Disclosure is an important area of communication research because it affects relationships and relationship development. In any relationship, people must weigh choices about what to tell and to whom, but also when and where to tell. Individuals can share the information (disclose, often seen as verbal statements about the self) or choose to remain closed (maintain privacy), and this process can affect the relationship. There are many reasons to disclose or retain privacy, each with consequences for both the individual and the relationship. For example, the person receiving the information could be shocked or not respond well, or the relationship could evolve to a new level based on trust demonstrated by
sharing difficult information. The theory of privacy presented in this chapter, communication privacy management (Petronio, 1991), describes one view of this disclosure and privacy management process.

This chapter illustrates one particular topic to explore the disclosure process: HIV/AIDS. Despite new medical advances, AIDS is one of the most stigmatized diseases in history. This notion of stigma and spoiled identity (see Goffman) affects choices to disclose an HIV diagnosis. People with HIV (the virus that causes AIDS) must balance carefully their choices to disclose this information (or not). They may, for example, disclose to gain support, to find another to talk with, or to protect the other (e.g., to encourage a sexual partner to use safer sex). On the other hand, people with HIV may choose to remain private or not disclose to avoid negative consequences (e.g., violence or relationship termination), to avoid gossip, or to protect their privacy (e.g., “it’s none of their business”). There are many more reasons why people would disclose HIV infection or remain private, reflecting the complexity of this issue.

This chapter explores this process of HIV disclosure in two phases. Study 1 compares attitudes toward privacy and sharing HIV related information for people with HIV and those not reporting having HIV. These two groups reported similar groupings of targets, also described in terms of informational boundaries. Study 2, examines these boundaries using actual disclosure patterns for those with HIV.

After reading this chapter you should be able to reflect on these issues:

- What kind of information is difficult to decide to share or keep private (and to/from whom)?
- How does a decision to disclose (or not) and when affect a relationship?
- Why does HIV/AIDS continue to be such a unique and stigmatized health concern?

The HIV