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Abstract. This article describes many of the psychological aspects related to identifying and responding to the Acquired Immune Deficiency Syndrome (AIDS) pandemic.

Initially, researchers interested in the psychological aspects of the AIDS pandemic focused on the cognitive, emotional, and motivational processing of individuals at risk or already positive for the variants of Human Immunodeficiency Virus (HIV). Questions included how much people knew about the risk factors for AIDS and how people could best behave in a low-risk or even no-risk fashion as opposed to a high-risk one--given knowledge about the risk factors.

Later, researchers became interested in the psychologies of the political elite of nation-states that affected whether attempts would be made to identify people with AIDS or those who were HIV positive--and to best inform people about risk factors. Questions included the roles of political and religious ideologies and political and economic corruption in affecting national health policy development, implementation, and evaluation.

Still later, researchers became interested in the psychologies of pharmaceutical company decision-making that affected commitments to develop medication with various benefits for HIV-positive and AIDS patients, as well as for all other people who could be at risk for HIV and AIDS. And into the present, researchers are exploring company decision-making as to the pricing of relevant medicines. These psychologies also have been studied as they apply not just to the companies but to governments, multilateral governmental organizations, and non-governmental organizations.

Into the future and responding to recent decisions to lower the price of medication and to facilitate the production of generic medications, researchers are exploring psychologies affecting the viability of national and international health infrastructures, quality control of medication (especially concerning contamination, stability, and toxicity), and systems of compliance monitoring for prescribed regimens.

Although different psychologies have been emphasized at different times, all are important and, in fact, all share important synergies. Unfortunately, many of these psychologies---especially involving corruption, greed, impulsivity, and sloth--have proven notoriously resistant to intervention. This does not bode well for the many well-intentioned researchers seeking to change the world for the better. (See Crossette, B. (April 1, 2001). Poor African countries lack ways to monitor use of new AIDS drugs, experts warn. *The New York Times*, p. 8Y; Kelly, J. A., Murphy, D. A., Sikkema, K. J., & Kalichman, S. C. (1993). Psychological interventions to prevent HIV infection are urgently needed: New priorities for behavioral research in the second decade of AIDS. *American Psychologist*, 48, 1023-1034; Ramella, M., & de la Cruz, R. B. (2000). Taking part in adolescent sexual health promotion in Peru: Community participation from a social psychological perspective. *Journal of Community & Applied Social Psychology*, 10, 271-284; Sherman, S. G., Gielen, A. C.; McDonnell, K. A. (2000). Power and attitudes in relationships (PAIR) among a sample of low-income, African-American women: Implications for HIV/AIDS prevention. *Sex Roles*, 42, 283-294; Stolle, D. P. (1998). Advance directives, AIDS, and mental health: TJ preventive law for the HIV-positive client. *Psychology, Public Policy, and Law*, 4, 854-877.) (Keywords: AIDS, HIV.)

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