to two South African student assistants who specified those words they found difficult to understand in the South African context. These words were then removed from the final list. The emerging final list of attributes consisted of 396 descriptive attributes including personality traits, behaviours and physical characteristics, obtained through a combination of free response and checklist procedures, as well as experimenter group discussion.

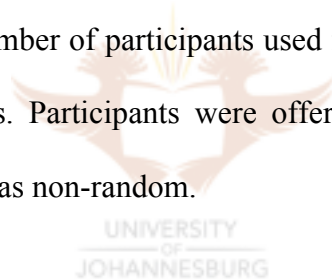
4.5 Main Study

For the main part of the study a further set of data collection was conducted. This section will describe the target population, design, instrumentation and procedure, as well as which data analysis procedures were employed.

4.5.1 Participants and Design

The target population of this study was South African second year undergraduate psychology students enrolled at the University of Johannesburg (UJ). This population was chosen due to the great variety of cultural and ethnic groups present, as well as accessibility to the researcher. The use of university students may be criticised in terms of external validity and, particularly, it may be argued that attitudes of students may differ from those of the general population. However, there are studies which found few differences between stereotypes generated by university students and those generated by a sample taken from a broader population (Stangor & Lange, 1994).

Three hundred and seventy-two participants participated in the present study. After discarding incomplete questionnaires the number of participants used for analysis was $N = 283$, of which 219 were females and 64 males. Participants were offered a nominal grade bonus as an incentive and as such sampling was non-random.



According to self-reports on the biographical questionnaire mean age was 20.83 years ($SD = 2.48$). The age range was 18 to 43 years and 79.5 % of the sample was under the age of 22. Self-reported ethnicities were as follows: 21.9 % ($N = 62$) of participants stated their ethnicity as Black, 7.8 % ($N = 22$) as Coloured, 59.7 % ($N = 169$) as White, 10.2 % ($N = 29$) as Indian and 0.4 % ($N = 10$) as Other. The majority of participants (97.2 %) were South African citizens.

4.5.2 Instrumentation

To achieve the preceding research goals participants were provided detailed instructions, the list of attributes acquired in the preliminary study and a biographical questionnaire. The biographical details that were of particular importance were:

- **Ethnic group:** As one of the interests of this study was to explore possible differences in stereotype content and strength between ethnic groups, participants' ethnic group was of particular importance. Although the separation into merely *Black, White, Coloured* and *Indian* is a crude measure of cultural differences, as it ignores the diversity of cultures within these groupings, it was sufficient for the purposes of exploration in this study.
- **South African citizenship:** One of the relevant features of this study is that it was conducted in the South African context. It was thus considered necessary to ensure that the majority of participants were South African citizen, so get a valid measure of South African attitudes. Non-South African citizens were, however not excluded from analysis as it was expected that these participants, being in a South African tertiary institution, had similar media exposure as did nationals.
- **Gender and age:** to control for possible main effects due to age and gender, participants were required to provide these details. The likelihood of these factors affecting the results was considered minimal, however for the sake of completeness they were included.

4.5.3 Procedure

Data collection was conducted either online or in pen and paper sampling sessions and I will describe each of these procedures in turn.

The pen and paper sampling sessions were conducted on four separate occasions in small groups. A student assistant handed the response booklet to each participant with the instruction to carefully read through and follow the instructions given in the booklet. In order to allow for the nominal grade bonus participants were required to fill in their names and student numbers on the first page of the booklet, which they were then to tear off and hand back to the student assistant. This was the only time participants were asked for identifying details and they were assured that their responses of the main booklet could not be traced back to them.

After filling in their biographical details, the booklet instructed participants to read through the list of attributes and circle the first response that came to mind out of the five-point Likert scale provided, which ranged from 1 (*very characteristic of people with HIV*) to 5 (*very uncharacteristic of people with HIV*). Following completion of the response booklet participants placed their questionnaire into a box located at the front of the sampling venue, a measure to further ensure anonymity. Finally, participants were debriefed and any outstanding questions were answered, after which they were dismissed. A total of twelve participants chose the pen and paper sampling option.

The second method of data collection, used by the majority of participants was conducted online. First, I created a student account on the free online survey website www.questionpro.com and constructed a main questionnaire identical to the paper questionnaire. The final page of the online questionnaire contained a link to a second, separate questionnaire in which participants were required to fill in their names and student numbers in order to receive course credit. The two questionnaires were independent of one another and it was not possible to link answers of the first one to any names. The link of the main questionnaire was then posted onto the educational course website, accessible only by the target group of students at the University of Johannesburg. Although it was theoretically

possible for other people to access the questionnaire online, this was deemed unlikely as the link was complex and not posted on any website. Instructions of the online questionnaire were identical in both questionnaires. A total of 360 participants chose the online sampling option.

4.5.4 Data Analysis

In this section I will report the data analysis procedures used in this study. The procedures will be presented in a sequential fashion, ordered according to the problem statements and hypotheses presented earlier in this chapter.

4.5.4.1 Exploration of stereotype content

Frequency distribution identified attributes that participants perceived to be stereotypic and counterstereotypic of people with HIV. According to Ashmore, Del Boca and Wohlers (1986) frequencies between 50 % and 66 % reflect a simple majority and frequencies between 67 % and 100 % reflect a strong majority. As in Madon's (1997) study on the stereotypes about gay males, an attribute was considered to be stereotypic if a minimum of 60 % of participants selected it as *very* or *somewhat stereotypic of people with HIV* and fewer than 10 % judged it to be *very* or *somewhat uncharacteristic of people with HIV*. Similarly, an attribute was considered to be counterstereotypic if a minimum of 60 % of participants selected it as *very* or *somewhat uncharacteristic of people with HIV* and fewer than 10 % judged it to be *very* or *somewhat characteristic of people with HIV*.

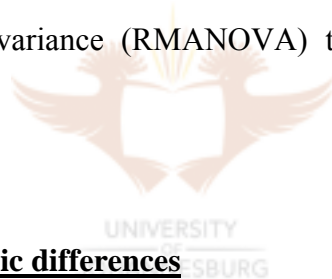
4.5.4.2 Exploration of stereotype subtypes

In order to explore possible stereotype subtypes about people with HIV the stereotypic attributes were subjected to exploratory factor analysis using the principal axis factoring

method with Promax rotation on the statistical computer program SPSS 12. The number of meaningful factors present was determined through examination of the eigenvalue scree plot and by parallel analysis (PA). PA is a procedure where the actual eigenvalues generated by factor analysis are compared against a randomly created set of eigenvalues, using the computer program Mac Parallel Analysis (Watkins, 2000).

4.5.4.3 Hypothesis testing: Differences in subtype strength

Subtype strength was determined in order to establish whether participants associated any one of the emerging subtypes more strongly with people with HIV. Separate subtype strengths were obtained by calculating the mean of participants' ratings of attributes within each subtype. A higher mean indicated a more strongly endorsed stereotype subtype. Next, a 1 x 3 repeated measures analysis of variance (RMANOVA) tested for differences in strength among the stereotype subtypes.



4.5.4.4 Hypothesis testing: Ethnic differences

As the representation of Coloured (N= 22) and Indian (N=29) participants was comparatively low, only the two largest ethnic groups, that is white (N=169) and black (N= 62) participants were compared for hypothesis testing.

Ethnic differences in subtype strength were determined. Separate subtype strengths were obtained by calculating the mean of black and white participants' ratings of attributes within each subtype separately. Next, a 2 x 3 multivariate analysis of variance (MANOVA) tested for differences between black and white participants in subtype strength. Finally, post hoc pairwise comparisons with Bonferroni corrections were conducted to determine the nature of difference in subtype strength.

In order to determine differences in stereotype content distribution the stereotypic attributes were subjected to separate chi-square analyses. For statistical reasons the categories *somewhat uncharacteristic* and *very uncharacteristic* were collapsed into a single category *uncharacteristic*. This was done because the attributes analysed had already been established to be considered stereotypic (by frequency analysis) and thus the number of participants in the separate *uncharacteristic* categories was at times too small to obtain reliable results from the chi-square analysis (Howell, 1997).

Finally, a cluster analysis was conducted in order to determine ethnic differences in the distribution of responses.

4.5.4.5 Other findings: Gender differences

Gender differences in subtype strength were obtained by the same method as ethnic differences in subtype strength. Next, a 2 x 3 multivariate analysis of variance (MANOVA) tested for differences in subtype strength between males and females.

In order to determine gender differences in stereotype content distribution the stereotypic attributes were subjected to separate cross-tabulations and chi-square analyses. The same procedure was followed as for ethnic differences.

Results

5.1 Introduction

In this chapter I will address the research problems by giving an account of the results of the study. First, descriptive statistics relating to the exploration of stereotype content and subtypes will be reported. In the next section I will describe the inferential statistics relating to the hypotheses outlined in chapter four. Finally, I describe additional findings relating to gender differences.

5.2 Exploration of stereotype content

Of the 396 attributes subjected to frequency distribution analysis (as described in detail in chapter four), 34 met the criteria as stereotypic with a minimum of 60 % of participants rating them as *very* or *somewhat characteristic* of people with HIV and a maximum of 10 % rating them as *very* or *somewhat uncharacteristic* of people with HIV (see Ashmore, Del Boca & Wohlens, 1986; Madon, 1997). None of the attributes met the counterstereotype criteria of a 60 % minimum rating of *very* or *somewhat uncharacteristic* and a less than 10 % rating as *very* or *somewhat characteristic* of people with HIV. The 34 stereotypic attributes are shown in Table 5.1, together with the cumulative percentage of participants that rated the attributes as *characteristic* (either *very characteristic of people with HIV* or *somewhat characteristic of people with HIV*), and *uncharacteristic* (either *very uncharacteristic of people with HIV* or *somewhat uncharacteristic of people with HIV*), their mean ratings and standard deviations.

Table 5.1

Frequency table showing HIV stereotype content, percentage, mean strength and standard deviations

| | Suffering | Need help | Depressed | Rejected | Low self-esteem | Victimised | Dying | Diseased | Withdrawn |
|----------------------------------|-----------|-----------|-------------|------------|-----------------|------------|----------|------------|-----------|
| % ^{ab} characteristic | 82.7 | 80.9 | 80.2 | 79.0 | 74.2 | 73.9 | 73.1 | 73.1 | 73.1 |
| % ^{ac} uncharacteristic | 2.5 | 2.9 | 7.7 | 3.9 | 6.7 | 4.6 | 8.1 | 7.1 | 3.9 |
| M | 4.21 | 4.19 | 4.21 | 4.05 | 3.89 | 3.92 | 4.02 | 3.90 | 3.88 |
| SD | .96 | .94 | .99 | .83 | .83 | .80 | .84 | .91 | .97 |
| | Lonely | Isolated | Feel guilty | Vulnerable | Scared | Fearful | Worrying | In despair | Resentful |
| % ^{ab} characteristic | 72.4 | 70.7 | 70.3 | 70.3 | 70.0 | 68.9 | 68.6 | 68.6 | 68.6 |
| % ^{ac} uncharacteristic | 6.0 | 8.9 | 6.3 | 7.1 | 6.7 | 6.0 | 4.3 | 6.1 | 7.4 |
| M | 3.90 | 3.78 | 3.87 | 3.82 | 3.90 | 3.89 | 3.91 | 3.78 | 3.76 |
| SD | .84 | .88 | .83 | .91 | .93 | 1.00 | .90 | .86 | .96 |

| | Regretful | Depend on others | Self-pitying | Victims | Affected | Sickly | Have unprotected sex | Insecure |
|----------------------------------|-----------|------------------|--------------|---------|----------|--------|----------------------|----------|
| % ^{ab} characteristic | 68.2 | 67.8 | 67.5 | 66.8 | 66.4 | 66.4 | 65.7 | 65.7 |
| % ^{ac} uncharacteristic | 3.9 | 5.3 | 6.7 | 8.1 | 5.0 | 5.3 | 8.8 | 6.0 |
| M | 3.89 | 3.77 | 3.78 | 3.75 | 3.88 | 3.89 | 3.90 | 3.76 |
| SD | .88 | .89 | .85 | .91 | .90 | .85 | .89 | 1.03 |

| | Infectious | Unhappy | Physically weak | Confused | Suicidal | Emotional | Fragile | Live in shame |
|----------------------------------|------------|---------|-----------------|----------|----------|-----------|---------|---------------|
| % ^{ab} characteristic | 65.0 | 64.3 | 63.3 | 62.9 | 62.4 | 62.2 | 61.5 | 60.4 |
| % ^{ac} uncharacteristic | 8.9 | 9.5 | 8.1 | 5.3 | 9.9 | 3.2 | 4.6 | 8.5 |
| M | 3.83 | 3.67 | 3.73 | 3.74 | 3.66 | 3.78 | 3.73 | 3.63 |
| SD | .84 | .84 | .86 | .92 | 1.05 | .92 | .95 | .85 |

Note. Judgements were made on a 5-point Likert scale (5= very characteristic of people with HIV, 4 = somewhat characteristic of people with HIV, 3 = neither characteristic nor uncharacteristic of people with HIV, 2 = somewhat uncharacteristic of people with HIV, 1 = very uncharacteristic of people with HIV)

^a% within total sample (N= 283). ^bCumulative % of *very characteristic of people with HIV* and *somewhat characteristic of people with HIV*. ^cCumulative % of *very uncharacteristic of people with HIV* and *somewhat uncharacteristic of people with HIV*

Examination of Table 5.1 reveals that cumulative *characteristic* percentage ratings of the attributes ranged from 60.4 % to 82.7 %, expressing a simple to strong majority (Ashmore, Del Boca and Wohlers, 1986). As shown in Table 5.1 the attributes' mean ratings ranged from 3.63 to 4.21 with most of the standard deviations just below 1, indicating that most participants rated within one unit of the mean.

In order to determine a possible organisation into distinct subgroups, stereotype subtypes about people with HIV were determined.



5.3 Exploration of stereotype subtypes

Stereotype subtypes were extracted from the 34 stereotypic attributes by means of exploratory factor analysis using the principle axis factoring function on SPSS Version 12. The number of factors to be retained was determined after examination of the eigenvalue scree plot (Child, 1990), shown in Figure 5.1 and parallel analysis using the computer program Mac Parallel Analysis (Watkins, 2000). Those eigenvalues that were above the eigenvalues randomly generated by parallel analysis were retained (Velicer, Eaton & Fava, 2000). The comparison table is displayed in Table 5.2.

Figure 5.1

Eigenvalue scree plot of all 34 factors

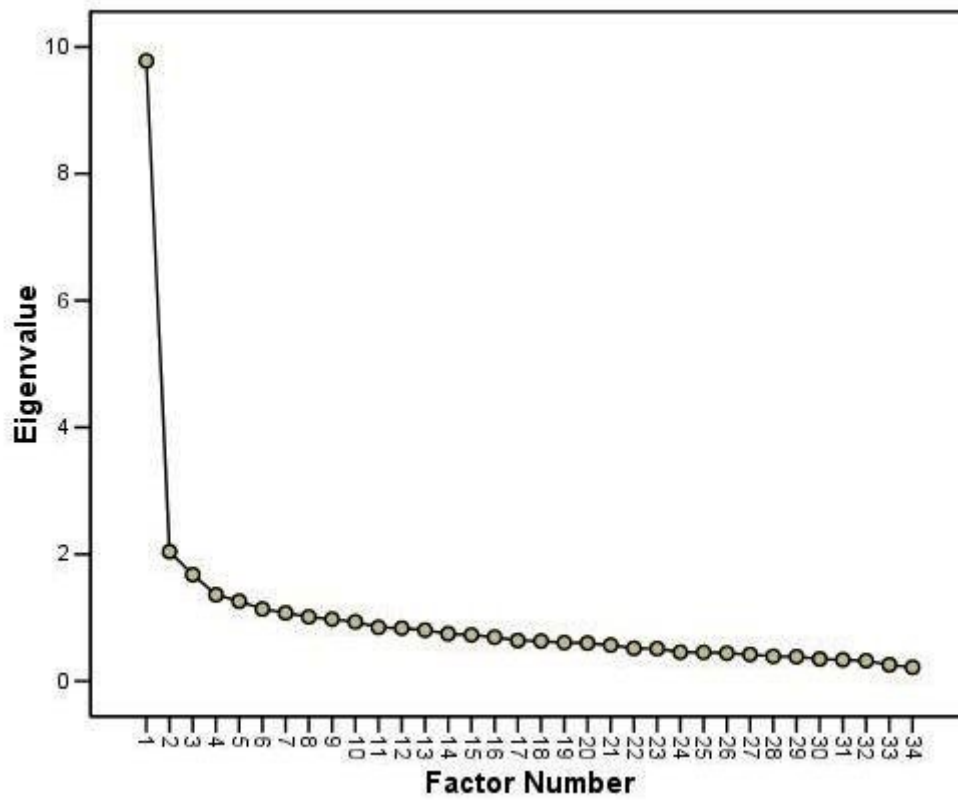


Table 5.2

Parallel analysis showing initial and random eigenvalues

| Factor | Eigenvalue | |
|----------|-------------|-------------|
| | Initial | Random |
| 1 | 9.78 | 1.72 |
| 2 | 2.04 | 1.63 |
| 3 | 1.68 | 1.56 |
| 4 | 1.36 | 1.49 |
| 5 | 1.26 | 1.44 |
| 6 | 1.14 | 1.39 |
| 7 | 1.08 | 1.35 |
| 8 | 1.01 | 1.30 |

Note. The retained factors are in bold print; Eigenvalues below ± 1.00 are not reported

Inspection of the eigenvalue scree plot in Figure 5.1 suggests the presence of three meaningful factors. Parallel analysis displayed in Table 5.2 confirms this as only the first three factors have eigenvalues greater than the random eigenvalues generated.

In order to support the use of oblique rotation in the factor analysis possible intercorrelations of the factors were determined. The factor correlation matrix is displayed in Table 5.3.

Table 5.3

Factor correlation matrix of meaningful factors

| Factor | 1 | 2 | 3 |
|--------|------|------|------|
| 1 | 1.00 | .51 | .44 |
| 2 | | 1.00 | .45 |
| 3 | | | 1.00 |



The factor correlation matrix in Table 5.3 demonstrates that the three factors were moderately intercorrelated, with the strongest correlation found between factors 1 and 2. Consequently, oblique factor rotation was employed in the factor analysis (Bryman & Cramer, 2001; Child, 1990), using the function Promax on SPSS Version 12.

The factor pattern matrix of the three extracted factors is displayed in Table 5.4.

Table 5.4

Factor Pattern Matrix with Meaningful Factors (Subtypes), Eigenvalues, Contributing Items, and Factor Loading of Items (N = 283)

| | Factor loadings ^a | | |
|---|------------------------------|-----|-----|
| | 1 | 2 | 3 |
| 11.5 | | | |
| I. Subtype 1: Needy Worrier (9.78) | | | |
| Affected | .74 | | |
| Emotional | .63 | | |
| Fearful | .57 | | |
| Worrying | .43 | | |
| Need help | .43 | | |
| II. Subtype 2: Neurotic Risk-taker (2.04) | | | |
| Suicidal | | .68 | |
| Scared | | .67 | |
| Sickly | | .63 | |
| Have unprotected sex | | .55 | |
| Live in shame | | .50 | |
| Regretful | | .45 | |
| Fragile | | .39 | |
| Insecure | | .37 | |
| III Subtype 3: Contagious Sufferer (1.68) | | | |
| Diseased | | | .82 |
| Suffering | | | .41 |
| Infectious | | | .40 |
| Physically weak | | | .32 |
| Dying | | | .31 |
| In despair | | | .30 |

Note. Eigenvalues of factors appear in brackets after their title

^aFactor loadings less than $\pm .30$ are not reported

Inspection of Table 5.4 reveals that each item loaded only on one subtype. It further emerges that only 19 of the overall 34 stereotypic attributes loaded on one of the three subtypes with a factor loading of more than $\pm .30$, which was the minimum loading used for inclusion (Dancey & Reidy, 2002).

5.4 Hypothesis testing: Differences in subtype strength

In this section I will give an account of the descriptive and inferential statistics regarding possible differences in subtype strength, as proposed by Hypothesis 1 in chapter four.

5.4.1 Descriptive statistics

Subtype strength was obtained by calculating the mean of participants' attribute ratings within each subtype, yielding a separate mean for each subtype. The subtype strength for the Needy Worrier subtype, the Contagious Sufferer subtype and the Neurotic Risk-taker subtype are illustrated in Figure 5.2.

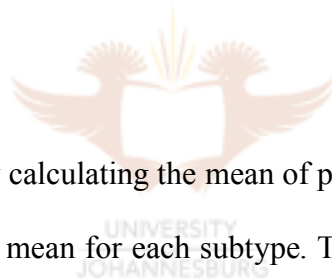


Figure 5.2

Mean strengths for the Needy Worrier subtype, the Contagious sufferer subtype and the Neurotic Risk-taker subtype (N= 283)

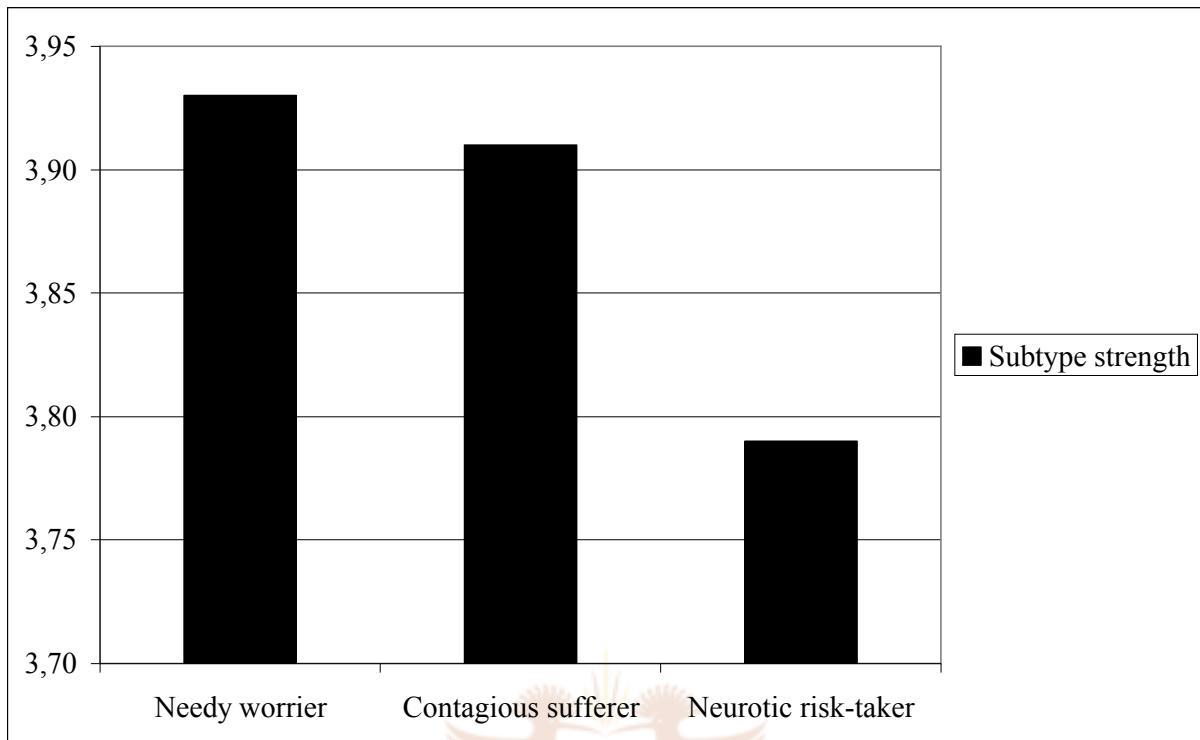


Figure 5.2 demonstrates visible differences in subtype strength. Specifically, the Needy Worrier subtype (M= 3.93, SD= 0.63) appears to be the strongest, followed by the Contagious Sufferer subtype (M= 3.91, SD= 0.64). The Neurotic Risk-taker subtype appears to be the weakest of the three subtypes (M= 3.79, SD= 0.57).

5.4.2 Inferential statistics

A 1 x 3 repeated measures analysis of variance (RMANOVA) was conducted in order to support the descriptive information. Results demonstrated a main effect, indicating that subtype strengths differed significantly and that this was unlikely to have arisen by sampling error ($F(2, 281) = 8.13, p < .001$).

Post hoc contrasts with Bonferroni corrections were conducted and pairwise comparisons of the subtypes are presented in Table 5.5.

Table 5.5

Pairwise comparison of subtype strengths

| (I) Subtype | (J) Subtype | I-J ^a | p |
|---------------------|---------------------|------------------|-------|
| Needy Worrier | Neurotic Risk-taker | .137*** | .001 |
| | Contagious Sufferer | .018 | 1.000 |
| Neurotic Risk-taker | Needy Worrier | -.137*** | .001 |
| | Contagious Sufferer | -.119** | .005 |
| Contagious Sufferer | Needy Worrier | -.018 | 1.000 |
| | Neurotic Risk-taker | .119** | .005 |

** p< .01. *** p≤ .001

^aI-J represents the mean difference between the subtypes



Inspection of Table 5.5 reveals that (as suggested by Figure 5.2) there was no significant difference between the Needy Worrier and the Contagious Sufferer subtypes ($t(281)= 0.54, p> .05$).

The Needy Worrier subtype was significantly stronger than the Neurotic Risk-taker subtype ($t(281)= 3.45, p< .001$). The Contagious Sufferer subtype was also significantly stronger than the Neurotic Risk-taker subtype ($t(281)= 3.76, p< .01$).

Overall the Needy Worrier and Contagious Sufferer subtypes were the strongest, and did not differ significantly in strength. The Neurotic Risk-taker subtype was significantly weaker than the other two subtypes.

Hence Hypothesis 1 was supported, as a significant difference in subtype strength was found.

5.5 Hypothesis testing: Differences between ethnic groups

In this section I will report descriptive and inferential statistics which relate to Hypothesis 2 regarding ethnic differences in stereotypes about people with HIV. A comparison of the stereotype subtype strengths is followed by separate ethnic comparison of the 34 attributes.

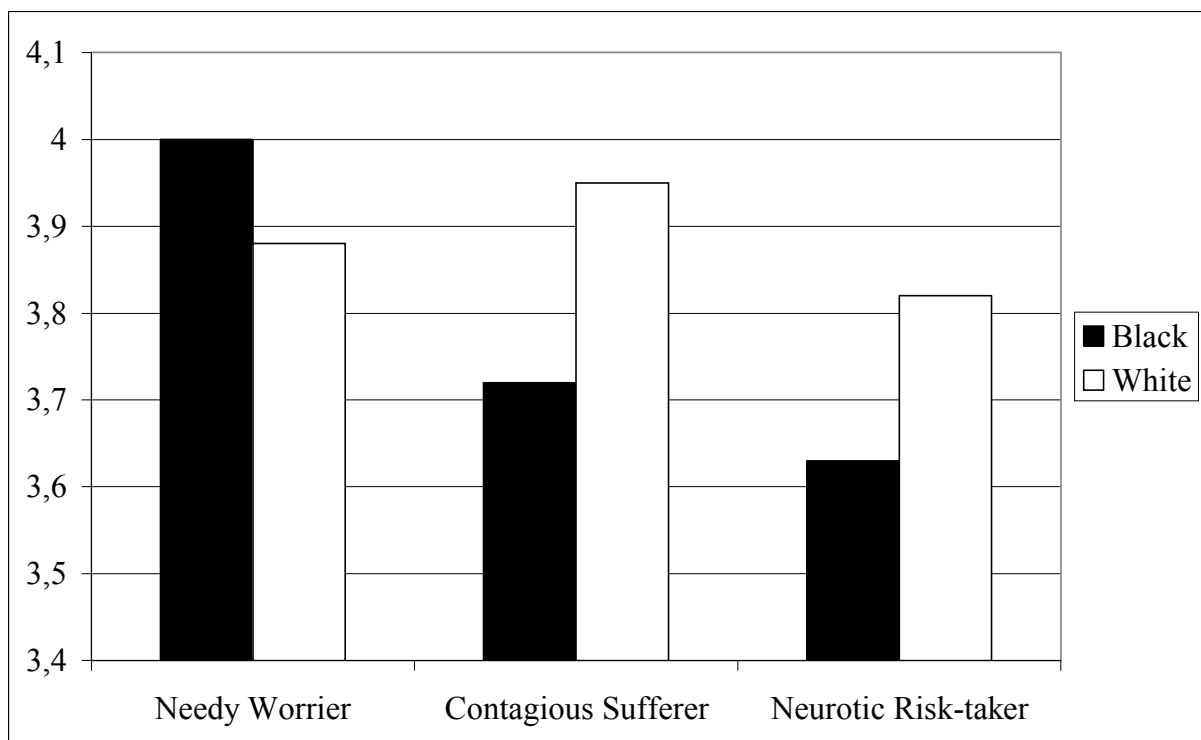
5.5.1 Descriptive statistics: Ethnic differences in subtype strength

Subtype strengths of black and white participants were compared and are depicted in Figure 5.3



Figure 5.3

Differences in subtype strength as a function of ethnic group^a



^aBlack: N= 62. White: N= 169

Visual inspection of Figure 5.3 reveals detectable differences in subtype strength between ethnic groups, particularly on the Contagious Sufferer and Neurotic Risk-taker subtypes. Specifically, it emerges that the Needy Worrier subtype appears stronger for black participants ($M= 4.00$, $SD= 0.68$) compared to white participants ($M= 3.88$, $SD= 0.64$). Both the Contagious Sufferer subtype and the Neurotic Risk-taker subtype appear stronger for white participants ($M= 3.95$, $SD= 0.56$ and $M= 3.83$, $SD= 0.50$, respectively) compared to black participants' ratings ($M= 3.72$, $SD= 0.81$ and $M= 3.64$, $SD= 0.73$, respectively).

5.5.2 Inferential statistics: Subtype strength

A 2 x 3 Multivariate analysis of variance (MANOVA) with black and white as the independent variables and subtype strengths as the dependent variables was conducted. Results demonstrated a main effect of ethnic group, indicating that differences were unlikely to have arisen by sampling error ($F(3,227)= 7.47$, $p< 0.001$).



Post hoc contrasts with Bonferroni corrections were conducted and pairwise comparisons of subtype strength by ethnic group are displayed in Table 5.6.

Table 5.6

Pairwise comparison of subtype strength by ethnic group

| Subtype | (I) Ethnic group | (J) Ethnic group | I-J ^a | P |
|---------------------|------------------|------------------|------------------|------|
| Needy Worrier | Black | White | .118 | .222 |
| | White | Black | -.118 | .222 |
| Contagious Sufferer | Black | White | -.233* | .014 |
| | White | Black | .233* | .014 |
| Neurotic Risk-taker | Black | White | -.188* | .027 |

^aI-J represents the mean difference between subtype strength between ethnic groups.

* p < .05

Inspection of Table 5.6 supports the previous observations made from Figure 5.3. Specifically, the mean difference between black and white participants' ratings on the Needy Worrier subtype was not significant ($t(229) = 1.23, p > .05$). However, as seen in Table 5.6, there was a significant mean difference between black and white participants on both the Contagious Sufferer subtype ($t(229) = 2.47, p < .05$) and the Neurotic Risk-taker subtype ($t(220) = 2.23, p < .05$).

Hypothesis 2 was supported in that the findings indicated significant differences in subtype strength between the ethnic groups black and white.

5.5.3 Descriptive statistics: Ethnic differences in distribution of ratings

Each of the 34 stereotypic attributes was subjected to separate cross-tabulation and chi-square analysis. An account of the descriptive statistics is followed by a depiction of the inferential statistics.

Cross-tabulations of each of the stereotypic attributes by ethnic group (black versus white participants) were conducted and are presented in Table 5.7, together with a comparison of stereotype strength, which was attained by using the mean rating on the Likert scale by either black or white participants.



Table 5.7

Cross tabulation and means of stereotypes by ethnic group (Black: N = 62; White: N = 169)

| | M | | | Very | | Somewhat | | Neither | | Uncharacteristic | |
|-----------|-------|-------|---|-------|-------|----------|-------|---------|-------|------------------|-------|
| | Black | White | | Black | White | Black | White | Black | White | Black | White |
| Affected | 4.02 | 3.76 | % | 35.5 | 24.3 | 37.1 | 34.9 | 22.6 | 34.9 | 4.8 | 5.9 |
| | | | N | 22 | 41 | 23 | 59 | 14 | 59 | 3 | 10 |
| Emotional | 3.85 | 3.77 | % | 25.8 | 17.8 | 37.1 | 44.4 | 35.5 | 35.5 | 1.6 | 2.4 |
| | | | N | 16 | 30 | 23 | 75 | 22 | 60 | 1 | 4 |
| Fearful | 3.87 | 3.88 | % | 37.1 | 27.2 | 27.4 | 41.4 | 25.8 | 26.0 | 9.7 | 5.3 |
| | | | N | 23 | 46 | 17 | 70 | 16 | 44 | 6 | 9 |
| Worrying | 4.02 | 3.85 | % | 33.9 | 26.6 | 43.5 | 37.3 | 17.7 | 31.4 | 4.8 | 4.7 |
| | | | N | 21 | 45 | 27 | 63 | 11 | 53 | 3 | 8 |
| Need help | 4.24 | 4.15 | % | 45.2 | 41.4 | 35.5 | 27.9 | 17.7 | 17.2 | 1.6 | 3.6 |
| | | | N | 28 | 70 | 22 | 64 | 11 | 29 | 1 | 6 |
| Suicidal | 3.74 | 3.58 | % | 19.4 | 11.8 | 46.8 | 46.7 | 25.8 | 31.4 | 8.1 | 10.1 |
| | | | N | 12 | 20 | 29 | 79 | 16 | 53 | 5 | 17 |

| | M | | | Very | | Somewhat | | Neither | | Uncharacteristic | |
|----------------------|-------|-------|---|-------|-------|----------|-------|---------|-------|------------------|-------|
| | Black | White | | Black | White | Black | White | Black | White | Black | White |
| Scared | 3.90 | 3.85 | % | 32.3 | 15.4 | 38.7 | 40.2 | 21.0 | 29.0 | 8.1 | 5.3 |
| | | | N | 20 | 43 | 24 | 68 | 13 | 49 | 5 | 9 |
| Sickly | 3.48 | 3.93 | % | 19.4 | 27.8 | 33.9 | 40.2 | 32.3 | 29.6 | 14.5 | 2.4 |
| | | | N | 12 | 47 | 21 | 68 | 20 | 50 | 9 | 4 |
| Have unprotected sex | 3.44 | 4.07 | % | 21.0 | 43.2 | 24.2 | 28.4 | 38.7 | 21.9 | 16.1 | 6.5 |
| | | | N | 13 | 73 | 15 | 48 | 24 | 37 | 10 | 11 |
| Live in shame | 3.44 | 3.69 | % | 12.9 | 13.6 | 40.3 | 48.5 | 32.3 | 31.4 | 14.5 | 6.5 |
| | | | N | 8 | 23 | 25 | 82 | 20 | 53 | 9 | 11 |
| Regretful | 3.94 | 3.86 | % | 30.6 | 24.3 | 37.1 | 41.4 | 27.4 | 31.4 | 4.8 | 3.0 |
| | | | N | 19 | 41 | 23 | 70 | 17 | 53 | 3 | 5 |
| Fragile | 3.61 | 3.76 | % | 14.5 | 17.2 | 41.9 | 46.2 | 37.1 | 32.5 | 6.5 | 4.1 |
| | | | N | 9 | 29 | 26 | 78 | 23 | 55 | 4 | 7 |
| Insecure | 3.55 | 3.86 | % | 21.0 | 17.8 | 27.4 | 54.8 | 40.3 | 25.4 | 11.3 | 3.0 |
| | | | N | 13 | 30 | 17 | 91 | 25 | 43 | 7 | 5 |

| | M | | | Very | | Somewhat | | Neither | | Uncharacteristic | |
|-----------------|-------|-------|---|-------|-------|----------|-------|---------|-------|------------------|-------|
| | Black | White | | Black | White | Black | White | Black | White | Black | White |
| Diseased | 3.60 | 3.98 | % | 22.6 | 30.8 | 41.9 | 43.2 | 19.4 | 21.3 | 16.1 | 4.7 |
| | | | N | 14 | 52 | 26 | 73 | 12 | 36 | 10 | 8 |
| Suffering | 3.98 | 4.32 | % | 33.9 | 46.7 | 40.3 | 39.1 | 19.4 | 13.6 | 6.5 | 0.6 |
| | | | N | 21 | 79 | 25 | 66 | 12 | 23 | 4 | 1 |
| Infectious | 3.69 | 3.84 | % | 29.0 | 29.6 | 29.0 | 34.9 | 29.0 | 27.8 | 12.9 | 7.7 |
| | | | N | 18 | 50 | 18 | 59 | 18 | 47 | 8 | 13 |
| Physically weak | 3.56 | 3.75 | % | 16.1 | 21.9 | 38.7 | 41.4 | 35.5 | 29.0 | 9.7 | 7.7 |
| | | | N | 10 | 37 | 24 | 70 | 22 | 49 | 6 | 13 |
| Dying | 3.79 | 4.08 | % | 33.9 | 42.0 | 30.6 | 32.0 | 21.0 | 19.5 | 14.5 | 6.5 |
| | | | N | 21 | 71 | 19 | 54 | 13 | 33 | 9 | 11 |
| In despair | 3.69 | 3.76 | % | 19.4 | 16.0 | 45.2 | 51.5 | 25.8 | 27.2 | 9.7 | 5.3 |
| | | | N | 12 | 27 | 28 | 87 | 16 | 46 | 6 | 9 |
| Depressed | 3.94 | 4.06 | % | 33.9 | 33.7 | 40.3 | 47.9 | 14.5 | 11.2 | 11.3 | 7.1 |
| | | | N | 21 | 57 | 25 | 81 | 9 | 19 | 7 | 12 |

| | M | | | Very | | Somewhat | | Neither | | Uncharacteristic | |
|------------------|-------|-------|---|-------|-------|----------|-------|---------|-------|------------------|-------|
| | Black | White | | Black | White | Black | White | Black | White | Black | White |
| Resentful | 3.66 | 3.83 | % | 17.7 | 19.5 | 40.3 | 55.6 | 35.5 | 17.8 | 6.5 | 7.1 |
| | | | N | 11 | 33 | 25 | 94 | 22 | 30 | 4 | 12 |
| Self-pitying | 3.90 | 3.70 | % | 25.8 | 14.8 | 46.8 | 48.5 | 21.0 | 29.6 | 6.5 | 7.1 |
| | | | N | 16 | 25 | 29 | 82 | 13 | 50 | 4 | 12 |
| Depend on others | 3.76 | 3.79 | % | 21.0 | 12.4 | 45.2 | 53.8 | 24.2 | 29.6 | 9.7 | 4.1 |
| | | | N | 13 | 21 | 28 | 91 | 15 | 50 | 6 | 7 |
| Withdrawn | 3.79 | 3.86 | % | 19.4 | 20.1 | 53.2 | 50.3 | 19.4 | 26.6 | 8.1 | 3.0 |
| | | | N | 12 | 34 | 33 | 85 | 12 | 45 | 5 | 5 |
| Unhappy | 3.66 | 3.60 | % | 19.4 | 10.7 | 41.9 | 50.9 | 29.0 | 28.4 | 9.7 | 10.1 |
| | | | N | 12 | 18 | 26 | 86 | 18 | 48 | 6 | 17 |
| Victimised | 3.90 | 3.89 | % | 29.0 | 20.1 | 40.3 | 53.8 | 24.2 | 23.1 | 6.5 | 3.0 |
| | | | N | 18 | 34 | 25 | 91 | 15 | 39 | 4 | 5 |
| Feel guilty | 3.90 | 3.83 | % | 30.6 | 23.1 | 38.7 | 45.6 | 22.6 | 25.4 | 8.1 | 5.9 |
| | | | N | 19 | 39 | 24 | 77 | 14 | 43 | 5 | 10 |

| | M | | | Very | | Somewhat | | Neither | | Uncharacteristic | |
|-----------------|-------|-------|---|-------|-------|----------|-------|---------|-------|------------------|-------|
| | Black | White | | Black | White | Black | White | Black | White | Black | White |
| Victims | 3.68 | 3.75 | % | 24.2 | 16.6 | 35.5 | 51.5 | 29.0 | 24.9 | 11.3 | 7.1 |
| | | | N | 15 | 28 | 22 | 87 | 18 | 42 | 7 | 12 |
| Lonely | 3.73 | 3.96 | % | 29.0 | 26.0 | 33.9 | 47.9 | 24.2 | 22.5 | 12.9 | 3.6 |
| | | | N | 18 | 44 | 21 | 81 | 15 | 38 | 8 | 6 |
| Vulnerable | 3.84 | 3.78 | % | 25.8 | 16.0 | 40.3 | 54.8 | 29.0 | 22.5 | 4.8 | 7.7 |
| | | | N | 16 | 27 | 25 | 91 | 18 | 38 | 3 | 13 |
| Rejected | 4.02 | 4.07 | % | 37.1 | 32.5 | 28.7 | 46.2 | 17.7 | 18.9 | 6.5 | 2.4 |
| | | | N | 23 | 55 | 24 | 78 | 11 | 32 | 4 | 4 |
| Isolated | 3.81 | 3.69 | % | 25.8 | 16.0 | 41.9 | 50.3 | 21.0 | 24.3 | 11.3 | 9.5 |
| | | | N | 16 | 27 | 26 | 85 | 13 | 41 | 7 | 16 |
| Confused | 3.73 | 3.76 | % | 24.2 | 17.2 | 33.9 | 47.9 | 35.5 | 29.6 | 6.5 | 5.3 |
| | | | N | 15 | 29 | 21 | 81 | 22 | 50 | 4 | 9 |
| Low self-esteem | 3.82 | 3.86 | % | 25.8 | 22.5 | 45.2 | 49.7 | 19.4 | 20.7 | 9.7 | 7.1 |
| | | | N | 16 | 38 | 28 | 84 | 12 | 35 | 6 | 12 |

Note. Judgements were reduced to a 4 point Likert scale 1= very characteristic of people with HIV, 2= somewhat characteristic of people with HIV, 3= neither characteristic nor uncharacteristic of people with HIV, 4= uncharacteristic of people with HIV.

^aNeedy Worrier subtype, ^bNeurotic Risk-taker subtype, ^cContagious Sufferer subtype

Some of the cross-tabulations in Table 5.7 showed visible differences between attribute ratings by black and white participants. Specifically ratings on the attributes *resentful, suffering, self-pitying, depend on others, lonely, fearful, affected, confused, insecure, have unprotected sex* and *sickly* showed clearly detectable ethnic differences in both the percentage distribution as well as in mean ratings.

Further, the stereotype strength, or mean attribute rating by white participants was visibly greater than black participants' ratings on the following attributes: *sickly, have unprotected sex, live in shame, fragile, insecure, diseased, suffering, physically weak, dying* and *lonely*. Contrastingly, on three of the attributes black participants' mean ratings was noticeably greater compared to white participants. These were *affected, suicidal* and *self-pitying*.

Inspection of Table 5.7 reveals that overall a higher percentage of black participants appeared to consider the attributes as *uncharacteristic* compared to white participants.

5.5.4 Inferential statistics: Stereotype content distribution

In order to establish specifically on which of the attributes the ethnic difference in rating was significant, chi-square analyses were conducted and the values and significance levels are displayed in Table 5.8.

Table 5.8

Chi square values and significance levels for ethnic differences (Black N=62, White N= 169)

| Attribute | Have unprotected | | | | | | | | | | |
|-----------|-----------------------|------------------------|----------------------|-----------------------|------------------------|-----------------------|---------------------|---------------------|------------------|----------------------------|------------------------|
| | Affected ^a | Emotional ^a | Fearful ^a | Worrying ^a | Need help ^a | Suicidal ^b | Scared ^b | Sickly ^b | sex ^b | Live in shame ^b | Regretful ^b |
| χ^2 | 4.432 | 2.164 | 5.166 | 4.328 | .790 | 2.510 | 2.449 | 13.751 | 15.789 | 4.046 | 1.618 |
| p | .218 | .539 | .160 | .228 | .852 | .473 | .485 | .003 | .001 | .257 | .655 |

| Attribute | Depend on | | | | | | | | | | |
|-----------|----------------------|-----------------------|-----------------------|------------------------|-------------------------|------------------------------|--------------------|-------------------------|-----------|-----------|--------------|
| | Fragile ^b | Insecure ^b | Diseased ^c | Suffering ^c | Infectious ^c | Physically weak ^c | Dying ^c | In despair ^c | Depressed | Resentful | Self-pitying |
| χ^2 | 1.158 | 16.500 | 8.723 | 9.939 | 1.854 | 1.662 | 4.186 | 2.027 | 1.941 | 8.500 | 4.392 |
| p | .763 | .001 | .033 | .019 | .603 | .646 | .242 | .567 | .585 | .037 | .222 |

| Attribute | Low self-esteem | | | | | | | | | | | |
|-----------|-----------------|-----------|---------|------------|-------------|---------|--------|------------|----------|----------|----------|------|
| | others | Withdrawn | Unhappy | Victimised | Feel guilty | Victims | Lonely | Vulnerable | Rejected | Isolated | Confused | |
| χ^2 | 5.851 | 3.793 | 3.409 | 4.698 | 1.995 | 5.150 | 8.787 | 5.342 | 3.068 | 3.376 | 3.817 | .836 |
| p | .119 | .285 | .333 | .195 | .574 | .161 | .032 | .148 | .381 | .337 | .282 | .842 |

^aNeedy Worrier subtype, ^bNeurotic Risk-taker subtype, ^cContagious Sufferer subtype

*p< .05. ** p< .01. *** p≤ .001

Chi-square values displayed in Table 5.8 revealed there was a significant difference in distribution between black and white participants on the following attributes: *sickly, have unprotected sex, insecure, diseased, suffering, resentful* and *lonely*.

With the exception of *resentful* and *lonely* all of these attributes were part of either the Neurotic Risk-taker or the Contagious Sufferer subtypes.

5.5.5 Ethnic differences in cluster distribution

A cluster analysis of the 34 stereotypic variables using SPSS Version 13 was conducted, which resulted in three significantly distinct response clusters.

Cluster 1 consisted of those participants who rated all but two of the 34 stereotypic attributes as *somewhat characteristic of people with HIV*. The two exceptions were the attributes *suffering* and *need help*, which cluster 1 overall rated as *very characteristic of people with HIV*.

Participants in cluster 2 rated all but five attributes as *somewhat characteristic of people with HIV*. The exceptions were the attributes *withdrawn, isolated, confused, live in shame* and *suicidal*, which cluster 2 rated as *neither characteristic nor uncharacteristic of people with HIV*.

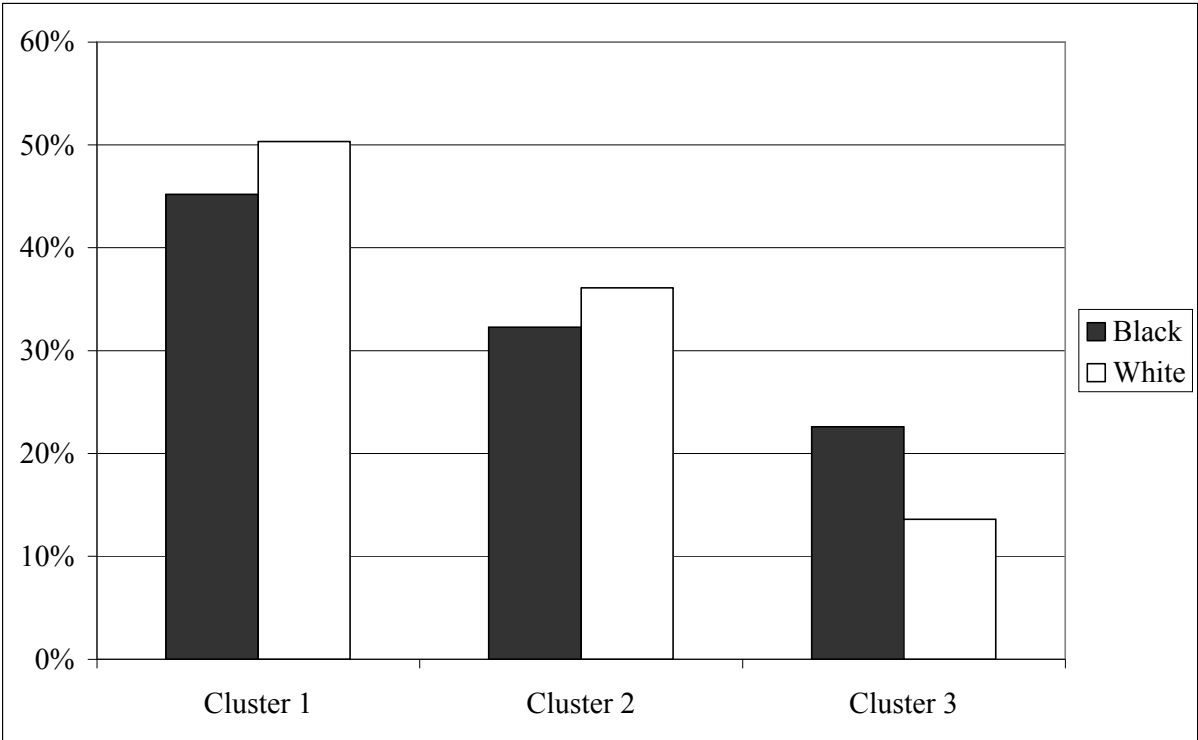
Cluster 3 consisted of those participants who rated each of the attributes as *neither characteristic nor uncharacteristic of people with HIV*.

On the whole cluster 1 consisted of those participants who held the strongest stereotypes regarding people with HIV, followed by cluster 2 as the second strongest. Cluster 3 was made up of those participants who expressed the weakest stereotypes regarding people with HIV.

Although the differences in cluster distribution between ethnic groups were not significant according to the chi-square analysis ($\chi^2= 11.94, p> .05$) it did demonstrate detectable tendencies, which are illustrated in Figure 5.4.

Figure 5.4

Percentage distribution of response clusters within black (N= 62) and white (N= 169) participants



Note. Cluster 1 consisted of 32 *somewhat characteristic* ratings and 2 *very characteristic* ratings. Cluster 2 consisted of 29 *somewhat characteristic* ratings and 5 *neither* ratings. Cluster consisted of 34 *neither* ratings.

As illustrated by Figure 5.4, detectably more white participants than black participants were positioned within clusters 1 and 2, while noticeably more black than white participants were

situated within cluster 3. As mentioned before, these differences were not statistically significant, however the small detectable tendencies support the differences found on the individual attribute comparisons previously. Refer to Appendix C for more detailed cluster tables.

5.6 Other findings: Gender differences

Although not a direct focus of the study, possible gender differences were also explored and the associated descriptive and inferential statistics are depicted in this section.

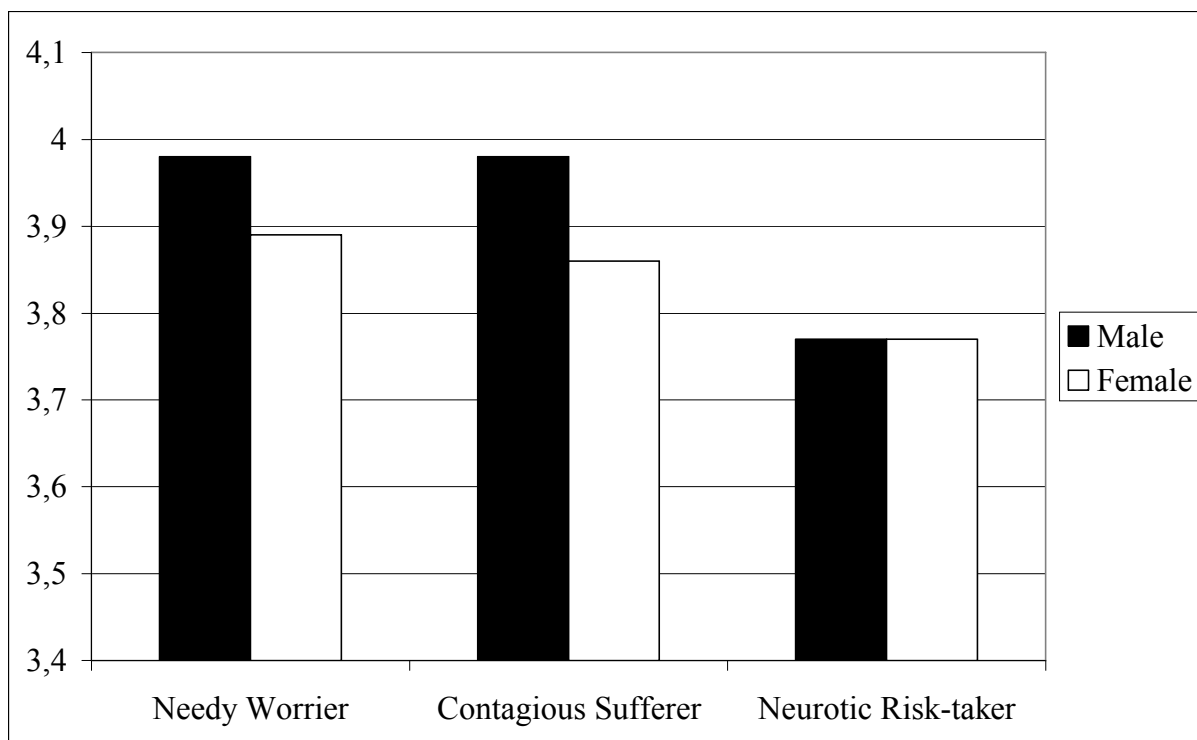
5.6.1 Descriptive statistics: Gender differences in subtype strength

Subtype strengths of males and females were compared and are depicted in Figure 5.5.



Figure 5.5

Differences in subtype strength as a function of gender^a



^aMale: N=64, Female: N=219

Visual inspection of Figure 5.5 reveals some detectable differences in subtype strength: male ratings on subtype strength mostly appeared greater than female ratings. Specifically, it emerged that the Needy Worrier subtype was somewhat stronger for males ($M= 3.99$, $SD= 0.61$) compared to females ($M= 3.91$, $SD= 0.64$). A similar difference can be seen in the Contagious Sufferer subtype which males rated more strongly ($M= 3.97$, $SD= 0.53$) than females ($M= 3.90$, $SD= 0.67$). There was only a slight gender difference on the Neurotic Risk-taker subtype, which was rated slightly stronger by females ($M= 3.79$, $SD= 0.56$) compared to males ($M= 3.78$, $SD= 0.54$).

5.6.2 Inferential statistics: Gender differences in subtype strength

A 2 x 3 Multivariate analysis of variance (MANOVA) with male and female as the independent variables and subtype strengths as the dependent variables was conducted. Results indicated no main effect of gender, indicating that differences were likely to have arisen by sampling error ($F(3,279)= .50$, $p> 0.05$).

5.6.3 Descriptive statistics: Gender differences in stereotype content distribution

Cross-tabulations of each of the 34 stereotypic attributes were conducted by gender. Table 5.9 depicts the cross-tabulation and means of each of the attributes.

Table 5.9

Cross tabulation of male (N =64) and female (N=219) percentages and means.

| | M | | | Very | | Somewhat | | Neither | | Uncharacteristic | |
|-----------|------|--------|---|------|--------|----------|--------|---------|--------|------------------|--------|
| | Male | Female | | Male | Female | Male | Female | Male | Female | Male | Female |
| Affected | 3.87 | 3.88 | % | 31.3 | 26.0 | 32.8 | 41.1 | 29.7 | 28.3 | 6.3 | 4.6 |
| | | | N | 20 | 57 | 21 | 90 | 19 | 62 | 4 | 10 |
| Emotional | 3.81 | 3.77 | % | 21.9 | 19.6 | 40.6 | 42.5 | 35.9 | 34.2 | 1.6 | 3.7 |
| | | | N | 14 | 43 | 26 | 93 | 23 | 75 | 1 | 8 |
| Fearful | 4.00 | 3.86 | % | 37.5 | 26.9 | 32.8 | 41.6 | 23.4 | 25.6 | 6.3 | 5.9 |
| | | | N | 24 | 59 | 21 | 91 | 15 | 56 | 4 | 13 |
| Worrying | 4.06 | 3.86 | % | 32.8 | 26.9 | 40.6 | 40.2 | 26.6 | 27.4 | 0 | 5.5 |
| | | | N | 21 | 59 | 26 | 88 | 17 | 60 | 0 | 12 |
| Need help | 4.19 | 4.19 | % | 42.4 | 41.6 | 37.5 | 39.7 | 17.2 | 16.0 | 3.1 | 2.7 |
| | | | N | 27 | 91 | 24 | 87 | 11 | 35 | 2 | 6 |
| Suicidal | 3.66 | 3.66 | % | 18.8 | 14.7 | 37.5 | 24.8 | 37.5 | 24.8 | 6.3 | 11.0 |
| | | | N | 12 | 32 | 24 | 108 | 24 | 54 | 4 | 24 |

| | M | | | Very | | Somewhat | | Neither | | Uncharacteristic | |
|----------------------|------|--------|---|------|--------|----------|--------|---------|--------|------------------|--------|
| | Male | Female | | Male | Female | Male | Female | Male | Female | Male | Female |
| Scared | 4.03 | 3.87 | % | 34.4 | 26.9 | 37.5 | 42.5 | 25.0 | 22.8 | 3.1 | 7.8 |
| | | | N | 22 | 59 | 24 | 93 | 16 | 50 | 2 | 17 |
| Sickly | 3.80 | 3.88 | % | 25.0 | 28.3 | 39.1 | 38.8 | 31.3 | 27.4 | 4.7 | 5.5 |
| | | | N | 16 | 62 | 25 | 85 | 20 | 60 | 3 | 12 |
| Have unprotected sex | 4.08 | 3.84 | % | 39.1 | 34.7 | 35.9 | 28.3 | 20.3 | 26.9 | 4.7 | 10.0 |
| | | | N | 25 | 76 | 23 | 62 | 13 | 59 | 3 | 22 |
| Live in shame | 3.70 | 3.61 | % | 15.6 | 2.3 | 45.3 | 47.9 | 34.4 | 30.1 | 4.7 | 9.6 |
| | | | N | 10 | 27 | 29 | 105 | 22 | 66 | 3 | 21 |
| Regretful | 3.80 | 3.71 | % | 26.6 | 25.1 | 31.3 | 46.1 | 37.5 | 25.1 | 4.7 | 3.7 |
| | | | N | 17 | 55 | 20 | 101 | 24 | 55 | 3 | 8 |
| Fragile | 3.53 | 3.79 | % | 10.9 | 20.1 | 40.6 | 44.3 | 40.6 | 32.0 | 7.8 | 3.7 |
| | | | N | 7 | 44 | 26 | 97 | 26 | 70 | 5 | 8 |
| Insecure | 3.67 | 3.79 | % | 18.8 | 17.4 | 42.2 | 49.8 | 28.1 | 28.3 | 10.9 | 4.6 |
| | | | N | 12 | 38 | 27 | 109 | 18 | 62 | 7 | 10 |

| | M | | | Very | | Somewhat | | Neither | | Uncharacteristic | |
|-----------------|------|--------|---|------|--------|----------|--------|---------|--------|------------------|--------|
| | Male | Female | | Male | Female | Male | Female | Male | Female | Male | Female |
| Diseased | 4.00 | 3.87 | % | 34.4 | 26.5 | 39.1 | 46.6 | 20.3 | 19.6 | 6.3 | 7.3 |
| | | | N | 22 | 58 | 25 | 102 | 13 | 43 | 4 | 16 |
| Suffering | 4.23 | 4.21 | % | 40.6 | 42.5 | 42.2 | 40.2 | 17.2 | 14.2 | 0 | 3.2 |
| | | | N | 26 | 93 | 27 | 88 | 11 | 31 | 0 | 7 |
| Infectious | 3.89 | 3.81 | % | 34.4 | 27.4 | 26.6 | 38.8 | 32.8 | 24.2 | 6.3 | 9.6 |
| | | | N | 22 | 60 | 17 | 85 | 21 | 53 | 4 | 21 |
| Physically weak | 3.73 | 3.73 | % | 18.8 | 21.9 | 45.3 | 41.1 | 29.7 | 28.3 | 6.3 | 8.7 |
| | | | N | 12 | 48 | 29 | 90 | 19 | 62 | 4 | 19 |
| Dying | 4.14 | 3.98 | % | 42.2 | 38.8 | 32.8 | 33.8 | 21.9 | 17.8 | 21.9 | 17.8 |
| | | | N | 27 | 85 | 21 | 74 | 14 | 39 | 2 | 21 |
| In despair | 3.80 | 3.78 | % | 21.9 | 17.8 | 43.8 | 51.6 | 28.1 | 24.7 | 6.3 | 24.7 |
| | | | N | 14 | 39 | 28 | 113 | 18 | 54 | 4 | 13 |
| Depressed | 3.95 | 4.06 | % | 34.4 | 33.8 | 45.3 | 46.6 | 7.8 | 13.2 | 12.5 | 6.4 |
| | | | N | 22 | 74 | 29 | 102 | 5 | 29 | 8 | 14 |

| | M | | | Very | | Somewhat | | Neither | | Uncharacteristic | |
|------------------|------|--------|---|------|--------|----------|--------|---------|--------|------------------|--------|
| | Male | Female | | Male | Female | Male | Female | Male | Female | Male | Female |
| Resentful | 3.59 | 3.80 | % | 17.2 | 19.2 | 43.8 | 51.6 | 25.0 | 23.7 | 14.1 | 5.5 |
| | | | N | 11 | 42 | 28 | 113 | 16 | 52 | 9 | 12 |
| Self-pitying | 3.84 | 3.77 | % | 21.9 | 17.4 | 43.8 | 50.7 | 31.3 | 24.2 | 3.1 | 7.8 |
| | | | N | 14 | 38 | 28 | 111 | 20 | 53 | 2 | 17 |
| Depend on others | 3.77 | 3.77 | % | 10.9 | 16.9 | 60.9 | 49.8 | 23.4 | 27.9 | 4.7 | 5.5 |
| | | | N | 7 | 37 | 39 | 109 | 15 | 61 | 3 | 12 |
| Withdrawn | 3.72 | 3.92 | % | 20.3 | 21.0 | 45.3 | 54.3 | 26.6 | 21.9 | 7.8 | 2.7 |
| | | | N | 13 | 46 | 29 | 119 | 17 | 48 | 5 | 6 |
| Unhappy | 3.50 | 3.73 | % | 14.1 | 16.0 | 40.6 | 51.1 | 31.3 | 24.7 | 14.1 | 8.2 |
| | | | N | 9 | 35 | 26 | 112 | 20 | 54 | 9 | 18 |
| Victimised | 3.88 | 3.93 | % | 20.3 | 25.1 | 46.9 | 50.7 | 32.8 | 18.3 | 0 | 5.9 |
| | | | N | 13 | 55 | 30 | 111 | 21 | 40 | 0 | 13 |
| Feel guilty | 3.98 | 3.84 | % | 31.3 | 23.3 | 37.5 | 47.5 | 29.7 | 21.5 | 1.6 | 7.8 |
| | | | N | 20 | 51 | 24 | 104 | 19 | 47 | 1 | 17 |

| | M | | | Very | | Somewhat | | Neither | | Uncharacteristic | |
|-----------------|------|--------|---|------|--------|----------|--------|---------|--------|------------------|--------|
| | Male | Female | | Male | Female | Male | Female | Male | Female | Male | Female |
| Victims | 3.66 | 3.77 | % | 15.6 | 20.5 | 40.6 | 49.3 | 37.5 | 21.5 | 6.3 | 8.7 |
| | | | N | 10 | 45 | 26 | 108 | 24 | 47 | 4 | 19 |
| Lonely | 4.00 | 3.88 | % | 29.7 | 25.1 | 45.3 | 46.6 | 21.9 | 21.5 | 3.1 | 6.8 |
| | | | N | 19 | 55 | 29 | 102 | 14 | 47 | 2 | 15 |
| Vulnerable | 3.95 | 3.78 | % | 26.6 | 17.8 | 46.9 | 51.6 | 21.9 | 22.8 | 4.7 | 7.8 |
| | | | N | 17 | 39 | 30 | 113 | 14 | 50 | 3 | 17 |
| Rejected | 4.08 | 4.04 | % | 32.8 | 32.0 | 45.3 | 27.5 | 20.3 | 16.0 | 1.6 | 4.6 |
| | | | N | 21 | 70 | 29 | 104 | 13 | 35 | 1 | 10 |
| Isolated | 3.56 | 3.85 | % | 14.1 | 20.5 | 43.8 | 53.9 | 28.1 | 18.3 | 14.1 | 7.3 |
| | | | N | 9 | 45 | 28 | 118 | 18 | 40 | 9 | 16 |
| Confused | 3.73 | 3.74 | % | 18.8 | 17.4 | 42.2 | 46.1 | 32.8 | 31.5 | 6.3 | 5.0 |
| | | | N | 12 | 38 | 27 | 101 | 21 | 69 | 4 | 11 |
| Low self-esteem | 4.02 | 3.86 | % | 25.0 | 23.7 | 56.3 | 48.4 | 14.1 | 20.5 | 4.7 | 7.3 |
| | | | N | 16 | 52 | 36 | 106 | 9 | 45 | 3 | 16 |

Note. Judgements were reduced to a 4 point Likert scale 1 = very characteristic of people with HIV, 2 = somewhat characteristic of people with HIV, 3 = neither characteristic nor uncharacteristic of people with HIV, 4 = uncharacteristic of people with HIV.

^aNeedy Worrier subtype, ^bNeurotic Risk-taker subtype, ^cContagious Sufferer subtype

As shown in Table 5.9 there were some detectable gender differences, although these were more subtle compared to the ethnic differences. However a number of attributes showed gender differences worth emphasising. Specifically the attributes *regretful, suicidal, fragile* (which were part of the Neurotic Risk-taker subtype) and the attributes *feel guilty, victims, victimised, isolated* and *unhappy* differed visibly in percentage rating on at least one of the response ratings on the Likert scale. These attributes differed mostly in such a way that more females rated these attributes as *somewhat characteristic* and more males rated them as *neither* in comparison.



Further, as shown in Table 5.9 the mean attribute rating by females was visibly greater than male ratings on the following attributes: *fragile, resentful, withdrawn, unhappy* and *isolated*. Male mean attribute ratings were noticeably greater on the attributes *worrying* and *have unprotected sex*.

5.6.2 Inferential statistics: Gender differences in stereotype content distribution

In order to determine whether the differences were significant statistically, chi-square analyses were conducted, which are displayed in Table 5.10

Table 5.10

Chi-square values and significance labels for gender differences; Males (N= 64), Females (N=219)

| Attribute | Need | | | | Have | | | | | | |
|-----------|-----------------------|------------------------|----------------------|-----------------------|-------------------|-----------------------|---------------------|---------------------|------------------------------|----------------------------|------------------------|
| | Affected ^a | Emotional ^a | Fearful ^a | Worrying ^a | help ^a | Suicidal ^b | Scared ^b | Sickly ^b | unprotected sex ^b | Live in shame ^b | Regretful ^b |
| χ^2 | 1.680 | .885 | 2.937 | 4.126 | .138 | 6.085 | 2.938 | .516 | 3.688 | 2.173 | 5.460 |
| p | .641 | .829 | .401 | .248 | .987 | .108 | .401 | .915 | .297 | .537 | .141 |

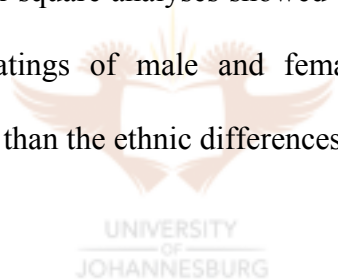
| Attribute | Self- | | | | | | | | | | pitying |
|-----------|----------------------|-----------------------|-----------------------|------------------------|-------------------------|------------------------------|--------------------|-------------------------|-----------|-----------|---------|
| | Fragile ^b | Insecure ^b | Diseased ^c | Suffering ^c | Infectious ^c | Physically weak ^c | Dying ^c | In despair ^c | Depressed | Resentful | |
| χ^2 | 5.417 | 3.995 | 1.803 | 2.441 | 4.924 | .835 | 3.140 | 1.292 | 3.614 | 5.666 | 2.577 |
| p | .144 | 2.62 | .614 | .486 | .177 | .841 | .371 | .731 | .306 | .129 | .311 |

| Attribute | Depend | | | | | | | | | | | |
|-----------|-----------|-----------|---------|------------|-------------|---------|--------|------------|----------|----------|----------|-----------------|
| | on others | Withdrawn | Unhappy | Victimised | Feel guilty | Victims | Lonely | Vulnerable | Rejected | Isolated | Confused | Low self-esteem |
| χ^2 | 2.730 | 4.527 | 3.836 | 9.181 | 6.774 | 6.844 | 1.561 | 2.819 | 1.758 | 6.986 | .391 | 2.238 |
| p | .435 | .210 | .280 | .026 | .079 | .077 | .668 | .420 | .624 | .072 | .942 | .525 |

* $p < .05$. ⁺ $p \leq .10$

Chi-square values displayed in Table 5.10 revealed there was a significant difference in distribution between male and female participants on the attribute *victimised*. Other gender differences of note were not significant at the $p < .05$ level, however those that were significant at the $p \leq .10$ level will also be elaborated here as they revealed non-significant but detectable tendencies. These attributes were: *suicidal*, *feel guilty*, *victims* and *isolated* all differed at the $p \leq .10$ level of significance. Revisiting of these attributes in Table 5.9 reveals that the main noticeable difference in these was that a greater percentage of females than males rated the attributes as *somewhat characteristic*, while more males rated them as *neither characteristic nor uncharacteristic of people with HIV*.

Both the cross tabulations and chi-square analyses showed that there were subtle but relevant differences in the stereotype ratings of male and female participants. However, these differences were less pronounced than the ethnic differences.

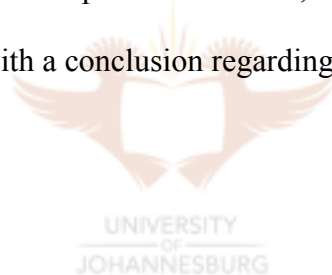


Discussion and Conclusion

6.1 Introduction

In this chapter I will discuss the findings of the present study in terms of the problem statements and research goals elaborated in chapter four.

Firstly I will relate the results to the general expectations and hypotheses introduced in chapter four in order to evaluate how consistent these were with the data gathered in this study. I will then revisit the problem statements and research goals elaborated in chapter four with the aim of establishing to what extent they were met by the present study. Next, I will highlight possible limitations of the present research, and make suggestions for future research. I will end this chapter with a conclusion regarding the present research.



6.2 Discussion

The general expectations and hypotheses were generally supported empirically. I will now discuss the results in two sections, the first relating to the exploration of stereotype content and subtypes, and the second focussing on ethnic differences and additional findings

6.2.1 Exploration of stereotype content, subtypes and subtype strength

A measurable stereotype about people with HIV was found, substantiating the assumption that people with HIV are perceived stereotypically. A simple to strong majority (Ashmore, Del Boca & Wohlers, 1986; Madon, 1997) of participants rated a total of 34 attributes as characteristic of people with HIV. The expectation of finding primarily negative stereotype content, consistent with existing literature (e.g. Aggleton & Parker, 2002; Gilmore &

Somerville, 1994; Walkey, Taylor & Green, 1990), was confirmed by the present study. The stereotypic attributes found related to negative personality or physical characteristics, to negative consequences of past behaviour or to the negative manner in which people with HIV are treated by others.

The finding of a shared stereotype about people with HIV supports the notion that this group is perceived as a relatively distinct social category (Rabbie & Horwitz, 1988), an idea outlined in chapter three. It is also consistent with the social categorisation principle of social identity theory (SIT): people with HIV were socially categorised and the perceived categories were consensual.

The negativity of the stereotype is also consistent with the assumption made by SIT that social categorisation and social comparison will serve positive distinctiveness: by holding a negative stereotype about people with HIV and comparing themselves against this, perceiver can retain positive distinctiveness for themselves (Augoustinos & Walker, 1996; Hinton, 2000). Recall from chapter two the importance of social comparison processes in the maintenance of positive social identity (Tajfel & Forgas, 1981). If perceivers see themselves as different from the stereotype about people with HIV, and more positive in comparison, a positive social identity can be maintained and the potential threat to both social identity and physical wellbeing can be subjectively reduced (Triandis & Trafimow, 2001).

Recall from chapter three that different categories are influential in different social, cultural and historical contexts (Bar-Tal, 1997; Gardner, MacIntyre and Lalonde, 1995; Macrae, Bodenhausen & Milne, 1995) and that the way social information is organised depends on how important it is to the perceiver (Augoustinos & Walker, 1996). In South Africa, where 24% of the adult population are infected with HIV (e.g. Carstens, 2003; Finlay, 2003) and consequently a greater proportion is affected by it, it seems feasible to assume that HIV status and associated attributes are relevant to perceivers. The second exploratory aspect of the

study, relating to the organisation of the stereotype into distinct subtypes provides more detail about and insight into the importance of these social categorisations to perceivers.

The second expectation of the study was that the diverse aspects of people with HIV would be incorporated into and reflected in at least two stereotype subtypes, as operationalised by subjecting the list of stereotypes to exploratory factor analysis.

This expectation was supported by the results as three moderately intercorrelated, yet distinct, subtypes were found. Two subtypes contained attributes relating to emotionality, fear and vulnerability. However, the attributes in the Needy Worrier subtype related more to dependency and anxiety, while attributes in the Neurotic Risk-taker subtype related more to extreme negative emotions, shame and risky sexual behaviour. The Contagious Sufferer subtype consisted mostly of negative attributes relating to being ill, suffering and dying.

The presence of several stereotype subtypes was consistent with expectations outlined in chapter three and four, considering the unique varieties of individuals in general (Macrae & Bodenhausen, 2001) and the diversity of archetypes portrayed in the media (Carstens, 2003; Gevisser, 1995; Lupton, 1999). The finding is consistent with schema theory and Rosch's (1975) early work on prototypes outlined in chapter two, suggesting that less inclusive categories are nested beneath more inclusive categories in social categorisation. From the results of the present study it emerges that people with HIV, too, are perceptually organised into subtypes, much like other social groups including men and women (Deaux, Winton, Crowley & Lewis, 1985) and other groups (e.g. Brewer, Dull & Lui, 1981; Madon, 1997).

The intercorrelation of the three subtypes also supports the idea that social categories are overlapping rather than hierarchical (Lingle et al. cited in Deaux et al., 1985). The three subtypes found were distinguishable, however not disconnected from each other and each contained attributes that linked to the others in meaning. For example, the Needy Worrier

subtype contained the traits *worrying* and *fearful*, the Neurotic Risk-taker subtype contained the traits *scared* and *fragile* and the Contagious Sufferer subtype contained the traits *suffering* and *in despair*. While each of these attributes was placed within a different context, they are not completely unrelated in meaning, all implying a degree of anxiety and discomfort.

Hypothesis 1 was supported in that the subtypes differed significantly in strength, with the Needy Worrier and Contagious Sufferer subtypes both being significantly stronger than the Neurotic Risk-taker subtype. This suggests that people with HIV are perceived more strongly in terms of being dependent and vulnerable and as being physically ill, rather than as living in regret and shame for their past (or current) risky behaviours. The Neurotic Risk-taker subtype was the only one that related to a behaviour (i.e. *having unprotected sex*) of people with HIV, that could pose a direct physical threat to the perceiver. Further, the attributes within the Neurotic Risk-taker subtype implied a degree of controllability of and accountability for past behaviour (e.g. *regretful* and *live in shame*). This may imply a degree of blame on people with HIV for their situation (Powell, Christensen, Abbott & Katz, 1998).

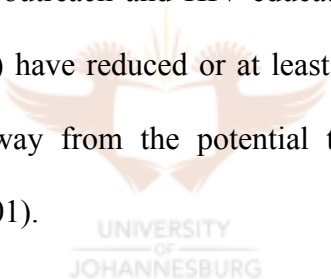
Compared to the Needy Worrier subtype and the Contagious Sufferer subtype (both relating to passivity of people with HIV) the attributes within the more active Neurotic Risk-taker subtype would be more obviously visible and detectable in a person with HIV. In other words an anxious, dependent person in need of help, or a physically ill, weak and dying person would be easier to identify as HIV positive than a neurotic, shameful person having unprotected sex.

This inconspicuousness and the potential threat that a person with HIV viewed in terms of the Neurotic Risk-taker subtype could potentially pose to the perceiver are both possible explanations for the fact that it was also the weakest (i.e. least expressed) subtype out of the three. In terms of the social comparison principle of SIT the comparative dimensions of the Neurotic Risk-taker subtype may serve positive distinctiveness to a lesser extent compared to

those of the Contagious Sufferer and Needy Worrier subtypes. This would be a possible explanation of this being the weakest subtype.

The Neurotic Risk-taker subtype was somewhat consistent with Lupton's (1999) media archetype of the *AIDS carrier*, who poses a threat to community through his or her negligent, uncontrolled or vengeful behaviour. In South African media the *AIDS carrier* has been portrayed and, since the eighties and nineties linked to black heterosexual males (Carstens, 2003). However, research has shown (Carstens, 2003; Gevisser, 1995) that the focus has been mainly on the *AIDS victim* archetype, which is more consistent with the Needy Worrier and the Contagious Sufferer subtypes. This may also have been a contributing factor to the comparable weakness of the Neurotic Risk-taker subtype.

It is also possible that extensive outreach and HIV-education campaigns, such as provided through Lovelife (Lovelife, 2001) have reduced or at least affected the stereotype of people with HIV, moving the focus away from the potential threat they pose and calling for compassion and support (Piot, 2001).



The dominant stereotype subtypes found in this study stress the emotional and physical weakness of people with HIV, as well as their dependence on others. These findings are consistent with previous research into HIV stereotypes (Walkey et al., 1990). These subtypes are also to some extent coherent with an extension of SIT, system justification theory (Jost & Banaji, 1994; Jost, Pelham & Carvallo, 2002). Viewing people with HIV as weak and dependent on others may serve the status quo, ensuring that they remain the weaker and dependent group. In comparison the perceiver group is elevated to a position of superiority (Francis, 2003) and can thus maintain their dominance and power (Hardiman & Jackson, 1998). By doing so the perceived potential threat people with HIV could pose if they became stronger and independent (e.g. when regarded in terms of the neurotic risk-taker subtype) can

be kept to a minimum. Further, it may be easier to feel compassion towards and support a groups that can be pitied (e.g. because they are weak and needy) rather than feared.

Recall the important notion that stereotypes as schemas serve to simplify the unique and complex varieties of individuals (Macrae & Bodenhausen, 2001) to provide a sense of prediction and control of the social world (Fiske, 1993; Fiske & Taylor, 1991). The dominance of the Needy Worrier and Contagious Sufferer subtypes is consistent with this. Perceiving people with HIV in terms of being vulnerable and dependent may function to quite literally reduce or eliminate any threat they pose. A person with HIV perceived as a “gaunt, sad figure lying passively in a hospital bed... awaiting inevitable death” (Lupton, 1999, p. 44) is more predictable in their physical characteristics and actions than a person living in shame and regret and engaging in unprotected sex.

As indicated above, both the Needy Worrier and the Contagious Sufferer subtypes corresponded with the media archetype of the *AIDS victim*, which highlights the negative experience of HIV as well as the physical and emotional suffering with little hope of viable treatment to alleviate suffering (Carstens, 2003; Lupton, 1999). The division found in this study into the emotional and physical aspects of an HIV stereotype adds a level of depth to the media archetype as it suggests that these aspects are focussed on separately when stereotyping people with HIV.

In terms of the social comparison principle of SIT (Tajfel & Turner, 1981; Triandis & Trafimow, 2001) it may be easier to achieve positive distinctiveness and positive social identity when comparing one’s ingroup against people with HIV as needy and emotionally vulnerable and physically ill. Specifically, if perceivers judge themselves in comparison as emotionally robust and physically fit, they may not only increase the feeling of positive social identity but also feel to some extent safe from being or becoming infected with HIV.

Similarly some aspects, of the neurotic risk-taker subtype are still able to serve positive distinctiveness to some extent (e.g. “People with HIV are suicidal and live in shame. Since we don’t so we are not at risk”). The establishment of positive distinctiveness, however may, be more difficult with the behavioural element of the subtype, as many members of the ingroup potentially have unprotected sex with their partners, making it a dimension of comparison difficult to achieve positive distinctiveness from. (Eaton, Flisher & Aarø, 2001).

Although HIV infection is not fixed from the onset like race or gender the HIV stereotype corresponds most closely with an ascribed role schema (Augoustinos & Walker, 1996). Once a person is infected with HIV (which assumedly usually occurs involuntarily) the affected person has no control over it and since as yet no cure exists (van Dyk, 2001a) there is no possibility for mobility, just like race or gender. The three subtypes found were somewhat consistent with a description of HIV stereotypes as ascribed role schemas with ascribed roles being those of the emotionally needy and dependent, the physically weak and ill and the role of the neurotic regretful risk-taker.

These ascribed role and stereotype potentially have a powerful influence over the position of people with HIV in society. Research on self-fulfilling prophecies suggests that the expectation we hold of people with HIV could lead to us acting towards these people in a way that eventually elicits behaviour from them that confirms our original expectations (e.g. Diekmann, Tenbrunsel & Galinsky, 2003; Jussim, Eccles & Madon, 1996; Madon, Guyll, Spoth, Cross & Hilbert, 2003). Thus perceiving people with HIV as weak, vulnerable and dependent, and treating them accordingly may result in educating those very traits, particularly if people with HIV accepted this negative social identity (Augoustinos & Walker, 1996).

This is, again, consistent with system justification theory in that if people with HIV see themselves as weak, and dependent on others, eliciting pity rather than hostility can actually serve to their advantage by ensuring that they receive the help they need. Acceptance of the

negative stereotype by people with HIV can also lead to negative feelings including shame and self-blame, which can result in refusal to test or disclose one's HIV status, or to take necessary medication (Aggleton & Parker, 2002). Research has also indicated that acceptance of a negative stereotype and stigma can lead to horizontal oppression among people with HIV (Francis, 2003). This is expressed by directing hostility, blame and mistreatment towards members of their own group, sometimes as a way to deflect attention from oneself "so that others around me would not focus on me" (Francis, 2003, p. 125).

Through self-fulfilling prophecy greater dependency may also be created. For example, there are reported cases of people with HIV who although physically fit and productive were dismissed from their jobs after revealing their HIV status (Francis, 2003). Consequently they became materially deprived (Francis, 2003) and financially dependent and started displaying traits consistent with the Needy Worrier subtype, such as depression, worry and despair.

Holding a negative stereotype about people with HIV thus also allows the perceiver to justify discriminatory practices, such as unfair job dismissal or discriminatory treatment by health care professionals unwilling to allow people with HIV to take up hospital bed space (Francis, 2003).

6.2.2 Ethnic differences and other findings

Hypothesis 2 was supported in that a significant difference in subtype strength between ethnic groups was found. Specifically, white participants more strongly expressed the Contagious Sufferer and Neurotic Risk-taker subtypes, while black participants expressed a detectable slightly stronger, but not significantly different Needy Worrier subtype.

Separate comparisons of each of the 34 attributes revealed significant differences on seven attributes which, except for two, were part of either the Neurotic Risk-taker subtype or the

Contagious Sufferer subtype, further supporting the subtype differences found previously. Further, three distinct response clusters were found through cluster analysis, which indicated a possibility that more white than black participants were located within a cluster containing stronger stereotypes. Although consistent with findings related to subtype strength and separate attribute comparisons, this finding was not significant.

Additional findings, relating to gender effects found no significant differences in male and female subtype strength. Of the 34 attributes one differed significantly in male and female distribution of ratings. A further four attributes showed non-significant but detectable differences. Specifically, there was a slight tendency for females to view people with HIV as fragile, withdrawn and unhappy, and for males to perceive them as worrying and having unprotected sex. Overall, however, gender differences were less pronounced than ethnic differences, expressing more of a tendency to differ, rather than a robust trend. Consequently the discussion focuses mostly on the ethnic differences found.

Recall from chapter two that stereotypes about people with HIV as schemas are learned through experience and socialisation (Fiske, 1993; Fiske & Taylor, 1991) and direct contact (e.g. Deetlefs, Greeff & Koen, 2003). People from different ethnic backgrounds may have been exposed to different experiences and media information regarding people with HIV. Media content regarding HIV messages has been expected to play an important role in shaping stereotype content (Carstens, 2003). While 92 % of South Africans have access to radio and 76 % to television (Carstens, 2003), the content of watched programs may differ between ethnic groups, particularly with the cultural variety of programs on offer in South Africa (e.g. Lovelife, 2001). Similarly, in terms of exposure to media the experiences to which men and women within an ethnic group were exposed would be expected to be somewhat more similar than between ethnic groups. This is one possible explanation for the greater ethnic differences in stereotypes and subtypes compared to gender differences.

South African research has, for example, found differences in HIV-related knowledge between rural and urban people (Eaton, Flisher & Aarø, 2003). Further, the fact that statistically more black than white South Africans are infected with HIV (Finlay, 2003) may make it probable that more black than white participants had direct encounters with people with HIV. This would affect the stereotype they hold, according to Fiske and Neuberg's (1990) continuum model, as a strong motivation for accuracy, (such as when confronted with a friend that has HIV) will decrease the likelihood that schema-processing will be engaged in.

However, as the present study did not investigate geographical origins, or previous exposure to people with HIV, this remains a speculation at this point. Future research into stereotypes about people with HIV, discussed in a later section of this chapter, could pick up on this and incorporate these factors.

South African research has found that the most negative evaluations of black South Africans was provided by white South Africans (Wagendorp, 2004). The fact that statistically more black South Africans are infected with HIV may relate to the more strongly expressed stereotype by white participants: for example, it is possible that white participants thought of people with HIV firstly as being black. In this case the negative evaluation of black South Africans by white South Africans may have superseded the stereotype about people with HIV. Alternatively, white participants may have described a negative stereotype of black people with HIV, specifically.

Similarly, the statistically increased likelihood that people with HIV are black (Finlay, 2003) may pose a dilemma for black perceivers as here ethnicity cannot be used as a comparative dimension for positive distinctiveness. Their weaker expression of the negative stereotype may be an example of subtle social creativity (Augoustinos & Walker, 1996). Recollect that a negative social identity or threat to positive social identity can be responded to by redefining the comparative dimension along which the ingroup was negatively evaluated (Augoustinos &

Walker, 1996; Jost, Pelham & Carvallo, 1995). By perceiving people with HIV (who mostly share ethnicity with black perceivers) in less negative terms, or by weaker expression of the negative stereotype, this may facilitate the maintenance of positive social identity for black participants.

The nature of ingroup and outgroup relations are influenced by the degree of individualism and collectivism within a culture (Wagendorp, 2004). While individualistic cultures are characterised by many and less stable ingroups, collectivistic cultures are characterised by fewer and more stable ingroups (Yuki, 2003). Further, according to Triandis (1995) individualistic ingroups exert less influence on individuals than ingroups of collectivistic cultures. It is thus a possible explanation that black participants from a more collectivistic African background (Viljoen, 2003), perceived people with HIV more as part of their ingroup, and were thus more accepting of them compared to white participants. Similarly, white participants, who did not share perceived ethnicity and culture with most people with HIV (Francis, 2003; Viljoen, 2003) had no such motivation and hence held more negative stereotypes. However, this speculation is somewhat inconsistent with research on African perspectives on HIV, which indicated that people with HIV are often perceived as being connected to witchcraft or evil spirits (van Dyk, 2001b).

The non-significant but detectable gender differences eluded to earlier may suggest that women perceive people with HIV more in terms of being fragile, withdrawn and unhappy, while men perceive them as worrying and having unprotected sex. In terms of media representations this may suggest that there are subtle differences in which media messages are attended to or accepted between the genders. Men may more strongly attend to and accept the *AIDS carrier* archetype, while women may correspond to the *AIDS victim* archetype (Lupton, 1999).

However, as the gender differences found in the present study were subtle and mostly not significant further research into gender differences in attention to media portrayal of people with HIV and stereotype content is necessary to substantiate these suggestions.

6.2.3 Research goals and problem statements

Given the discussed findings, the research goals and problem statements elaborated in chapter four can now be revisited to evaluate the extent to which they have been met by the present study.

Firstly, the present study provides one of the first stereotype content explorations about people with HIV in social psychology in general, and the first of its kind in South Africa. By combining a free response approach with a stereotype checklist technique this study has shown that firstly people with HIV are perceived in stereotypical terms, and secondly, that this stereotype is generally negative.

Secondly, the present study demonstrated that the stereotype regarding people with HIV was divided into three subtypes. Stereotypes about people with HIV were divided into a Needy Worrier subtype, a Contagious Sufferer Subtype and a Neurotic Risk-taker subtype.

What emerged from these findings and the preceding discussion was that people with HIV are perceived as a social category (Rabbie & Horwitz, 1988), despite the fact that they are, unlike many other social groups commonly studied in social psychology (Brewer, Dull & Lui, 1981; Madon, 1997), not a distinct recognisable entity but are rather interspersed among all other social groups (Finlay, 2003).

In the South African context, where a quarter of the population is infected with HIV (Carstens, 2003) and most of the country is in some way affected by it, in terms of economical

and health budget impacts as well as social awareness (Eaton, Flisher & Aarø, 2003), the present study provides an important contribution to social psychological stereotype research.

The link between stereotypes, prejudice and discrimination, although not completely automatic (Lepore & Brown, 1997), is nevertheless visible, such as in the stigmatisation of and discrimination against people with HIV (Aggleton & Parker, 2002; Carstens, 2003; Francis, 2003) and related impacts. For example, Brown, Trujillo and Macintyre (2001) identified HIV-related prejudice and discrimination as major stumbling blocks in addressing all aspects of HIV prevention, diagnosis, treatment and care.

Knowing the content of stereotypes about people with HIV can serve as a platform for increasing awareness, and developing interventions aimed at reducing negative stereotypes, stigma, prejudice and discrimination. According to Carstens (2003) this stigma-control, a positive adaptation to negative stereotypes and stigma can thus be achieved.

Further, increasing awareness about the effects of stereotyping in terms of self-fulfilling prophecies and the role that society as a whole plays in maintaining system inequalities may serve to reduce some of the stigmatisation (Gilmore & Somerville, 1994; Katz, 1981) and scapegoating (Gilmore & Somerville, 1994), by highlighting the responsibility of society as a whole in the positioning of people with HIV. By reducing blaming, discrimination and shaming this could lead to a reduction of denial of the presence of HIV in a given community (MacPhail & Campbell, 2000).

The ethnic differences in stereotype subtype strength and in the expression of individual attributes found in the present study further add valuable information to stereotype content research regarding people with HIV. Realising the ethnic differences in stereotype content and strength is vital for the eventual development of possible interventions, which are currently still underdeveloped in developing countries (Carstens, 2003).

It has been suggested that strongly held stereotypes may bias person perception to greater extent than weaker stereotypes (Madon, 1997) and may increase the power of self-fulfilling prophecies (Jussim, Eccles & Madon, 1996). It is thus important to recognise the relevance of the present study's finding of ethnic differences in the content of stereotypes about people with HIV.

Overall, the research goals were met satisfactorily and the present study presents a relevant contribution to the social psychological study of stereotypes about people with HIV.

6.2.4 Limitations of the study

Despite the valuable results and contribution of the present study there do exist some limitations that could have impacted on its validity.

One of the primary limitations is the unequal ethnic and gender representation of the research sample, which was biased towards white females. This limits the generalisability of the findings to the general population as a whole. The total stereotype content, which was determined by frequency analysis, is likely to have been dominated by responses of white females, given their numerical majority (Gravetter & Wallnau, 2000). To accommodate this discrepancy, the exact stereotype content about people with HIV should be treated with caution. A further extension incorporating a more ethnically representative sample would be necessary to fill this gap. Nevertheless, the limitation was to some extent addressed by the comparison between ethnic groups, which reflected that some differences between ethnic groups do exist.

The second major limitation this study shares with many others (e.g. Macrae, Milne & Bodenhausen, 1994; Madon, 1997) was the use of university students as a research sample.

Although previous research found few differences between stereotypes generated by university students and those generated by a sample taken from a broader population (Stangor & Lange, 1994), this cannot be automatically assumed in every context. Particularly in the cultural and economical diversity of the South African context (Wagendorp, 2004), attempts to generalise the results of the present study to the population as a whole should be made with caution.

As highlighted by Wagendorp (2004) in the South African context, it is likely that members of different cultural groups are not homogenous, particularly in terms of cultural value-orientation and degree of acculturation. Given the diversity of cultures on the campus of the University of Johannesburg, where the present study was conducted, the students are likely to have experienced a number of acculturative influences and consequently they may hold cultural values that diverge from their culture of origin. These acculturative influences may in turn impact on the nature of their perception of people with HIV (Wagendorp, 2004). This may have posed a potential limitation of the present study, as the ethnic differences discovered may not be representative of ethnic differences of the general population. It may be more appropriate to interpret the findings within the context of South African urban university students.

A point of limitation particularly relevant for the present study is that the ethnic categories white, black, coloured and Indian are only crude measures of ethnicity or culture. Although sufficient for the intended purpose of this study (that is to explore whether any ethnic differences exist), it provides at most an introduction to research establishing ethnic differences in the stereotyping of people with HIV.

Finally, the combination of free response and checklist approaches as used in the present study minimises the risk of excluding relevant attributes perceiver may rate as stereotypic whilst still incorporating those that are spontaneously evoked. However, the long checklist

still does not exclude the possibility of boredom in participants. Participants could have lost interest while filling in the questionnaire despite efforts to keep it as concise as possible. This is one of the general limitations of stereotype content research, as reducing the checklist to avoid boredom could exclude potentially important stereotype traits.

6.2.5 Recommendations for future research

There are several important areas concerning stereotypes about people with HIV that future research may want to explore. In this section I will make recommendations towards what these areas might be.

The present research discovered important ethnic differences in stereotype content and strength. Future research could conduct a comparison of stereotype content and subtype differences between ethnic groups on a larger scale, for example by using a large enough sample to conduct separate explorations into stereotype subtypes for each ethnic group. This could thus determine whether different ethnic groups perceive people with HIV in terms of entirely different subtypes in addition to differences in subtype strength.

The present study was conducted in a developed urban South African context with one of the lowest HIV prevalence rates in the country (Finlay, 2003). Further research could expand this area of research, possibly in form of a comparative study between different areas, looking at differences in stereotypes between rural and urban dwellers, HIV prevalence rates and the role of HIV-related knowledge or of exposure to people with HIV (Eaton et al., 2003; Finlay, 2003) on stereotype content, subtypes and strength. This could overcome some of the limitations discussed previously and provide a richer understanding of ethnic differences in the stereotyping about people with HIV.

The presence of a stereotype about people with HIV, the negative nature of it, together with pre-existing literature on stigma and discrimination (e.g. Francis, 2003; Lupton, 1999; Parker & Aggleton, 2003) indicate the potential power of the stereotype. A problem related to these negative consequences of the stigma is the associated secrecy surrounding HIV (Carstens, 2003). The power that language can have over social conditions has been pointed out by Mullen and his studies into ethnophaulisms (Mullen, 2001, 2004; Mullen & Johnson, 1993; Mullen & Rice, 2003; Mullen, Rozell & Johnson, 2001). Research by Francis (2003) indicates that derogatory labels of HIV and people with HIV exist. A study into the derogatory labels of HIV and people with HIV could possibly link the negative stereotype language directly to how outspoken a community is about HIV and other possible consequences. The study of these *pathophaulisms* and the social consequences for people with HIV would provide more depth into the power of stereotyping language and social consequences.

6.3 Conclusion



The present study represents an initial exploration of the stereotypes about people with HIV in South Africa, associated subtypes and ethnic differences with regards to both.

A measurable, negative stereotype about people with HIV was found, which was further divided into three subtypes relating to emotional, physical and behavioural aspects of HIV and represented in the Needy Worrier, Contagious Sufferer and Neurotic Risk-taker subtypes.

The Needy Worrier and Contagious Sufferer subtypes of people with HIV were more strongly expressed compared to the Neurotic Risk-taker subtype.

A potentially important insight gained from a combined schema and SIT perspective was the idea of the discovered stereotypes about people with HIV serving the status quo, together with the potential power of self-fulfilling prophecies, providing a possible mechanism of retaining

and aggravating the largely negative perception of people with HIV (Gilmore & Somerville, 1994; Walkey, Taylor & Green, 1990).

The present findings call for a need for more in depth stereotype content research incorporating amongst other aspects possible rural-urban differences, previous exposure to people with HIV and HIV-related knowledge.

Overall the present research provides a relevant and important contribution to stereotype content research, particularly in the South African context. By providing a starting point towards identifying, recognising and eventually challenging the powerful negative stereotype about people with HIV, the present study hopefully provides a small step towards replacing “shame with solidarity and fear with hope” (Piot, 2001), needed to make progress against the HIV epidemic.



Appendix A: Free response questionnaire used in the preliminary study

Please list five descriptive words or attributes that you think best characterises the members of the groups listed below.

Taxi drivers

1. _____
2. _____
3. _____
4. _____
5. _____

Asian people

1. _____
2. _____
3. _____
4. _____
5. _____

People with HIV/ AIDS

1. _____
2. _____
3. _____
4. _____
5. _____

Drug addicts

1. _____
2. _____
3. _____
4. _____
5. _____



Jewish people

1. _____
2. _____
3. _____
4. _____
5. _____

Disabled people

1. _____
2. _____
3. _____
4. _____
5. _____

Appendix B: The stereotype checklist used in this study

Instructions

The following questionnaire lists a number of descriptive words and attributes. Please indicate, by circling one of the numbers from 5 to 1 how characteristic you consider the words to be of people with HIV (5= very characteristic of people with HIV, 1= very uncharacteristic of people with HIV) similarly to the example provided below:

We are only interested in your opinion, and not what may be correct or incorrect, or generally believed. Only your opinion is important!

Please be as honest as you can, and remember that your anonymity is guaranteed. Work as quickly as you can, and do not think too long on your answers. Please answer one page at a time, and please do not discuss your answers while you are completing the questionnaire.

| | 1 = Very characteristic of people with HIV 2 = Somewhat characteristic of people with HIV 3 = Neither characteristic nor uncharacteristic 4 = Somewhat uncharacteristic of people with HIV 5 = Very uncharacteristic of people with HIV | | | | |
|--------------------|---|---|--------------|---|-----------------------------------|
| 1. absent minded | 1 Very characteristic | 2 | 3 Neither | 4 | 5 Very uncharacteristic |
| 2. guilty | 1 Very characteristic | 2 | 3 Neither | 4 | 5 Very uncharacteristic |
| 3. bossy | 1 Very characteristic | 2 | 3 Neither | 4 | 5 Very uncharacteristic |
| 4. polished | 1 Very characteristic | 2 | 3 Neither | 4 | 5 Very uncharacteristic |
| 5. daring | 1 Very characteristic | 2 | 3 Neither | 4 | 5 Very uncharacteristic |
| 6. aggressive | 1 Very characteristic | 2 | 3 Neither | 4 | 5 Very uncharacteristic |
| 7. depressed | 1 Very characteristic | 2 | 3 Neither | 4 | 5 Very uncharacteristic |
| 8. clear-thinking | 1 Very characteristic | 2 | 3 Neither | 4 | 5 Very uncharacteristic |
| 9. poor | 1 Very characteristic | 2 | 3 Neither | 4 | 5 Very uncharacteristic |
| 10. resentful | 1 Very characteristic | 2 | 3 Neither | 4 | 5 Very uncharacteristic |
| 11. hard-hearted | 1 Very characteristic | 2 | 3 Neither | 4 | 5 Very uncharacteristic |
| 12. good-natured | 1 Very characteristic | 2 | 3 Neither | 4 | 5 Very uncharacteristic |
| 13. moderate | 1 Very characteristic | 2 | 3 Neither | 4 | 5 Very uncharacteristic |
| 14. gay men | 1 Very characteristic | 2 | 3 Neither | 4 | 5 Very uncharacteristic |
| 15. unemotional | 1 Very characteristic | 2 | 3 Neither | 4 | 5 Very uncharacteristic |
| 16. out of control | 1 Very characteristic | 2 | 3 Neither | 4 | 5 Very uncharacteristic |
| 17. mostly Indian | 1 Very characteristic | 2 | 3 Neither | 4 | 5 Very uncharacteristic |
| 18. strong-willed | 1 Very characteristic | 2 | 3 Neither | 4 | 5 Very uncharacteristic |
| 19. lesbian women | 1 Very characteristic | 2 | 3 Neither | 4 | 5 Very uncharacteristic |
| 20. courageous | 1 | 2 | 3 | 4 | 5 |

| | | | | | |
|---------------------------------|----------------------------|---|---------|---|------------------------------|
| | Very characteristic | | Neither | | Very uncharacteristic |
| 21. curious | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 22. forgetful | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 23. mischievous | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 24. contented | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 25. wary | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 26. tactless | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 27. selfish | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 28. informal | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 29. dependent | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 30. whiny | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 31. seductive | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 32. cold | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 33. cautious | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 34. distressed | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 35. have sex with truck drivers | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 36. rebellious | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 37. masculine | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 38. normal | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 39. quarrelsome | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 40. have body odour | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 41. diseased | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 42. artistic | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 43. desperate | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 44. active | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 45. brave | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 46. innocent | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 47. impulsive | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 48. easy-going | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 49. self-controlled | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 50. suffering | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 51. rattlebrained | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |

| | | | | | |
|------------------------------------|----------------------------|---|---------|------------------------------|---|
| 52. complicated | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | Very uncharacteristic | |
| 53. witty | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | Very uncharacteristic | |
| 54. self-pitying | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | Very uncharacteristic | |
| 55. marginalised | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | Very uncharacteristic | |
| 56. praising | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | Very uncharacteristic | |
| 57. lazy | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | Very uncharacteristic | |
| 58. opportunistic | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | Very uncharacteristic | |
| 59. cool | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | Very uncharacteristic | |
| 60. obliging | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | Very uncharacteristic | |
| 61. naïve | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | Very uncharacteristic | |
| 62. irritable | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | Very uncharacteristic | |
| 63. forceful | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | Very uncharacteristic | |
| 64. hopeless | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | Very uncharacteristic | |
| 65. painstaking | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | Very uncharacteristic | |
| 66. alert | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | Very uncharacteristic | |
| 67. promiscuous | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | Very uncharacteristic | |
| 68. cough a lot | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | Very uncharacteristic | |
| 69. idealistic | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | Very uncharacteristic | |
| 70. less intelligent | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | Very uncharacteristic | |
| 71. evasive | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | Very uncharacteristic | |
| 72. have pale complexion | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | Very uncharacteristic | |
| 73. unconventional | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | Very uncharacteristic | |
| 74. restless | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | Very uncharacteristic | |
| 75. unscrupulous | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | Very uncharacteristic | |
| 76. have abnormal sexual practices | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | Very uncharacteristic | |
| 77. depend on others | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | Very uncharacteristic | |
| 78. helpful | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | Very uncharacteristic | |
| 79. thoughtful | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | Very uncharacteristic | |
| 80. discreet | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | Very uncharacteristic | |
| 81. hurried | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | Very uncharacteristic | |
| 82. have negative attitude | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | Very uncharacteristic | |
| 83. deliberate | 1 | 2 | 3 | 4 | 5 |

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| | Very characteristic | | Neither | | Very uncharacteristic |
| 84. progressive | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 85. spunky | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 86. shallow | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 87. drug addicts | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 88. withdrawn | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 89. religious | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 90. cheerful | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 91. sulky | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 92. snobbish | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 93. mostly Coloured | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 94. overestimate themselves | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 95. rude | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 96. unhappy | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 97. self-denying | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 98. retiring | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 99. apathetic | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 100. unlucky | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 101. affectionate | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 102. raise awareness | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 103. compassionate | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 104. calm | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 105. handsome | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 106. physically weak | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 107. stupid | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 108. motivated | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 109. unattractive | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 110. generous | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 111. infantile | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 112. shiftless | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 113. nervous | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |
| 114. victimised | 1 | 2 | 3 | 4 | 5 |
| | Very characteristic | | Neither | | Very uncharacteristic |

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| 115. | hopeful | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 116. | poised | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 117. | imaginative | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 118. | play the victim | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 119. | severe | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 120. | pessimistic | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 121. | in despair | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 122. | peaceable | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 123. | hollow eyes | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 124. | sentimental | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 125. | survivors | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 126. | trusting | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 127. | have skin rash | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 128. | moody | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 129. | realistic | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 130. | forgiving | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 131. | enterprising | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 132. | have sex with prostitutes | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 133. | timid | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 134. | efficient | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 135. | emotional | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 136. | loud | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 137. | precise | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 138. | shrewd | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 139. | open | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 140. | flirtatious | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 141. | gentle | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 142. | sensitive | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 143. | tolerant | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 144. | considerate | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 145. | uninhibited | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 146. | feel guilty | 1 | 2 | 3 | 4 | 5 |

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| | | Very characteristic | Neither | Very uncharacteristic |
| 147. | obnoxious | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 148. | determined | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 149. | dependable | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 150. | victims | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 151. | prudish | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 152. | infectious | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 153. | lonely | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 154. | appreciative | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 155. | talkative | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 156. | show-off | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 157. | supportive | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 158. | civilized | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 159. | reckless | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 160. | self-seeking | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 161. | kind | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 162. | deceitful | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 163. | reflective | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 164. | do not have enough faith | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 165. | awkward | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 166. | superstitious | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 167. | intelligent | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 168. | mostly men | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 169. | initiative | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 170. | unambitious | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 171. | vulnerable | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 172. | self-centered | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 173. | unselfish | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 174. | fearful | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 175. | preoccupied | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 176. | rejected | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 177. | excitable | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |

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| 178. | responsible | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | | Very uncharacteristic |
| 179. | quiet | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | | Very uncharacteristic |
| 180. | mild | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | | Very uncharacteristic |
| 181. | cooperative | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | | Very uncharacteristic |
| 182. | ambitious | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | | Very uncharacteristic |
| 183. | want revenge | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | | Very uncharacteristic |
| 184. | reasonable | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | | Very uncharacteristic |
| 185. | affected | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | | Very uncharacteristic |
| 186. | unintelligent | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | | Very uncharacteristic |
| 187. | stubborn | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | | Very uncharacteristic |
| 188. | inspiring | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | | Very uncharacteristic |
| 189. | independent | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | | Very uncharacteristic |
| 190. | feminine | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | | Very uncharacteristic |
| 191. | need help | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | | Very uncharacteristic |
| 192. | exploit their HIV status to get things | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | | Very uncharacteristic |
| 193. | modest | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | | Very uncharacteristic |
| 194. | sly | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | | Very uncharacteristic |
| 195. | versatile | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | | Very uncharacteristic |
| 196. | isolated | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | | Very uncharacteristic |
| 197. | mature | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | | Very uncharacteristic |
| 198. | morally loose | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | | Very uncharacteristic |
| 199. | thin | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | | Very uncharacteristic |
| 200. | worrying | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | | Very uncharacteristic |
| 201. | deserve sympathy | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | | Very uncharacteristic |
| 202. | sexy | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | | Very uncharacteristic |
| 203. | spontaneous | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | | Very uncharacteristic |
| 204. | opinionated | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | | Very uncharacteristic |
| 205. | greedy | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | | Very uncharacteristic |
| 206. | confused | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | | Very uncharacteristic |
| 207. | boastful | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | | Very uncharacteristic |
| 208. | effeminate | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | | Very uncharacteristic |
| 209. | demanding | 1 | 2 | 3 | 4 | 5 |

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| | | Very characteristic | Neither | Very uncharacteristic |
| 210. | serious | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 211. | reliable | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 212. | they are being punished by God | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 213. | careful | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 214. | conventional | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 215. | conscientious | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 216. | fussy | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 217. | violent | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 218. | fickle | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 219. | low self-esteem | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 220. | autocratic | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 221. | suggestible | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 222. | unaffected | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 223. | persistent | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 224. | leisurely | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 225. | ignorant | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 226. | natural | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 227. | quick | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 228. | resourceful | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 229. | don't participate in life | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 230. | slow | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 231. | rational | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 232. | dying | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 233. | frank | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 234. | have brittle hair | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 235. | stingy | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 236. | sinners | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 237. | friendly | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 238. | patient | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 239. | reserved | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 240. | argumentative | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |

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| 241. | dominant | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 242. | cruel | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 243. | hard-headed | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 244. | adaptable | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 245. | gloomy | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 246. | touchy | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 247. | want to infect other people | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 248. | spineless | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 249. | honest | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 250. | submissive | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 251. | lack self-control | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 252. | industrious | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 253. | self-confident | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 254. | steady | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 255. | sentenced to death | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 256. | nagging | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 257. | unexcitable | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 258. | sharp-witted | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 259. | fault-finding | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 260. | rigid | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 261. | ingenious | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 262. | energetic | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 263. | suspicious | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 264. | noisy | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 265. | fragile | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 266. | outgoing | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 267. | self-punishing | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 268. | dignified | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 269. | no different than anyone else | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 270. | warm | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 271. | understanding | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 272. | weak | 1 | 2 | 3 | 4 | 5 |

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| | | Very characteristic | Neither | Very uncharacteristic |
| 273. | cynical | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 274. | robust | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 275. | fair-minded | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 276. | planful | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 277. | smug | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 278. | distractible | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 279. | persevering | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 280. | stigmatised | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 281. | changeable | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 282. | soft-hearted | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 283. | humorous | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 284. | poor | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 285. | mostly female | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 286. | confident | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 287. | prejudiced | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 288. | sarcastic | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 289. | tense | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 290. | immature | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 291. | anxious | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 292. | methodological | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 293. | assertive | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 294. | capable | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 295. | insightful | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 296. | sociable | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 297. | jolly | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 298. | simple | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 299. | hostile | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 300. | loyal | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 301. | relaxed | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 302. | hasty | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |
| 303. | irresponsible | 1 2 | 3 4 | 5 |
| | | Very characteristic | Neither | Very uncharacteristic |

| | | | | | | |
|------|------------------------|---------------------|---|---------|-----------------------|---|
| 304. | sleep around | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 305. | have positive attitude | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 306. | aloof | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 307. | logical | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 308. | uneducated | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 309. | foolish | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 310. | adventurous | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 311. | indifferent | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 312. | wholesome | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 313. | insecure | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 314. | tough | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 315. | egotistical | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 316. | inhibited | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 317. | enthusiastic | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 318. | thankless | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 319. | interesting | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 320. | tactful | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 321. | silent | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 322. | coarse | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 323. | intolerant | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 324. | have sores on body | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 325. | friendly | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 326. | commonplace | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 327. | organized | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 328. | conservative | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 329. | live in shame | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 330. | unkind | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 331. | bitter | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 332. | optimistic | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 333. | immoral | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 334. | stable | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 335. | unstable | 1 | 2 | 3 | 4 | 5 |

| | | | | |
|------|----------------------|----------------------------|---------|------------------------------|
| | | Very characteristic | Neither | Very uncharacteristic |
| 336. | defensive | 1 2 3 4 5 | | |
| | | Very characteristic | Neither | Very uncharacteristic |
| 337. | cowardly | 1 2 3 4 5 | | |
| | | Very characteristic | Neither | Very uncharacteristic |
| 338. | mostly white | 1 2 3 4 5 | | |
| | | Very characteristic | Neither | Very uncharacteristic |
| 339. | stern | 1 2 3 4 5 | | |
| | | Very characteristic | Neither | Very uncharacteristic |
| 340. | conceited | 1 2 3 4 5 | | |
| | | Very characteristic | Neither | Very uncharacteristic |
| 341. | thorough | 1 2 3 4 5 | | |
| | | Very characteristic | Neither | Very uncharacteristic |
| 342. | sophisticated | 1 2 3 4 5 | | |
| | | Very characteristic | Neither | Very uncharacteristic |
| 343. | interests narrow | 1 2 3 4 5 | | |
| | | Very characteristic | Neither | Very uncharacteristic |
| 344. | pleasant | 1 2 3 4 5 | | |
| | | Very characteristic | Neither | Very uncharacteristic |
| 345. | peculiar | 1 2 3 4 5 | | |
| | | Very characteristic | Neither | Very uncharacteristic |
| 346. | unfriendly | 1 2 3 4 5 | | |
| | | Very characteristic | Neither | Very uncharacteristic |
| 347. | clever | 1 2 3 4 5 | | |
| | | Very characteristic | Neither | Very uncharacteristic |
| 348. | pleasure-seeking | 1 2 3 4 5 | | |
| | | Very characteristic | Neither | Very uncharacteristic |
| 349. | scared | 1 2 3 4 5 | | |
| | | Very characteristic | Neither | Very uncharacteristic |
| 350. | dreamy | 1 2 3 4 5 | | |
| | | Very characteristic | Neither | Very uncharacteristic |
| 351. | disorderly | 1 2 3 4 5 | | |
| | | Very characteristic | Neither | Very uncharacteristic |
| 352. | dangerous | 1 2 3 4 5 | | |
| | | Very characteristic | Neither | Very uncharacteristic |
| 353. | undependable | 1 2 3 4 5 | | |
| | | Very characteristic | Neither | Very uncharacteristic |
| 354. | inventive | 1 2 3 4 5 | | |
| | | Very characteristic | Neither | Very uncharacteristic |
| 355. | despondent | 1 2 3 4 5 | | |
| | | Very characteristic | Neither | Very uncharacteristic |
| 356. | complaining | 1 2 3 4 5 | | |
| | | Very characteristic | Neither | Very uncharacteristic |
| 357. | have unprotected sex | 1 2 3 4 5 | | |
| | | Very characteristic | Neither | Very uncharacteristic |
| 358. | good-looking | 1 2 3 4 5 | | |
| | | Very characteristic | Neither | Very uncharacteristic |
| 359. | vicious | 1 2 3 4 5 | | |
| | | Very characteristic | Neither | Very uncharacteristic |
| 360. | healthy | 1 2 3 4 5 | | |
| | | Very characteristic | Neither | Very uncharacteristic |
| 361. | sympathetic | 1 2 3 4 5 | | |
| | | Very characteristic | Neither | Very uncharacteristic |
| 362. | charming | 1 2 3 4 5 | | |
| | | Very characteristic | Neither | Very uncharacteristic |
| 363. | headstrong | 1 2 3 4 5 | | |
| | | Very characteristic | Neither | Very uncharacteristic |
| 364. | individualistic | 1 2 3 4 5 | | |
| | | Very characteristic | Neither | Very uncharacteristic |
| 365. | clueless | 1 2 3 4 5 | | |
| | | Very characteristic | Neither | Very uncharacteristic |
| 366. | arrogant | 1 2 3 4 5 | | |
| | | Very characteristic | Neither | Very uncharacteristic |

| | | | | | | |
|------|------------------------|----------------------------|---|---------|------------------------------|---|
| 367. | original | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 368. | foresighted | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 369. | practical | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 370. | suicidal | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 371. | pitiful | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 372. | mostly black | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 373. | ignore health warnings | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 374. | distrustful | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 375. | sickly | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 376. | mannerly | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 377. | dull | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 378. | unassuming | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 379. | regretful | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 380. | interests wide | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 381. | queer | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 382. | unrealistic | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 383. | sincere | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 384. | outspoken | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 385. | dissatisfied | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 386. | attractive | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 387. | impatient | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 388. | strong | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 389. | high-strung | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 390. | frivolous | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 391. | shy | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 392. | formal | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 393. | wise | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 394. | helpless | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 395. | careless | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |
| 396. | vindictive | 1 | 2 | 3 | 4 | 5 |
| | | Very characteristic | | Neither | Very uncharacteristic | |

Appendix C: Cluster analysis tables, ANOVA and chi-square tables

Final Cluster Centers

| | Cluster | | |
|---------------------------|---------|---|---|
| | 1 | 2 | 3 |
| depressed | 2 | 2 | 3 |
| resentful | 2 | 2 | 3 |
| diseased | 2 | 2 | 3 |
| suffering | 1 | 2 | 3 |
| selfpitying | 2 | 2 | 3 |
| dependonothers | 2 | 2 | 3 |
| withdrawn | 2 | 2 | 3 |
| Unhappy | 2 | 3 | 3 |
| In despair | 2 | 2 | 3 |
| physicallyweak | 2 | 2 | 3 |
| Victimised | 2 | 2 | 3 |
| emotional | 2 | 2 | 3 |
| feelguilty | 2 | 2 | 3 |
| victims | 2 | 2 | 3 |
| infectious | 2 | 2 | 3 |
| lonely | 2 | 2 | 3 |
| vulnerable | 2 | 2 | 3 |
| fearful | 2 | 2 | 3 |
| rejected | 2 | 2 | 3 |
| affected | 2 | 2 | 3 |
| Needhelp | 1 | 2 | 3 |
| Isolated | 2 | 3 | 3 |
| worrying | 2 | 2 | 3 |
| confused | 2 | 3 | 3 |
| lowselfesteem | 2 | 2 | 3 |
| Dying | 2 | 2 | 3 |
| fragile | 2 | 2 | 3 |
| Insecure | 2 | 2 | 3 |
| liveinshame | 2 | 3 | 3 |
| Scared | 2 | 2 | 3 |
| haveunprotectedsex | 2 | 2 | 3 |
| suicidal | 2 | 3 | 3 |
| Sickly | 2 | 2 | 3 |
| regretful | 2 | 2 | 3 |



ANOVA

| | Cluster | | Error | | F | Sig. |
|---------------------------|-------------|----|-------------|-----|--------|------|
| | Mean Square | df | Mean Square | df | | |
| depressed | 16.951 | 2 | .799 | 279 | 21.226 | .000 |
| resentful | 9.222 | 2 | .818 | 279 | 11.276 | .000 |
| diseased | 16.948 | 2 | .872 | 279 | 19.433 | .000 |
| suffering | 27.451 | 2 | .489 | 279 | 56.178 | .000 |
| selfpitying | 17.941 | 2 | .569 | 279 | 31.526 | .000 |
| dependonothers | 11.595 | 2 | .562 | 279 | 20.628 | .000 |
| withdrawn | 22.711 | 2 | .549 | 279 | 41.352 | .000 |
| Unhappy | 33.270 | 2 | .598 | 279 | 55.670 | .000 |
| In despair | 31.144 | 2 | .563 | 279 | 55.364 | .000 |
| physicallyweak | 30.472 | 2 | .721 | 279 | 42.291 | .000 |
| Victimised | 14.466 | 2 | .606 | 279 | 23.878 | .000 |
| emotional | 15.449 | 2 | .579 | 279 | 26.694 | .000 |
| feelguilty | 28.336 | 2 | .633 | 279 | 44.732 | .000 |
| victims | 20.191 | 2 | .723 | 279 | 27.924 | .000 |
| infectious | 27.377 | 2 | .816 | 279 | 33.541 | .000 |
| lonely | 40.570 | 2 | .531 | 279 | 76.439 | .000 |
| vulnerable | 35.875 | 2 | .492 | 279 | 72.906 | .000 |
| fearful | 43.170 | 2 | .614 | 279 | 70.332 | .000 |
| rejected | 36.217 | 2 | .519 | 279 | 69.750 | .000 |
| affected | 17.984 | 2 | .672 | 279 | 26.769 | .000 |
| Needhelp | 23.538 | 2 | .550 | 279 | 42.828 | .000 |
| Isolated | 27.524 | 2 | .641 | 279 | 42.960 | .000 |
| worrying | 38.462 | 2 | .540 | 279 | 71.218 | .000 |
| confused | 30.160 | 2 | .503 | 279 | 59.992 | .000 |
| lowselfesteem | 28.434 | 2 | .602 | 279 | 47.238 | .000 |
| Dying | 47.709 | 2 | .719 | 279 | 66.381 | .000 |
| fragile | 13.726 | 2 | .610 | 279 | 22.518 | .000 |
| Insecure | 15.031 | 2 | .599 | 279 | 25.108 | .000 |
| liveinshame | 25.943 | 2 | .558 | 279 | 46.470 | .000 |
| Scared | 21.121 | 2 | .706 | 279 | 29.916 | .000 |
| haveunprotectedsex | 23.278 | 2 | .941 | 279 | 24.725 | .000 |
| suicidal | 25.336 | 2 | .663 | 279 | 38.217 | .000 |
| Sickly | 27.358 | 2 | .708 | 279 | 38.626 | .000 |
| regretful | 16.893 | 2 | .614 | 279 | 27.506 | .000 |

The F tests should be used only for descriptive purposes because the clusters have been chosen to maximize the differences among cases in different clusters. The observed significance levels are not corrected for this and thus cannot be interpreted as tests of the hypothesis that the cluster means are equal.

Cross-tabulation of Ethnic group by cluster number

| | | | Cluster Number | | | Total |
|--------------|----------|-----------------------|----------------|-------|-------|--------|
| | | | 1 | 2 | 3 | |
| Ethnic group | black | Count | 28 | 20 | 14 | 62 |
| | | % within Ethnic group | 45.2% | 32.3% | 22.6% | 100.0% |
| | white | Count | 85 | 61 | 23 | 169 |
| | | % within Ethnic group | 50.3% | 36.1% | 13.6% | 100.0% |
| | coloured | Count | 14 | 7 | 0 | 21 |
| | | % within Ethnic group | 66.7% | 33.3% | .0% | 100.0% |
| | indian | Count | 11 | 15 | 3 | 29 |
| | | % within Ethnic group | 37.9% | 51.7% | 10.3% | 100.0% |
| | other | Count | 1 | 0 | 0 | 1 |
| | | % within Ethnic group | 100.0% | .0% | .0% | 100.0% |
| | Total | Count | 139 | 103 | 40 | 282 |
| | | % within Ethnic group | 49.3% | 36.5% | 14.2% | 100.0% |

Chi-Square Table

| | Value | df | Asymp. Sig. (2-sided) |
|------------------------------|-----------|----|-----------------------|
| Pearson Chi-Square | 11.935(a) | 8 | .154 |
| Likelihood Ratio | 14.603 | 8 | .067 |
| Linear-by-Linear Association | 1.353 | 1 | .245 |
| N of Valid Cases | 282 | | |

a 5 cells (33.3%) have expected count less than 5. The minimum expected count is .14.

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