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Understanding HIV Serostatus Disclosure Practices with Sexual Partners among Seropositive Gay and Bisexual Men

by

Michael J. Stirratt

A dissertation submitted to the Graduate Faculty in Psychology

in partial fulfillment of the requirements for the degree of Doctor of Philosophy,

The City University of New York

2003

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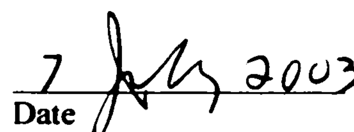

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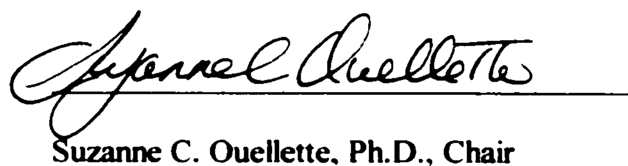

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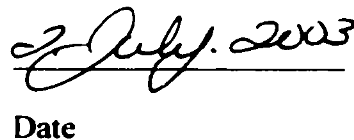

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– Abstract –

Understanding HIV Serostatus Disclosure Practices with Sexual Partners

among Seropositive Gay and Bisexual Men

by

Michael J. Stirratt

Advisor: Suzanne Ouellette, Ph.D.

This study examined the concerns and practices of HIV seropositive gay and bisexual men regarding serostatus disclosure with their sexual and romantic partners. Three questions guided the study: 1) What concerns inform men's approaches towards serostatus disclosure with sexual and romantic partners? 2) What approaches have men employed to address serostatus disclosure issues with sexual and romantic partners? 3) How are serostatus disclosure practices related to sexual (risk) practices? These questions were addressed through a multi-component analysis of semi-structured qualitative interviews collected by the CDC-funded Seropositive Urban Men's Study (SUMS).

The present study examined a sub-sample of 21 SUMS interviews that either were conducted by the study author or that met sampling criteria designed to ensure diversity by participant race/ethnicity and recruitment location. Using a grounded theory approach, three forms of analysis were applied to the interview transcripts: biographical, content analytic, and discursive. The three methods of analysis provided multiple 'lenses' through which men's concerns and practices regarding serostatus disclosure could be examined and conceptualized.

The study found that many HIV seropositive gay and bisexual men experience the

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issue of serostatus disclosure with sexual and romantic partners as a significant and recurrent challenge. Disclosure practices were highly context-sensitive and centered on concerns regarding partner rejection, perceived norms and sexual scripts, and powerful catalysts to disclose, such as moral mandates, romantic relationships, and embodiments of serostatus within one's life. Men employed a variety of strategies to address disclosure, including insistence on disclosure before sex, using safer sex as a justification for non-disclosure, making disclosure contingent on situational factors, seeking seropositive partners to circumvent disclosure challenges, avoiding romantic relationships that invite disclosure, and relying on non-verbal communication and partner assumptions to convey one's serostatus. These strategies demonstrated that disclosure practices were intimately braided with men's broad approaches to sex and dating, and that they were frequently more complex than a singular act of telling or not telling. Men also indicated an indirect connection between disclosure practices and sexual risk behavior which was frequently moderated by partner serostatus; this study therefore did not find a consistent connection between disclosure and safer sex.

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Acknowledgments

This thesis was developed with the extraordinary guidance and support of many remarkable people. My deepest gratitude goes out to my Doctoral Committee – Suzanne Ouellette, Michelle Fine, David Chapin, Jeffrey Parsons, and Robert Remien. Each of these individuals has been instrumental to the success of my graduate and professional career, and their collective insight was integral to the formulation and preparation of this work. I must offer a special acknowledgment to Suzanne, as my Committee Chair – this thesis would never have been realized without her unyielding encouragement, profound wisdom, and kind assistance.

I also offer sincere thanks to the members of the Seropositive Urban Men's Study (SUMS) – the project which collected the data used in this thesis – which was supported by a cooperative agreement funded by the Centers for Disease Control and Prevention. It was a privilege and a pleasure to work with the entire SUMS team: Jeffrey Parsons and Perry Halkitis (Center for HIV/AIDS Educational Studies and Training); Cynthia Gomez, Robert Hays, Colleen Hoff, and William Woods (Center for AIDS Prevention Studies at the University of California at San Francisco); Ann O'Leary and Robert Remien (Rutgers University); Rich Wolitski, David Purcell, and James Carey (Centers for Disease Control and Prevention); and all the staff members who contributed to the study. My work as a Project Director on the SUMS inspired my subsequent program of HIV/AIDS-related research.

I further thank my family and friends who gave me endless encouragement and support throughout this long process – my Mom and Dad, my brothers, Jeff, Derek,

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Lloyd, Tom, Gavino, Susan, Richard, Josiah, Abigail, Corrine, Gloria, Elyse, Dan, Sheri, Anna, Olivia, Ronit, Nhan, and Ramon. You gave me the strength to get this work done, as well as the license to "go away for a while" to make it happen.

Finally, I offer my tremendous gratitude to the SUMS participants who lent their voices to this study, as well as the members of my interpretive community who helped me think through the data. I hope that this work can do justice to your lives and experiences.

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Chapter I

Introduction

For gay and bisexual men living with HIV/AIDS, decisions regarding whether, when, how, and with whom to share their HIV seropositive status can constitute one of the central challenges of coping with the illness (Holt et al., 1998; Siegel & Krauss, 1991). The difficulty associated with disclosing one's HIV infection to others grows largely from the climate of stigma that surrounds HIV/AIDS. Despite years of educational campaigns, public attitudes toward HIV seropositive individuals in the U.S. continue to be imbued with fears of contagion, misunderstandings, and even outright contempt (Herek, 1999; Herek & Capitanio, 1999; Herek, Capitanio, & Widaman, 2002). These prejudices remain evident even within gay communities that have now confronted the HIV/AIDS epidemic for two decades (Hoff, McKusick, Hillard, & Coates, 1992; Wolitski, Dey, Parsons, & Gomez, 2002; Zierler et al., 2000). As a result, decisions about whether to inform others that one is seropositive often raise fears that disclosure could result in rejection from friends and family, discrimination from employers and landlords, and abandonment or even violence from relationship partners.

The challenge of HIV serostatus disclosure for seropositive gay and bisexual men is perhaps most acute in the context of sexual relationships. Sexual relationships may take many forms for gay men, from fleeting and anonymous couplings in a public park or bath house, to regular contact with a potential boyfriend or long-term romantic partner. In any sexual context, however, HIV seropositive men may carry three basic understandings: the

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knowledge of their own serostatus, the recognition that sexual contact can result in HIV transmission if precautions are not taken, and the awareness that some sexual and romantic partners may be uncomfortable with these facts. These concerns can raise serious questions for many seropositive men: Should I tell my partner that I am positive? How would he react? If I were to disclose my serostatus, how and when should I do this? If I don't disclose, would it matter? Attempts to answer these questions may tap many divergent and overlapping concerns, including deep-seated fears of personal rejection from sexual partners, strong moral and ethical beliefs about the need to disclose, preferences to partner with seropositive peers, growing emotional intimacy in newfound romantic relationships, and desires for either protected or unprotected sex. And as much as serostatus disclosure and sexual behavior may center on personal concerns and the immediate situational context, these practices are also framed by a broader social context of strident and often conflicting messages from public health authorities and community sources about the role of serostatus disclosure in HIV/AIDS prevention.

The potential complexity of these matters raises questions about how HIV seropositive gay and bisexual men address the dilemma presented by serostatus disclosure. What approaches have men taken toward the issue of serostatus disclosure with their sexual and romantic partners? What specific concerns inform their perspectives and practices regarding this issue? And how are serostatus disclosure practices related to men's sexual practices and risk behavior? The present research study aimed to deepen understandings of these three topics for the purposes of advancing the scientific literature, informing HIV/AIDS prevention efforts, and assisting HIV seropositive gay and bisexual

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men in their efforts to deal with these concerns.

Context of the Problem

This chapter will first examine the societal context surrounding the HIV serostatus disclosure practices of seropositive gay and bisexual men with their sexual and romantic partners. After reviewing the epidemiology of HIV/AIDS among this group, three issues that compound the significance of serostatus disclosure will be considered: 1) HIV/AIDS prevention and public health initiatives focused on serostatus disclosure, 2) community perspectives regarding serostatus disclosure, and 3) HIV/AIDS prejudice and stigma.

HIV/AIDS Epidemiology and Trends

Gay and bisexual men continue to be profoundly affected by HIV/AIDS. The Centers for Disease Control and Prevention (CDC) estimates that men who have sex with men (MSM) account for approximately 42% of annual HIV infections in the United States – more than any other single exposure group (CDC, 2001b). MSM represent 44% of all adult and adolescent AIDS cases reported since the start of the epidemic, and MSM with a history of injection drug use represent an additional 5% of AIDS cases (CDC, 2002a). A combination of prevention efforts, community mobilization, and mortality have markedly reduced overall rates of HIV prevalence and incidence among MSM since the emergence of the HIV/AIDS epidemic in the 1980s, but the current prevalence rate remains greatly troubling. A random sample of adult MSM who were living in New York City, Los Angeles, Chicago, and San Francisco in 1997 found that 17% of these urban men were seropositive (Catania, et al., 2001).

Recent epidemiological data have raised fresh concerns about the shape and extent

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of the HIV/AIDS epidemic among gay and bisexual men. Data indicate that the virus is increasingly prevalent among MSM of color and young men. A recent study of MSM living in seven U.S. cities who were 15 to 22 years old found that 7% of the men were already seropositive (CDC, 2001a). Young MSM of color showed particularly high rates of HIV seroprevalence – the study found HIV infection among 14% of African American men, 13% of multiracial men, 7% of Hispanic men, 7% of Native American men, 3% of White men, and 3% of Asian and Pacific Islander men (CDC, 2001a). Disproportionate levels of HIV infection among MSM of color appear to increase further during early adulthood. A preliminary investigation of 23- to 29-year-old MSM living in six U.S. cities found seroprevalence rates of 32% among African American men, 14% among Latinos, and 7% among White men. The corresponding seroincidence rates (the rate of men newly infected each year) were 15% among African American men, 4% among Hispanic men, and 3% among White men (CDC, 2001a). These reported rates of seroprevalence and seroincidence among young African American MSM rival the profound rates of infection that are currently found in some developing countries (Catania, et al., 2001).

Concerns have also grown about recent reports of increasing rates of sexually transmitted diseases (STDs) and HIV among gay and bisexual men (Wolitski, Valdiserri, Denning, & Levine, 2001). For example, a CDC project monitoring rates of gonorrhea at STD clinics in 29 cities throughout the U.S. found that MSM accounted for less than 5% of male gonorrhea cases in 1992, but this rate rose to more than 13% in 1999 (Fox et al., 2001). Outbreaks of STDs such as syphilis and rectal gonorrhea have been recently reported among MSM in major metropolitan areas throughout the country (CDC, 1999a,

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1999b, 2001c, 2002b). These upturns in STD infections may portend increasing HIV infections among MSM. Indeed, public health officials in San Francisco reported that the annual rate of new HIV infections among MSM recently doubled, from 1.04% in 1997 to 2.2% in 2000, and they noted that this increase was not evident among other demographic groups in the city (McFarland, Schwarcz, Tierney, & Shriver, 2001).

Reports of growing STD and HIV incidence among groups of MSM correspond to data that indicate increasing levels of sexual risk practices among this population. A number of reports have demonstrated rates of unprotected anal intercourse among some gay men that have risen to higher levels when compared to earlier years of the HIV/AIDS epidemic (e.g., Denning, Nakashima, & Wortley, 2000; Katz et al., 2002; Stall, Hays, Waldo, Ekstrand, & McFarland, 2000; Valleroy et al., 2000). It is of great concern that unsafe sex, STDs, and HIV may be on the rise among MSM and gay communities, particularly because these men have historically been at the forefront of efforts to prevent and treat HIV/AIDS. Researchers have attributed increases in risk-taking behavior and HIV and STD infections among gay men to many factors, but the primary suspects include "prevention burnout" and greater complacency about HIV/AIDS due to the development of more effective medical treatments (Kalichman, Nachimson, Cherry, & Williams, 1998; Kelly, Hoffman, Rompa, & Gray, 1998; Ostrow et al., 2002; Remien, Wagner, Carballo-Dieguez, & Dolezal, 1998; Suarez et al., 2001).

Public Health Initiatives Related to Serostatus Disclosure

Secondary Prevention. The continuing and possibly growing HIV/AIDS epidemic among gay and bisexual men and other populations has resulted in calls for significantly

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expanded prevention initiatives (CDC, 2000, 2003; Institute of Medicine [IOM], 2000). This includes the mobilization of greater resources and initiatives within communities of color, as well as an unprecedented focus on targeting prevention efforts to people who are HIV seropositive. Since the start of the epidemic, most HIV/AIDS prevention initiatives have been either directly or implicitly targeted to people who are *not* infected with the virus (IOM, 2000). This approach, termed "primary prevention," encourages individuals to adopt practices that will reduce their risk of becoming infected with HIV. Primary prevention can be complemented by "secondary prevention," which refers to efforts directed at helping HIV seropositive individuals reduce the chances that they will transmit the virus to others. Public health officials and community groups have traditionally been wary of targeting prevention measures to seropositive individuals for fear that these efforts would "blame the victim" and further stigmatize people with HIV/AIDS (IOM, 2000). However, a new interest in secondary prevention has emerged in recent years due to continuing rates of infection and the development of more effective treatments, which has led to a greater sense of HIV/AIDS as a chronic (rather than terminal) illness. A recent Institute of Medicine report identified secondary prevention as a key component of a comprehensive approach to fight HIV/AIDS (IOM, 2000). Secondary prevention also occupies a central role within the CDC's strategic plans for HIV/AIDS prevention (CDC, 2000, 2003).

The new focus on targeting prevention efforts to HIV seropositive individuals has included attention to the issue of serostatus disclosure with sexual partners. This may grow in part from recognition of how issues of serostatus disclosure can represent a

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significant personal concern for many people living with HIV (Holt et al., 1998). It is also the case, however, that a heightened focus on serostatus disclosure with sexual partners stems from the implicit (or even explicit) idea that serostatus disclosure (particularly by HIV seropositive individuals) may be an important tool for HIV/AIDS prevention. The premise is that serostatus disclosure by seropositive individuals with their sexual partners could potentially result in greater adoption of reduced risk sexual practices (Dawson et al., 1994; De Rosa & Marks, 1998; Kalichman & Nachimson, 1999; Marks, Richardson, & Maldonado, 1991; Marks et al., 1994; Marks & Crepaz, 2001; Niccolai, Dorst, Myers, & Kissinger, 1999; Stein et al., 1998; Serovich & Mosack, 2003; Wolitski et al., 1998).

Many secondary prevention initiatives targeted to HIV seropositive gay and bisexual men consequently promote not only reduced-risk sexual practices, but also serostatus disclosure with sexual partners. For example, the San Francisco Department of Public Health unveiled an HIV/AIDS prevention initiative targeted to seropositive gay and bisexual men in 2000 that was titled "HIV Stops With Me." The campaign aims to empower seropositive men to prevent HIV transmission through the adoption of reduced-risk sexual practices and discussion of the role of serostatus disclosure with sexual partners (Heredia, 2000). The initiative, which employs community forums, commercial advertisements, and an Internet website, has been subsequently adopted in Los Angeles, Boston, and other communities. "HIV Stops With Me" built upon an earlier (and continuing) campaign by the San Francisco AIDS Foundation which encourages HIV seropositive and seronegative gay men to avoid making assumptions about the serostatus of their sexual partners, in favor of direct communication about these issues (Herscher,

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1999; Krochmal, 2000). In addition to these initiatives, at least two large-scale, federally-funded research studies are presently conducting evaluations of behavioral risk-reduction interventions for HIV seropositive individuals that include key components regarding serostatus disclosure with sexual partners. These are the CDC-funded Seropositive Urban Mens' Intervention Trial (SUMIT), which focuses on seropositive gay and bisexual men, and the NIMH-funded Healthy Living project, which focuses on HIV seropositive men and women.

Partner Notification. Although recent secondary prevention campaigns have increased attention to the HIV serostatus disclosure practices of seropositive individuals, disclosure actually lies at the center of long-existing HIV/AIDS prevention efforts. This is most evident within partner notification programs, which have been a standard part of post-test counseling for individuals who test seropositive. Partner notification programs counsel individuals who test seropositive about the importance of informing their previous sexual and needle-sharing partners that they may have been exposed to the virus and therefore should seek HIV testing (Dimas & Richland, 1990; Marks, Richardson, Ruiz, & Maldonado, 1992; Perry et al.,1994; Potterat, Spencer, Woodhouse, & Muth, 1989). Most partner notification programs provide seropositive individuals with the option of having the Health Department confidentially notify their partners on their behalf. Many programs also provide skills training regarding serostatus disclosure to seropositive individuals with the aim of helping them inform their former and future partners about potential risks of exposure to HIV (DeRosa & Marks, 1998; Marks & Crepaz, 2001). In this manner, partner notification programs utilize serostatus disclosure by seropositive

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individuals as a route toward interrupting the spread of the virus.

Legal Sanctions. Although it is not a really a public health initiative, it is worth recognizing that serostatus disclosure is explicitly sanctioned by a growing number of laws that criminalize sexual contact without disclosure for seropositive individuals. At least 27 states have passed legislation that makes it a crime for HIV seropositive individuals to "knowingly expose" others to the virus without disclosing their serostatus (HIV Criminal Law and Policy Project, 2001). The content of these laws vary from state to state. Although some laws apply only to cases of unprotected sexual contact, most simply specify that seropositive individuals who are aware of their serostatus and who have sex without disclosing this fact to their sexual partner have committed a felony crime, punishable by significant fines or even incarceration (Leonard, 2000; Sears, 2000). More than 300 individuals have been prosecuted for exposing others to HIV since the start of the epidemic, but only a small proportion of these involved consensual sexual contact (others involve behaviors such as biting, scratching, or spitting) (Sears, 2000). One of the more widely publicized cases was that of NuShawn Williams, who was believed to have infected 10 or more women in upstate New York in 1997 (CDC, 1999a). More recently, a case involving a college freshman in South Dakota named Nikko Briteramos received media attention; he was found guilty of deliberately exposing his girlfriend to HIV and was imprisoned after violating the terms of his parole (Fountain, 2002). These cases and the state laws behind them send the message that HIV seropositive individuals have a legal obligation to disclose their serostatus to their sexual partners, even if the sexual contact is consensual, protected, and presents little risk of HIV transmission (Leonard, 2000).

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Community Perspectives

Voices from gay and bisexual communities have traditionally been much more equivocal regarding the need for HIV seropositive individuals to disclose their serostatus to their sexual partners. Very early in the epidemic, concerns about discrimination against people with HIV/AIDS and suggestions that draconian prevention efforts could be implemented (e.g., quarantine) led HIV/AIDS activists, particularly those in gay communities, to fight to protect the confidentiality and rights of people living with HIV (Bayer, 1999). This included advocacy for state laws that would prohibit improper disclosures of one's HIV serostatus to others by health care professionals, and opposition to calls from public health authorities for state reporting systems that would record the names of individuals who test seropositive as an epidemiological surveillance mechanism (Bayer, 1999). Such efforts reflected a general consensus among HIV/AIDS activists and gay communities that held that seropositive individuals should have the right to control who is aware of their serostatus.

This measured approach toward HIV serostatus disclosure by seropositive individuals was embodied within prevention messages targeted to gay communities. For many years, the core message of prevention efforts directed at gay and bisexual men (from inside and outside the community) could be summarized as "assume your partner is HIV positive and always practice safer sex" (Strub, 2000). Such an approach rendered HIV serostatus disclosure with sexual partners irrelevant and unnecessary as long as safer sex is practiced. In doing so, the approach took the onus off of seropositive men to disclose their serostatus to their sexual partners, and it also worked to reinforce the idea that the

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responsibility for risk reduction in sexual encounters laid with both partners. In some ways, general directives to "assume your partner is positive" and "stay safe" also reflected the general absence of open communication about these issues between gay men in many sexual contexts.

More recently, shifts in the HIV/AIDS landscape have fostered greater support for the practice of serostatus disclosure to sexual partners by seropositive gay and bisexual men. Community organizations and individuals who have written about the topic almost always acknowledge that the disclosure process is a difficult one (Ferri, Roose, & Schwendeman, 1999; Hayford, 2000; Salyer, 1998; Strub, 2000). Most advise taking a cautious and thoughtful approach to the issue, and note that and that every person needs to find an approach that they are comfortable with (Ferri, Roose, & Schwendeman, 1999; Hayford, 2000; Salyer, 1998). However, increased advocacy of disclosure with sexual partners is evident. For example, Sean Strub, publisher of the HIV/AIDS magazine POZ, recently challenged readers to adopt a "Do Ask, Do Tell" policy regarding serostatus disclosure with sexual partners, explaining that "nondisclosure may remain an absolute right, but it is, in the end, a selfish one" (Strub, 2000). Another example is found in a recent HIV/AIDS newsletter article entitled, "Don't Always Disclose your Status – Here's Why" (Hayford, 2000), which states the following:

> Too often, people with HIV are erroneously told they must disclose their HIV status to employers, landlords, school officials or family members... No law requires you to tell any of those people that you are HIV positive. *The only people who should be told are the people with whom you have sex or share needles.* But otherwise, if you want to keep you health status to yourself, that is your prerogative.

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These voices and perspectives echo the recent San Francisco prevention campaigns which now aim to move gay men away from serostatus "assumptions" to serostatus "disclosure" in the service of prevention goals. Interestingly, some men have already advocated for this transition, but for very different purposes. "Barebacking," a term originating among gay men and referring to consensual unprotected sex between two individuals, has received significant media attention and support from some in the HIV/AIDS community (Kirby, 1999). Although this practice is in no way limited to seropositive individuals, some seropositive gay men purposely seek other seropositive men with the intent of having unprotected sexual contact – which requires serostatus disclosure to occur on some level. Unprotected sex between seropositive individuals, however, presents the risk of acquiring other sexually transmitted diseases, as well as producing a viral recombination that could potentially result in the acquisition of a more drug-resistant strain of the virus (Sheon & Shriver, 1999).

HIV/AIDS Stigma and Prejudice

Although messages from many public health initiatives and some community groups are increasingly directing seropositive individuals to disclose their serostatus to sexual partners, seropositive gay and bisexual men do not incorporate these messages in a passive way; rather, they read them against their own lived experience of HIV/AIDS stigma and prejudice. Notable prejudice toward HIV seropositive individuals continues to be evident within the U.S. and throughout the world (Herek, 1998; 1999; Herek & Capitanio,1999; Herek, Capitanio, & Widaman, 2002). The strong stigma attached to HIV/AIDS stems from both the nature of the illness and the symbolic use of the disease to

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express prejudice against the groups most affected by it (Crandall & Coleman, 1992; Herek, 1998; 1999; Herek & Glunt, 1988; Hoff et al., 1992). As a transmissible illness that is incurable and progressive, HIV/AIDS can raise fears of contagion and provoke death-anxiety in others (Herek, 1999; Herek & Glunt, 1988). Such illness-related fear and anxiety may then result in stigma and prejudice, such as efforts to avoid infected individuals and "victim blaming" to explain why some people become infected (Herek, 1999; Herek & Glunt, 1988). In addition to the illness-related stigma surrounding HIV/AIDS, prejudice towards seropositive individuals may also grow from the symbolic use of the disease to express other prejudice. Because HIV/AIDS has grossly and disproportionately affected marginalized groups in the U.S., pre-existing societal prejudice towards these groups may then be channeled toward seropositive individuals (Herek & Capitanio, 1999; Herek & Glunt, 1988).

Prejudice regarding HIV/AIDS, however, is not reserved for individuals outside of those communities ravaged by the disease (Wolitski, Dey, Parsons, & Gomez, 2002). For example, one study revealed that the overwhelming majority of HIV seronegative gay men (83%) and untested gay men (74%) preferred HIV seronegative men as potential romantic partners (Hoff et al., 1992). Gay men who are seropositive may be acutely aware of this prejudice inside and outside of their communities, and realize that such attitudes, when coupled with serostatus disclosure, may result in for rejection, discrimination, and even violence from others. In a national probability sample of HIV seropositive individuals who were in medical care, 11.5% of MSM reported having been physically assaulted by a partner or other close relation since testing seropositive, and nearly 40% of these men

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stated that the violence was directly related to their serostatus (Zierler et al., 2000).

Societal prejudice, HIV/AIDS prevention initiatives, and community responses to the epidemic provide the backdrop to how seropositive gay and bisexual men approach HIV serostatus disclosure issues with their sexual partners. Clearly, serostatus disclosure for these men remains a deeply contested, highly complex, and often difficult issue. The significance of the issue to both seropositive gay and bisexual men and prevention efforts argues for further research attention to the topic. Below, the paper briefly reviews the existing research literature on this phenomenon. A more exhaustive review of the research literature regarding serostatus disclosure can be found in Stirratt (2000).

Literature Review

Research on HIV serostatus disclosure by seropositive gay and bisexual men with their sexual partners did not emerge until the second decade of the epidemic, with few studies published prior to 1990. Much of this work has noted the strong significance of the disclosure dilemma within the lives of seropositive gay and bisexual men (Hays et al., 1993; Holt et al., 1998; Klitzman, 1999; Mansergh, Marks, & Simoni, 1995; Mason, Marks, Simoni, Ruiz, & Richardson, 1995; Mason, Simoni, Marks, Johnson, & Richardson, 1997; Siegel & Krauss, 1991; Siegel, Lune, & Meyer, 1998; Simoni, Mason, & Marks, 1997). Research on serostatus disclosure has addressed three main areas of interest to the present project: rates and predictors of disclosure to sexual partners, the decision-making process regarding disclosure to sexual partners, and the relationship between disclosure and sexual practices.

Rates and Predictors of Disclosure

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Studies of serostatus disclosure by seropositive gay and bisexual men have often employed quantitative methodologies to determine rates and predictors of disclosure to others. Research on rates of disclosure indicates that most seropositive gay men disclose their serostatus to romantic partners (e.g. those characterized by emotional intimacy, such as boyfriends and long-term partners), but comparatively few disclose their serostatus to casual sexual partners (e.g., those with whom there is little emotional intimacy, such as one-night-stands) (Hays et al., 1993; Mansergh et al., 1995; Marks, Bundek, et al., 1992; Mason et al., 1995; Mason et al., 1997; Stempel, Moulton, & Moss, 1995; Wolitski et al., 1998). For example, a sample of gay and bisexual men who had tested seropositive just six months earlier showed that 89% of the men had informed their primary sex partner, but only 34% had disclosed to one or more casual sex partners (Schnell et al., 1992; Wolitski et al., 1998). The high rate of disclosure to primary partners, combined with the short time frame between receiving the seropositive test result and completing the survey assessment, further suggests that disclosure to primary partners often occurs shortly after first learning that one is seropositive.

Studies have also examined various psychosocial and demographic predictors of serostatus disclosure to sexual partners by HIV seropositive gay men. One of the strongest relationships identified to date is that greater numbers of sexual partners are associated with lower rates of disclosure to sexual partners (DeRosa & Marks, 1998; Marks et al., 1991; Marks, Richardson, et al., 1992; Stein et al., 1998). These results are likely related to the differential rates of disclosure to primary and casual partners. Individuals with one or few sexual partners are most likely having sex in the context of

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close relationships, whereas individuals with multiple partners are most likely having sex in the context of casual or even anonymous encounters. Since disclosure is more likely in the context of close relationships, having fewer sexual partners may therefore be associated with greater disclosure. Note, however, that the converse may also be true: the practice of consistent serostatus disclosure to potential sexual partners may result in having fewer partners.

Another predictor of disclosure that has been identified within the existing literature is racial/ethnic background. For example, Lee, Rotheram-Borus, and O'Hara (1999) reported that a sample of HIV seropositive African American gay and bisexual boys (and adolescent heterosexual girls) disclosed to significantly fewer sexual partners than their Latino or White peers. Stein et al. (1998) also found that seropositive African American men and women were more than three times less likely to disclose their serostatus to all of their sexual partners than seropositive Latino and White men and women. Racial and ethnic variation in the disclosure practices of seropositive individuals is rooted in social, economic, and cultural differences. HIV seropositive people of color may avoid disclosure in order to avoid further marginalization and discrimination (Simoni et al., 1997). Cultural and community norms may also encourage maintaining harmonious relations with others, dissuading some seropositive people of color from disclosing their HIV serostatus (Mason et al., 1995). Disclosure may further be avoided in small, tightly-knit communities of gay and bisexual men of color due to concerns that this information could quickly spread beyond the original recipient of the disclosure. It must be noted, however, that ethnic differences in serostatus disclosure are not large and typically vary no

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more than 10 to 15% (Szapocznik, 1995).

Concerns and Decision-Making regarding Serostatus Disclosure

Perhaps surprisingly, studies of HIV serostatus disclosure by seropositive gay and bisexual men (or other groups) have infrequently devoted direct or systematic attention to the motives and decision-making processes underlying disclosure. Published studies of disclosure commonly allude to potential motives and decision-making processes within the introduction or discussion section of the research article, rather than making motives and decision-making processes a focus of the study itself. However, some research has explored these dynamics. In a primarily gay sample of HIV seropositive Latino and White men, Mason et al. (1995) developed a typology of the reasons that men reported for choosing whether or not to disclose. The primary components were self-focused motives (avoiding negative outcomes or enhancing positive outcomes for oneself), other-focused motives (avoiding negative outcomes or enhancing positive outcomes with others), relationship type, factors related to HIV/AIDS disease progression, and forms of unintentional disclosure. The study found that serostatus disclosure to romantic partners was often motivated by other-focused motives, such as a perceived ethical obligation to inform them or concerns for their health. Non-disclosure with romantic partners was primarily driven by self-focused motives, such as to avoid rejection or maintain secrecy. More recently, Serovich and Mosack (2003) conducted a factor analysis to discern reasons for disclosure and non-disclosure to casual sexual partners among a sample of seropositive gay men. They found that disclosure to casual partners was primarily driven by issues of responsibility and moral obligation. Although a clear factor structure did not

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emerge for non-disclosure, men who did not disclose to casual partners were significantly more likely to endorse the item, "I feel ashamed about being HIV-positive."

Because disclosure represents a potential gateway to both positive and negative outcomes for many HIV seropositive individuals, some researchers have suggested that disclosure decision-making processes are similar to a risk/benefit analysis (Mason et al., 1995; Serovich, 2001). For example, Serovich (2001) found support for a "consequence theory of HIV disclosure" which represented the selectivity of disclosure as a function of efforts to reduce risks and increase benefits. Some researchers (Marks et al., 1992; Mason et al., 1995) have noted that this cost/benefit approach to disclosure decision-making is consonant with the theory of reasoned action, which posits that individuals weigh positive and negative attitudes toward behavioral outcomes with subjective norms to determine behavioral intentions and subsequent action (Ajzen & Fishbein, 1980; Fishbein, 1980). Siegel & Krauss (1991) suggested that the highly contextual and overlapping risks and benefits presented by disclosure require seropositive individuals to develop flexible strategies for deciding whether and when to disclose to others. They argued that one of the major challenges facing people living with HIV/AIDS is cultivating disclosure decision-making processes that are adaptive to social context.

Serostatus Disclosure and Sexual Risk Practices

Countless HIV/AIDS prevention studies have sought to identify factors associated with safer and risky sexual practices, and a few of these studies have investigated the relationship between HIV serostatus disclosure and sexual risk practices. These studies often begin with the premise that serostatus disclosure to sexual partners by seropositive

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individuals will be associated with safer sex practices, but research findings have been mixed in this regard (Marks & Crepaz, 2001). In support of this relationship, a study of predominately White HIV seropositive gay and bisexual men found men who disclosed to at least one sexual partner reported consistent condom use for insertive and receptive anal sex more often by than men who disclosed to no partners (67% vs. 43% for insertive anal sex; 66% vs. 20% for receptive anal sex), but these relationships were not significant due to a relatively small sample size (Wolitski et al., 1998).

Some studies have indicated that the relationship between serostatus disclosure and sexual practices is most likely moderated by partner serostatus. Among a primarily Latino sample of HIV seropositive gay men, Marks et al. (1991) found that disclosure to seronegative partners was typically associated with protected anal sex, and disclosure to seropositive partners was typically associated with unprotected anal sex. Similarly, Dawson et al. (1994) found that sexual risk practices varied significantly according to disclosure and partner serostatus among a sample of seropositive and seronegative MSM from England. Unprotected sex occurred most frequently between two partners who knew each other's serostatus and were seroconcordant (either both partners were seropositive or both were seronegative); unprotected sex was practiced less often between two partners who were unaware of each other's serostatus, and it was least likely to occur between two partners who knew each other's serostatus and were serodiscordant (one seropositive partner and one seronegative partner).

These findings have been qualified by more recent studies regarding serostatus disclosure and sexual risk behavior. DeRosa & Marks (1998) conducted a partner-level

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analysis with an ethnically diverse sample of gay and bisexual HIV seropositive men to determine how disclosure and partner serostatus relate to sexual practices. They found that protected sexual encounters were significantly more likely to occur with *informed* seronegative partners than *uninformed* seronegative partners, but there were no significant differences when comparing informed/uninformed seropositive or unknown serostatus partners. Furthermore, in a recent sample of HIV seropositive men (the majority of whom were gay and bisexual), Marks & Crepaz (2001) found no significant effect of serostatus disclosure on rates of unprotected sex with seronegative and unknown serostatus partners – whereas 78% of "disclosers" engaged in safer sex with their most recent partner, 73% of "non-disclosers" engaged in safer sex with their most recent partner. They attributed the lack of an association between disclosure and risk practices to the idea that some men may practice safer sex while forgoing serostatus disclosure with their sexual partners (which they labeled "uninformed protection"), as well as the understanding that unprotected sex may still occur despite disclosure from the seropositive partner (which they labeled "informed exposure").

Research into the impact of serostatus disclosure on sexual risk behavior among seropositive gay and bisexual men is therefore mixed. Generally speaking, studies have found that serostatus disclosure between a seropositive and a seronegative partner is associated with safer sex, whereas serostatus disclosure between two seropositive partners may be associated with unprotected sex. However, it is important to note that other factors, such as relationship status or partner type, may be more predictive of sexual risk taking than either HIV serostatus disclosure or partner serostatus (Dawson et al., 1994;

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Semple, Patterson, & Grant, 2000).

A Rationale for Further (Qualitative) Research

A clear need exists for innovative studies of HIV serostatus disclosure practices among HIV seropositive gay and bisexual men. This need grows from multiple concerns: 1) the highly-contested nature of serostatus disclosure within public health policies and legal strictures, 2) the growing number of secondary prevention initiatives for seropositive individuals that include components designed to address serostatus disclosure, 3) existing research and community perspectives that note the significance of disclosure issues within the lives of many seropositive individuals, 4) mixed results regarding the relationship between disclosure and sexual risk practices, and 5) the continuing HIV/AIDS epidemic among gay and bisexual men, and implicit assumptions that serostatus non-disclosure may foster risk taking and thus HIV transmission.

A small number of studies have begun to crack open HIV serostatus disclosure concerns and practices using qualitative methodologies (Cusick & Rhodes, 1999; Holt et al., 1998; Klitzman, 1999; Siegel et al., 1998). Klitzman (1999) interviewed a combined sample of HIV seropositive and seronegative men regarding serostatus disclosure to sexual partners. He found that many men viewed serostatus disclosure as a moral imperative, although it was rarely practiced with sexual partners apart from those with romantic potential. HIV seropositive men also often disclosed their serostatus to sexual partners through indirect cues and codes, such as leaving out medication bottles or newsletters from HIV/AIDS organizations.

Holt et al. (1998) examined the role of serostatus disclosure to others in coping

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with HIV/AIDS among a sample of seropositive gay and bisexual men. They found that serostatus represented a significant and recurrent stressor in the lives of these men, although it also functioned as an important mechanism for obtaining practical and moral support, particularly as the disease progressed. Disclosure of one's serostatus to sexual partners was generally used as a means to share the responsibility for transmission risks.

Siegel et al. (1998) interviewed seropositive gay men to determine the ways that they deal with HIV/AIDS-related stigma and serostatus disclosure to others (not just sex partners). They identified three primary forms of stigma management strategies: reactive, intermediate, and proactive. *Reactive* stigma management strategies involved defensive efforts to minimize the experience of HIV/AIDS stigma without challenging the stigma itself, such as passing as seronegative and selectively disclosing one's serostatus to only those judged most likely to respond in a supportive manner. *Intermediate* stigma management strategies were characterized by presenting a limited challenge to HIV/AIDS-related stigma, such as gradual disclosure after "testing the waters" with others, choosing to primarily affiliate with seropositive peers or other supportive individuals, and making efforts to ascribe experiences with stigma to ignorance on the part of others. *Proactive* stigma management strategies were employed to openly challenge and undermine HIV/AIDS-related stigma, such as open disclosure of one's serostatus to others to demonstrate a lack of shame regarding the illness, participation in HIV/AIDS public education efforts to dispel stereotypes and misconceptions about people living with HIV, and engagement of social activism to improve the lives of people living with HIV/AIDS. The researchers noted that the same individual may employ different strategies in different

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contexts, and that their strategies may overlap or change over time.

These qualitative studies indicate that a highly complex and contextual set of concerns and practices may surround issues of HIV serostatus disclosure for seropositive gay and bisexual men. This study built on these notions through a multi-component qualitative analysis of HIV seropositive men's concerns and practices regarding serostatus disclosure with sexual and romantic partners, and it worked to elaborate relationships that may exist between these practices and sexual risk behavior.

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Chapter II

Research Design and Methods

This study examined the HIV serostatus disclosure practices of seropositive gay and bisexual men with their sexual and romantic partners by analyzing qualitative data collected through the CDC-funded Seropositive Urban Men's Study (SUMS). The SUMS conducted qualitative interviews with an ethnically-diverse sample of HIV seropositive men who have sex with men (MSM) in New York and San Francisco. The interviews inquired about a broad range of issues related to the men's sexual lives, including their concerns and practices regarding serostatus disclosure to sexual partners. The present study selected 21 interviews from the parent database for close analysis which reflected an ethnically-diverse sample of HIV seropositive men who lived in New York and identified as either gay or bisexual. Using a grounded theory approach, three forms of systematic analysis were applied to the full interview transcripts: biographical analysis, content analysis, and discursive analysis. These three analytic approaches provided multiple 'lenses' through which men's concerns and practices regarding serostatus disclosure could be examined and conceptualized. The specific research aims, questions, and methods for this study are outlined below.

Research Aims

As discussed in chapter one, multiple developments argue for new and innovative studies of HIV serostatus disclosure practices, which include preliminary findings (and limitations) within the existing research literature on disclosure, newly developed

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secondary prevention initiatives that focus on disclosure, and the significance that many seropositive individuals may accord to these matters. With these issues in mind, the present study was designed to address the following specific aims:

1. **To advance the research literature on HIV serostatus disclosure practices of seropositive gay and bisexual men with their sexual and romantic partners.**
2. **To assist secondary prevention efforts in addressing serostatus disclosure issues more appropriately and effectively.**
3. **To generate information regarding serostatus disclosure practices that may be useful for seropositive gay and bisexual men.**

These aims served as important touchstones for the development of the study design, the conduct of the analyses, and the elaboration and discussion of the study results.

Research Questions

Three primary research questions were formulated to guide the study analyses, as outlined below:

1) **What concerns and issues frame the approaches that HIV seropositive gay and bisexual men have taken towards serostatus disclosure with sexual and romantic partners?**

This question was designed to allow a broad exploration of the varied issues and concerns that informed men's decision-making, perspectives, and approaches regarding serostatus disclosure with their sexual and romantic partners. What concerns did they note? What needs did they present? What discourses shaped their thinking?

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2) What approaches and practices have HIV seropositive gay and bisexual men employed to address serostatus disclosure issues with sexual and romantic partners?

The intent of this question was to develop greater understanding and specification of the behavioral strategies, approaches, and practices that men adopted to address the issue of serostatus disclosure with sexual and romantic partners. What were some of the ways that men handled these issues with their partners? How were these practices enacted? What purposes did they serve?

3) In what ways are the serostatus disclosure practices of HIV seropositive gay and bisexual men connected to their sexual (risk) behavior?

This question aimed to investigate both the broad connections between men's serostatus disclosure practices and the conduct of their sexual lives, as well as the specific interrelationships that may exist between disclosure practices and sexual behavior that presents risks for HIV transmission. How did serostatus disclosure issues shape the broad contours of the men's sex lives, and how did the men's sex lives shape their approaches to serostatus disclosure? How did disclosure practices shape sexual risk behavior, and how did sexual risk behavior influence disclosure practices?

These three principal questions guided the data analyses, but they did not confine the work, since the qualitative methods used on this study held the potential to identify important and emergent themes that were tangential to these questions. The guiding questions therefore served as "jumping off points" for the conduct of the analysis, rather than the final and definitive specification on the form and content of the investigation.

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A Note on Terminology

It is important to note some of the key terminology that will be used in this project. This study will focus on serostatus disclosure practices with sexual and romantic partners. A "romantic" partner will be defined as an individual with whom the participant has (or seeks to have) an emotionally-intimate and loving relationship. A "sexual partner" will be defined as an individual with whom the participant has (or seeks to have) sexual contact. These terms may overlap, but they are also distinct. "Romantic partners" are often "sexual partners," but romantic relationships can develop without sexual contact. "Sexual partners" are less frequently synonymous with "romantic partners," as men may have sex with individuals with whom they had little emotional intimacy.

To help emphasize this distinction, partners who are "sexual" but not "romantic" may be further described as "anonymous" or "casual" sexual partners. An "anonymous sexual partner" is an individual with whom the participant has sexual contact without knowing aspects of his personal identity; these partners are frequently met in the context of public sex environments, such as bath houses, sex clubs, and cruising areas in public parks. A "casual sexual partner" is an individual with whom the participant has sexual contact and also knows some aspects of his personal identity, but the two do not share (or intend to develop) a "romantic relationship."

Conceptual Framework

This study employed a grounded theory approach to the conduct of it's multiple methods of data analysis (Glaser & Strauss, 1967; Strauss & Corbin, 1998). Grounded theory stands in contrast to deductive research methods of hypothesis testing and theory-

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verification by employing an inductive approach to analysis. The approach prescribes close, systematic readings of the data, without preconceptions or assumptions, with the aim of discovering and developing theory directly from the data itself. Grounded theory allows researchers to better represent and build upon the actual voices and experiences of the study participants. In this light, "grounded theories, because they are drawn from the data, are likely to offer insight, enhance understanding, and provide a meaningful guide to action" (Strauss & Corbin, 1998, p.12). Such an approach was well-suited to the study's aims to develop new knowledge and understandings of serostatus disclosure practices that will assist the research literature, secondary prevention programs, and seropositive men.

Research Methods

The Parent Study – SUMS

This study utilized qualitative interview data collected through the CDC-funded Seropositive Urban's Men's Study (SUMS). The SUMS was the first large-scale, federally-funded study focused on secondary HIV/AIDS prevention among seropositive MSM. The two-year study was conducted in New York City (Jeffrey T. Parsons, Ph.D., Principal Investigator) and San Francisco (Cynthia Gomez, Ph.D., Principal Investigator) in conjunction with the CDC (Richard J. Wolitski, Ph.D., Project Officer). The SUMS aimed to develop a better understanding of the sexual practices and prevention-related needs of HIV seropositive MSM, and this information was subsequently used to develop a secondary prevention program focused on the promotion of reduced risk sexual practices among these men (the Seropositive Urban Men's Intervention Trial – SUMIT). The author of the present study served as the Project Director for the New York site of the

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SUMS. His work in that capacity included assisting the development of the qualitative interview protocol, as well as providing primary supervision for the conduct, quality assurance, transcription, data management, and analysis of the qualitative interviews in New York. The design and methods of the SUMS are described below, prior to detailing the specific design and methods of the present study.

Design. SUMS investigators collected qualitative and quantitative data from two cross-sectional samples of HIV seropositive MSM in two separate research phases. In Phase I, matched semi-structured interviews and pencil-and-paper surveys were conducted with participants in the San Francisco and New York City metropolitan areas during the summer of 1997. In Phase II, a revised version of the pencil-and-paper survey was conducted with additional participants in the same cities during the summer of 1998. This chapter will focus on the methods used in Phase I of the SUMS, since the data for the present study was collected during that phase.

Sampling. Participant recruitment for SUMS was conducted through a targeted sampling strategy (Watters & Biernacki, 1989). Targeted sampling strategies aim to "obtain systematic information when true random sampling is not feasible and when convenience sampling is not rigorous enough to meet the assumptions of the research design" (Watters and Biernacki, 1989, p. 420). This method samples through systematic, direct personal contact with potential study participants within a broad set of community settings. Targeted sampling was used on SUMS as a means of enhancing the diversity of the sample (rather than it's representativeness) – the aim was to draw participants from a wide variety of backgrounds, social circles, levels of participation in gay and bisexual

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communities, and degrees of involvement with HIV/AIDS services.

The targeted sampling strategy on the SUMS utilized a quota-based approach to recruit a multi-ethnic sample of self-identified HIV seropositive MSM from three types of venues. The strategy aimed to develop a sample that would be approximately two-thirds men of color, with a minimum of one-fifth African-American and one-fifth Latino, and a maximum of one-third White participants. The strategy also aimed to recruit approximately equal numbers of participants from three different types of community-based venues in which HIV seropositive MSM were likely to be accessed: 1) Mainstream gay venues (MGVs), which were defined as locations and events serving gay communities, such as gay bars, Pride events, street fairs, bookstores, and community centers; 2) AIDS service organizations (ASOs), which were defined as institutions and organizations that provide programs and assistance to people living with HIV/AIDS; and 3) Public sex environments (PSEs), which were defined as public and commercial spaces where men have sex with men, including bath houses, sex clubs, outdoor cruising areas, and pornographic video stores.

Recruitment. Within each of the three forms of community-based venues, specific recruitment locations were identified through collaboration with Community Advisory Boards at each site, consultation with project staff, and review of community resource listings. The recruitment locations were purposely varied in terms of the composition of clientele. Information regarding theme nights or events targeting particular groups of HIV seropositive MSM (e.g., Latino night, meetings for HIV seropositive men of color) was obtained and used to help target specific ethnic groups. Recruitment efforts in indoor

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settings occurred only after obtaining the written permission of owners or managers.

Participant recruitment for the study occurred through active and passive methods. Active recruitment methods were distinguished from passive recruitment methods in that participants had personal contact with project recruitment staff. During active recruitment, men who were approached as potential participants were given a project business card that provided basic information regarding the study. Recruitment staff also followed a standard script to verbally explain the focus of the study and the nature of study participation. In order to reduce inadvertent public disclosure of HIV status or potential embarrassment, the recruitment script included the comment, "If this doesn't apply to you, please give it to someone you know." During passive recruitment, potential study participants either picked-up flyers about the study that were left at recruitment locations, saw advertising for the study, or were referred to the study by a friend. Individuals contacted through either active or passive recruitment were directed to call a toll-free telephone number if they were interested in the project.

Screening. Individuals who contacted the project through the toll-free phone number were given additional information regarding the nature of the study and were screened for eligibility. Participants were required to be male and at least 18 years old, as well as to self-identify as HIV seropositive and to self-report sexual contact with a man in the last year. Participants did not need to identify themselves as gay to participate in the study – they could identify themselves as bisexual or in other ways. Race/ethnicity and recruitment venue were also used as eligibility criteria in accordance with the targeted sampling plan. Individuals who were interested in the project and who were determined to

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be eligible for the study were then scheduled for data collection.

Study Participants. A total of 255 self-identified HIV seropositive MSM participated in Phase I of the study (164 in New York and 91 in San Francisco). The project met its goals for participant recruitment by developing a sample that was more than two-thirds men of color. The specific racial/ethnic composition of the sample was 29% African American, 24% Latino/Hispanic, 30% White, 8% Asian/Pacific Islander, and 8% Mixed race/ethnicity. Approximately equal numbers of participants were recruited from each of the three venue types (MGVs, ASOs, and PSEs).

The Phase I participants tended to be middle-aged (average age of 37), although the ages of participants ranged from 20 to 62. The sample was overwhelmingly gay-identified (84%), with smaller numbers of men identifying themselves as bisexual (10%) or primarily heterosexual (1%). Less than half of the sample possessed a B.A. or advanced degrees, and the majority were unemployed at the time of assessment (68%). 40% of the participants were in a relationship, and about half of these men (48%) were in a relationship with another HIV seropositive man.

Most of the participants had known their HIV seropositive status for several years or more, although 6% of the sample tested positive within the last year. The majority of the participants reported no current HIV/AIDS-related symptoms (66%), but nearly half said that they had been previously diagnosed with AIDS at some point (48%). About 75% of the participants were taking HIV related medications, and another 10% said they stopped taking medications because of their strong side effects.

Measures. The Phase I semi-structured, qualitative interview elicited information

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on a variety of topics (See Appendix A). These included changes in one's sexual behavior since testing seropositive, the role of sex in one's life, perspectives on dating, partner selection, and the disclosure of HIV serostatus, the effects of HIV/AIDS treatment advances on sexual behaviors, and attitudes toward HIV/AIDS prevention programs. Men were further asked to describe their most recent sexual interaction in detail, as well as a second sexual encounter. The aim was to elicit two sexual narratives from each man (whenever possible): one encounter that was considered "safe" (i.e., no penetrative sex without condoms), and another encounter that was considered "risky" (i.e., a condom was not used for anal sex). The interview usually took between one to two hours to complete, and all interviews were tape-recorded and transcribed.

The Phase I and II pencil-and-paper surveys also addressed a variety of factors, including health status, medication use and adherence, prevalence and frequency of sexual behaviors by partner type and serostatus over the last three and twelve months, prevalence and frequency of drug and alcohol use, psycho-social variables (e.g., self-efficacy, norms, outcome expectancies), serostatus disclosure, mental health status, and demographic characteristics. The survey administered in Phase II was similar to the survey administered in Phase I; a handful of items were deleted from several scales after examining the psychometric properties of the first survey, and a few new scales were added. The surveys typically took one to one-and-a-half hours to complete.

Interview Procedures. The interviews were conducted by ethnically-diverse teams of gay men, which included (but were not limited to) HIV seropositive men. Interviewers received extensive training from the study investigators on the interview protocol, as well

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as the maintenance of interviewer/participant boundaries and related ethical issues. They also participated in a rigorous interview skills training process. After becoming familiar with the interview protocol, interviewers tape recorded multiple practice interviews with each other and listened to these tapes to refine their approach to the interviews. They next conducted a set of interviews with recruitment staff members playing the role of participants, and these interviews were observed by members of the study team, who provided direct feedback to the interviewers. After completing the training protocols, the first two participant interviews conducted by each interviewer were reviewed by the Project Director, who provided written feedback to the interviewers. The audiotapes of subsequent interviews were checked regularly by the Project Director for quality control purposes. Feedback, interviewing skills, and related concerns were discussed at weekly meetings of the interview team.

When potential participants contacted the study and were found eligible through the telephone screening, they were scheduled for an interview appointment. Participants could choose either a face-to-face or a telephone interview, but the great majority of the interviews (> 90%) were conducted in-person in a private research office. The interview appointment began with the participant providing written informed consent (this was done verbally during telephone interviews). The interview protocol was then conducted and tape recorded; most interviews lasted approximately one-and-a-half-hours. At the end of the interview, participants were given the quantitative survey to complete either on-site or at home. Participants received a $30 cash payment for their interview, and an additional $30 upon completion of the quantitative survey. Participants also received a community

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resource list and an informational booklet for HIV seropositive individuals, and they could complete a form to request a copy of the study results. All of the resulting interview audiotapes were transcribed by a professional transcription service.

The Present Study

Design This study employed a grounded theory approach to the analysis of qualitative interviews from a sub-sample of 21 HIV seropositive men who participated in Phase I of the SUMS project in New York. The analysis of the interview transcripts was catalyzed by the study's three guiding questions (men's concerns regarding disclosure, approaches to disclosure, and the relationship between disclosure practices and sexual practices). Three analytic strategies were applied to the interview data: a biographical analysis, a content analysis, and a discursive analysis. This analytic "triangulation" was inspired by Wilkinson's (2000) contrast of these three approaches in an examination of women's accounts regarding the causes of breast cancer. The three analytic arms aimed to provide multiple, distinct windows onto HIV seropositive men's serostatus disclosure practices with sexual and romantic partners.

Sampling Although the SUMS conducted interviews with a total of 255 participants, this study used a subset of 21 interviews from the parent database due to the rigor and scope of the proposed research methods, the great length of the interviews, and the omnipresence of disclosure-related concerns and issues throughout all segments of the interview transcripts. It was further decided that only interviews from the New York site would be selected for the present study, because these represented the interviews that the author had either personally conducted or supervised in his role as Project Director.

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This study mirrored the SUMS sampling strategy that aimed to develop a sample composed of an approximately equal number of African American, Latino, and White men (resulting in a sample that is at least 2/3 men of color), as well as equal numbers of men drawn from the three types of recruitment venues (MGVs, ASOs, and PSEs). Like SUMS, this approach was used to help foster a diverse, rather than representative, sample of respondents. The interviews were sampled from the parent database through a two-stage process. First, five interviews which had been personally conducted by the author of this study were selected for analysis. Then, the remaining 16 interviews were selected in a manner designed to meet the study's sampling criteria. A matrix was created which identified the New York SUMS interviews according to their participant race/ethnicity and recruitment venue. The data set contained multiple interviews at each crossing of these two elements (e.g., there were multiple interviews with Latino men recruited from PSEs, multiple interviews with African American men recruited from ASOs, etc.). Random selection was used to cull interviews from each of these crossings that would meet the specific sampling aims for this study.

Study Participants. The participants in this study were 21 HIV seropositive gay and bisexual men living in New York City during 1997. The sample was composed of 6 African American men, 6 Latino men, 6 White men, and 3 men of mixed race/ethnicity. The sample also contained 7 men recruited through mainstream gay venues (MGVs), 7 men recruited through HIV/AIDS service organizations (ASOs), and 7 men recruited through public sex environments (PSEs). The average age of these participants was 38, and their ages ranged from 20 to 51. The average time since testing HIV seropositive was

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approximately 7 years prior to the interview, and this length of time ranged from just 2 weeks to 13 years. The key participant characteristics are summarized in Table 1 (the participant names listed in this Table and throughout the text are pseudonyms).

Measures. As elaborated earlier, transcripts of the SUMS Phase I semi-structured qualitative interview provided the data for the present investigation (See Appendix A for the interview protocol). The interview protocol asked about many aspects of the men's sexual lives, concerns, and practices, including issues related to HIV serostatus disclosure with sexual and romantic partners. Because participant responses to many questions often touched on issues of serostatus disclosure, the present study examined the full transcript of each interview during the course of analysis.

Analysis. The study employed a systematic, grounded theoretical approach to the analysis of the interviews. Throughout all stages of the analytic process, critical research insights and study developments were recorded within an ongoing journal help facilitate and further this process. The analytic process occurred through four primary phases: the initial grounded analysis, a biographical analysis, a content analysis, and a discursive analysis. These four phases are described below.

Initial grounded analysis. The first phase of data analysis set the framework for subsequent analyses. Following the selection of the interviews that would comprise the study sample, the interview transcripts were printed in their entirety to facilitate the analyses (the interview transcripts ranged between 30 and 80 pages each). To first become (re)acquainted with the data, the quality of the transcription, and the voices of the men in the sample, the 21 full transcripts were read in sequence and without substantial

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annotation or note-taking (although some emergent insights were recorded in the analytic journal). Next, each paper transcript was closely reviewed for themes and concepts relevant to the study's three guiding questions: 1) issues/concerns that frame approaches to serostatus disclosure with sexual and romantic partners, 2) approaches/practices regarding serostatus disclosure issues with sexual and romantic partners, and 3) connections between serostatus disclosure practices and sexual practices. When a relevant theme or concept was identified within a sentence or paragraph of text, a brief label that described the idea was recorded in the margins of the transcript. Emergent issues that appeared to be tangential to the guiding questions yet central to the study topic were also noted (these included certain 'discursive moments,' which are described below). Upon completion of this open coding process, a brief synopsis (3-6 pages) of the general themes within each interview was written, which included key passages that were excerpted from the text. The process of casually reading of the interviews, followed by directed reading, open coding, and summarization of each interview, provided thorough engagement with the raw interview data prior to proceeding with the other analytic arms of the study.

Biographical analysis. The qualitative interviews provided substantial and rich accounts of each man's sexual life and the role that HIV/AIDS and issues of serostatus disclosure played within it. Although the interviews were not designed to collect significant information regarding participant's general lifestyle, personality, and past history, many of these elements also surfaced within the interviews. Many of the interview transcripts therefore permitted the construction of detailed biographies of each man who was interviewed, with a primary focus on his sexual and romantic life.

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The biographical analysis proceeded in the following fashion. After the written summaries of each interview had been prepared, these summaries were reviewed with the aim of identifying three men from the sample who 1) described divergent approaches to issues of serostatus disclosure with their sexual and romantic partners, and 2) provided sufficient richness within their interviews to permit a detailed elaboration of their lives. Upon the selection of three men who met this criteria, extended biographies of each man were prepared one-at-a-time. This process involved further notation of his interview transcript and blocking segments of text that were significant for describing his life and his practices and perspectives on disclosure. This information was then combined with the original interview summary to produce an extended biographical narrative for each man, which aimed to set the man's approach to serostatus disclosure issues within the broader context of his life, his experiences with HIV/AIDS, and his sexual practices. It is important to note that any detailed references to persons, places, or events that could potentially identify the participant were either masked or altered in very subtle ways (e.g., a man from Minnesota could be represented as a man from Wisconsin). After each participant biography was completed, the biography was read against the interview transcript one more time as a measure of validation, and if necessary, the biography was edited again to best reflect the details of the man's life as represented within the interview.

Content analysis. This study also conducted a content analysis to identify and elaborate emergent themes regarding serostatus disclosure from the 21 interviews in the study sample. The content analysis was initiated by reviewing the three participant biographies, the summary for each individual interview, and the ongoing analysis journal

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to identify emergent themes regarding disclosure concerns, practices, and intersections with sexual behavior. This preliminary set of emergent themes consisted of multiple and discrete topics that were each defined and elaborated in writing.

Once specified, these initial themes were applied to (and refined by) the interview transcripts in a systematic and iterative fashion. A set of three interview transcripts was selected, and the text and comments that were relevant to each of the preliminary themes were culled from these interviews (which occurred by pasting the relevant text into a word processing document for each theme). Any comments and insights from the three transcripts that did not fit into the preliminary thematic framework (or which suggested a reorganization of it) were used to revise and extend the framework. This process produced a "second generation" of emergent themes from the interview data, and these revised themes were then applied to a second set of three interview transcripts through the same process of culling relevant text and refining/extending the thematic framework. The process of applying, revising, and elaborating the emergent themes with sets of three interviews was conducted in an iterative fashion and was repeated a total of six times.

At the end of this process, each specific theme had it's own word processing file which contained 1) written elaborations of the theme and 2) many swatches of relevant text culled from the interviews. The documents for the specific themes were then reviewed and synthesized to create the final write-up of the content analysis. The write-up presented emergent themes regarding serostatus disclosure concerns, practices, and intersections with sexual behavior, and it included examples of interview responses that illustrated and elaborated aspects of each theme.

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Discursive analysis. Discursive analyses focus on the specific words and phrases that the interviewer and participant choose to construct their dialogue. This method has been infrequently used within health and social psychological research to date; it is more common within feminist psychology and some sociological research. Wilkinson (2000) underscored the particular distinctiveness of the discursive approach by contrasting it with content analysis and biographical analysis:

> Within this framework, people's talk... is seen not – as in content analysis – as evidence for cognitions (beliefs, attitudes) and the 'sources' of the information that underpins them; nor – as in biographical analysis – as reflecting the phenomenological search for meaning and continuity of the lifeworld; rather, such talk is understood as a form of action designed for its local interactional context. The argument here is that talk... is designed by speakers for its specific context, and is doing something relevant to, and occasioned by, that context. (pp. 443-444)

Within discursive analyses, the talk that occurs within interviews is viewed as purposeful action – the particular words and phrases (as well as the pauses and intonations) used by participants and interviewers represent conversational devices that are designed to service their interactive dialogue. Under this perspective, statements made within the interview only become endowed with meaning by examining the immediate conversational context, instead of looking to the longitudinal context of the participant's life course (biography) or the current social context of the participant's life (content analysis). As such, discursive analysis could be considered a kind of micro-level social psychology, which examines how participant responses are constructed to negotiate the context of the interview itself.

Discursive analysis therefore mandates an examination of the precise words and phrases that build the interactive dialogue between interviewer and participant. This can only be accomplished through the close analysis of specific conversational exchanges

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between the two. This study therefore conducted a discursive analysis through the following steps. First, a set of 'discursive moments' were identified – these were swatches of dialogue that reflected 1) significant discussions of serostatus disclosure issues, and/or 2) scenes of negotiation and interactional difficulty that occurred between interviewers and participants. Swatches of text that embodied these 'discursive moments' were noted during three junctures: the preparation of the individual interview summaries, the development of the three participant biographies, and the parsing of the interview transcripts for the purposes of the content analysis. An ongoing record of 'discursive moments' was maintained by copying these swatches of text to a word processing file, much like the process used to assemble quotes for each the theme in the content analysis. At the conclusion of this process, the accumulated segments of text were reviewed to identify transactions that were particularly significant and meaningful for understanding disclosure processes. These selected interviewer-participant transactions were then closely examined and dissected in writing for the purposes of the discursive analysis.

Interpretive community. To assist with the interpretation of the study data and the discussion of the study results, the study author held regular discussions with two HIV seropositive gay men – one was a friend, and the other was a colleague. These discussions provided opportunities to seek input and feedback on the unfolding study analyses and emergent themes. Both of the men also read early drafts of the study results chapters and provided comments on them. Their (gracious) assistance helped to ensure that the study results resonated with men who were currently addressing issues of serostatus disclosure with sexual partners in their lives.

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Table 1. Key Characteristics of Participants								
Pseudo-nym & ID	Age	Race/ethnicity	Sexual Identity	Time since tested HIV+	Recruitment Venue	Current health status	Current relationship status	Sex partners in last 6 mos.
Ben 1017	44	African American	Gay	8 yrs	Gay Venue (Gay and Lesbian Community Center)	On meds; being HIV+ has been more of an "emotional" than a "physical" problem	Single; broke up with boyfriend of one year about 6 mos. ago	10-12
Manny 1034	38	Latino – Puerto Rican	Gay	3-4 yrs	Gay Venue (Christopher Street Piers)	Health has improved considerably in past year via combo therapy; viral load now undetectable	Dating two men for several months now	4
Brett 1044	33	White	Gay	12 yrs	Gay Venue (Gay/Lesbian Community Center)	Good; now on meds; has improved much over last 2-3 years	In a "serious" and monogamous relationship for 10 months with HIV negative boyfriend	1
Warren 1079	34	African American	Gay	8 yrs	Service Organization (Franciscan Residence)	Once bedridden via AIDS; medications have restored his well-being but he still has a high viral load	Single	3
Marcus 1080	36	African American	Bisexual	11 yrs	Service Organization (Franciscan Residence)	Feeling "pretty much healthy" – on meds and has undetectable viral load	Single; broke up with boyfriend of one year about 4-5 mos. ago	2

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Table 1. Key Characteristics of Participants (cont.)								
Pseudo-nym & ID	**Age**	**Race/ethnicity**	**Sexual Identity**	**Time since tested HIV+**	**Recruitment Venue**	**Current health status**	**Current relationship status**	**Sex partners in last 6 mos.**
Victor ("Vic") 1102	33	Latino	Gay	3 yrs	Service Organization (GMHC)	1½ years ago, he became symptomatic – meds have improved his condition	Dating; seeing a negative partner for 2 months	20 or more
Gene 1107	51	White – Italian	Gay	8 yrs	Service Organization (GMHC)	Combination therapy has recently improved his health and dropped his viral load	Single; but sees 2 or 3 regular sex partners	2
Rick 1149	46	Mixed – Spanish and Native American	Gay	3 yrs	Gay Venue (Ad in NEXT Magazine)	Has "good days and bad days" but is fairly healthy and on meds	Single	200 or more
Arthur 1169	41	Mixed Race (unspecified)	Gay	8 yrs	Public Sex Environment (Mount Morris Baths)	Living a "pretty healthy life" with increasing T-cells due to combination therapy	Single; periodically sees ex-boyfriend & potential partner from Chicago	3
Felix 1172	33	Latino – Puerto Rican	Gay	9 yrs	Public Sex Environment (Central Park)	Had full-blown AIDS when first diagnosed; now on meds and has undetectable viral load	Single after a break-up 6 mos. ago	30

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Table 1. Key Characteristics of Participants (cont.)

Pseudo-nym & ID	Age	Race/ethnicity	Sexual Identity	Time since tested HIV+	Recruitment Venue	Current health status	Current relationship status	Sex partners in last 6 mos.
Kurt 1192	43	White	Gay	2 wks	Public Sex Environment (Central Park)	In treatment for Hepatitis B for two years; only tested HIV+ 2 wks ago; not yet on meds	Dating a man for 2 mos.	20
Paul 1212	34	White – Italian	Gay	11 yrs	Gay Venue (Ad in Next Magazine)	Has always been asymptomatic; not on any meds and doesn't want to start	Single	100s
Reinaldo 1262	32	Latino – Puerto Rican	Gay	13 yrs	Public Sex Environment (unspecified)	On medications and in good health after past periods of illness	Single for past four mos. after ending a 7-year relationship	75 or more
Laurence 1282	34	African American	Gay	6 yrs	Public Sex Environment (Central Park)	Has been hospitalized several times; most recently a month ago; has a doctor but is not taking medications	Sees two regular sex partners who he calls "friends"	4
Jaime 1288	35	Latino – Puerto Rican	Gay ('homo-sexual')	13 yrs	Service Organization (Body Positive)	Meds reduced his viral load to undetectable; he stopped taking them & may have developed drug resistance; doctor is now considering new regimen	In a 1-year, long-distance relationship with a HIV+ man from San Francisco	3

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Table 1. Key Characteristics of Participants (cont.)								
Pseudo-nym & ID	Age	Race/ethnicity	Sexual Identity	Time since tested HIV+	Recruitment Venue	Current health status	Current relationship status	Sex partners in last 6 mos.
Connor 1294	46	White – Norwegian	Gay	11 yrs	Service Organization (Body Positive)	Combo therapy has "commuted his death sentence" and restored his energy and health	Single for the past three years	300
Seth 1308	37	Mixed Race – African and Native Amer., Italian, Jewish	Gay	5 years	Service Organization (Body Positive)	In excellent health and taking medications	Single after ending a one-year relationship about one year ago	40-50
Larry 1327	51	White – French/Italian	Gay	6 mos	Service Organization (Body Positive)	Healthy and taking meds; T-cells are rising and viral load is undetectable	Single; ended 10-year relationship after testing poz about 6 mos. ago	60
Dale 1333	45	African American	Gay	12 yrs	Gay Venue (Brooklyn Pride)	Taking medication and is in good health	Dating one man "off-and-on" for past 6 mos.	2
Phillip 1373	28	White	Gay	7 yrs	Public Sex Environment (Unidentified bathhouse)	Had very poor health ("at death's door"); started combo therapy 3 mos. ago and is much improved	Single	3
Troy 1375	20	Latino – Puerto Rican	Gay	6 mos	Gay Venue (Clubhouse Nightclub)	Asymptomatic to date; not on meds (and "never wants to start")	Single	7

Chapter III

Reading Disclosure through Three Lives:

A Biographical Approach

This chapter will describe in detail the biographies of three gay men who are living with HIV/AIDS. A close examination of these unique individuals helps to illustrate both the diverse lives of HIV seropositive gay men and the divergent approaches they may take towards their sexual practices and issues of HIV serostatus disclosure. Understanding the substance of their lives also helps to frame and interpret serostatus disclosure practices within the larger, overlapping contexts of one's personality, social environment, and historical moment. These stories further remind us of the humanity of these men, who regularly find themselves wrestling with the complex moral dilemmas that lie at the intersection of sex, intimacy, disclosure, and HIV prevention.

Manny's Story

Manny is a 38-year-old Puerto Rican man who identifies as gay. He first tested HIV seropositive during an examination for a life insurance policy application – a policy for which he was subsequently rejected. Manny explained that he did his best to ignore his seropositive test result at first, because he "just didn't want to deal with it." He became extremely sick several years following the test, however, which resulted in hospitalization and an attendant AIDS diagnosis. Manny recalled, "that's when it hit me so hard that I couldn't, I couldn't ignore it any further." He was prescribed combination antiretroviral therapy for HIV/AIDS (including a protease inhibitor) and other medications to fight his

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opportunistic infections, resulting in a regimen of many pills that had to be taken every day. Although the treatments have been demanding to keep up with, they have been very effective for Manny. He has watched his clinical test results improve over time with great hope and excitement: "The day, the day the doctor told me that, that my, the, the viral load in my body was so low it was undetectable, I literally felt like, um, I was on death row, and that he gave me a heart." Manny has gained weight and feels much more attractive than when he was visibly ill; he reports that he now gets "a reaction and a response from guys, from relatives, from girls." His health has improved to the point where he has greater energy and an improved sense of well-being. Although Manny has been on disability since the time he was hospitalized with his AIDS diagnosis, he would now like to become employed again.

Manny describes himself as being "more conservative" than most seropositive gay men regarding expressions of his sexuality and serostatus. He generally avoids participation in gay activities and events, and regular visits to his doctor are the only HIV-related activities in which he participates. When asked whether he has ever been involved in programs for seropositive gay men, Manny explains:

> I usually -- I shy away from it. The whole gay scene, I'm not really, I'm not really into. Um, there are, there are things, and I know people who are involved in it, and I do talk to different people. But I, that's not, that's not an issue. Put it this way. My ethnicity comes first, not my preference. If I'm gonna get involved in an issue, it will be based around being Puerto Rican -- or something like that, or an issue, but not so much about, ah, being gay, or, or being HIV positive.

Manny feels that his upbringing as a Puerto Rican and a Roman Catholic helped establish the primacy of his ethnic identity. This focus also grows from his experiences as a gay

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man of color, which have sensitized him to multiple and overlapping forms of stigma. His perspectives on the compounded discrimination of racism and homophobia emerge in response to a question about recreational drug use:

> I don't take drugs. I don't take alcohol. I don't smoke. I don't do any, any of the above. I look at it as being gay -- being Puerto Rican, period, is -- or being a minority in this country, period, is a negative to begin with. On top of that, being gay is even further a negative. Anyone who's foolish enough to take drugs, alcohol and smoke, or whatever, they're just adding more problems to, to a life that's already complicated to begin with. That's my personal opinion.

To help minimize his experience of stigma as someone who is an HIV seropositive gay man of color, Manny has de-emphasized his sexual identity and his serostatus. In addition to avoiding activities focused on gay men, he is selective about disclosures of his sexual orientation, explaining that "If someone were to ask me, I'd tell them yes – ah, but, I don't flaunt what I do, and who I do it with, or what I do." This perspective is further embodied in the way that Manny maintains his home: "Anything related to being gay I don't want in the house. I, I don't want it. That doesn't, that doesn't interest me, okay, not in the slightest." Manny also avoids keeping any HIV-related materials in his home, stating that "anything related to that I usually get rid of." This can sometimes lead to conflict between Manny and his roommate, who is a seropositive ex-boyfriend, because his roommate works in the field of HIV/AIDS prevention and "has tons of that shit, which pisses me off." The only HIV-related material that Manny personally keeps in his home is his HIV medications, which he has chosen to hide in a box in the living room so that visitors will not discover them in his medicine cabinet.

Manny's reluctance to involve himself in programs or activities related to

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HIV/AIDS makes his participation in this HIV-focused research study seem unusual, but he chose to take part after an unexpected intersection between his life and the study's outreach efforts. Manny had been on a date with a man to whom he had recently disclosed he was seropositive. They were spending part of the day at the Christopher Street Piers in Manhattan when "a young gentleman came by who was passing out these green cards which mentioned the study." Manny thought that the study recruiter was very attractive, and he was taken aback by the fact that this man was on the piers talking to them about HIV. He also found it highly ironic that he had just disclosed his seropositive status to his date:

> Um, and Alex looked at me, and he started to laugh because I had just told him that I was positive. That's, that's why we were laughing. So the guy, the guy kind of like thought he did something wrong. I said don't, don't worry. It was a private joke (laughs).

This chance encounter sparked Manny's interest in the study, but it was ultimately his altruistic and inquisitive nature that led him to set-up an interview. He explains:

> I look at life as a, as an adventure, and you never know what -- in fact, one person has such a, such an impact on another person's life, and that's kind of like what, what has happened to me and that's how I deal with it. I'm, I did this out of curiosity if nothing else.

Manny has had five serious, romantic relationships with men over the course of his life. His last long-term relationship ended just before his period of hospitalization and severe illness, and he has subsequently been single for about two years. Over the past several months, Manny has been dating two men simultaneously (one of whom was present during the encounter with the study recruiter on the piers). For Manny, both of his current dating relationships are non-sexual by design. He feels that "if I wanted to go

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pick-up a guy in a bar or whatever, I, I, I am confident that I could do it very easily, but that's not what I'm looking for.... I'm 38, and I want something more." Manny has little interest in casual sex at this point, and he is seeking a long-term, committed relationship:

> I'm not into one-night stands. I'm not into, quote, "fuck-buddies." I'm not into that, either. I want someone who you can spend time with, and stay with, and remain loyal with, which is a hard sell these days. But that's what I look for. But I say that up front. I tell you what I'm not looking for. I say it up front, and if they're interested they'll say. And if they're not, then they, it wasn't meant to be.

Manny has developed a plan in which he intends to find a suitable romantic partner for himself through a series of non-sexual dates. He suspects that he will need to date many men in order to find "the right one:"

> The reason why I see two guys – and, frankly, if I could see more, I would – ah, is because I, I look at – it's like when you pan for gold, it's like you have all these rocks and these nuggets. And it's like what – everything is like fool's gold. And what actually stays there will be your, will be the gold piece. And that's exactly the piece I'm looking for. So if I have to date three or four, whatever, different guys, and I don't mean sexually – date them – I will get as many as I can until I get the right one.

Manny met men in bars or nightclubs prior to his period of hospitalization, but he has stopped frequenting those venues. He now prefers to meet men through a phone service, where callers can hear recorded messages from men looking for dates or sex partners. Manny believes that this method is a good match for his relationship interests:

> I've actually met different guys that way. Most guys are not what they appear. But I would rather – this [phone service] is an interesting way of dealing with it because you're not dealing with a guy in terms of his looks, or in terms of what he – his body, or whatever. You're dealing through, through an intellect.

Manny describes his dating philosophy as one of "courting" a man. He uses the phone service to build interest and intimacy with partners through a progression of phone calls

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and in-person dates:

> I look at this as a baseball game (laughs). It's like I'm up to bat. And if you're talking with a guy and he clicks on the phone, you're on first base. When, when you meet and it clicks, you're on second. And so on and so forth.

Manny's current emphasis on dating relationships rather than sexual encounters reflects broader changes in his sexual practices. Since he tested seropositive, Manny has become much less sexually active. He explains that "I don't do half of what I used to do," and adds that this change even extends to masturbation: "At one point I was doing it, honestly, three and four times a day. I don't do that anymore. If I do it once in a while, that's a lot." Manny feels that his lost libido has been one of the most significant changes in his life since he tested seropositive:

> One of the changes would be, was the interest wasn't there any longer. It kind of turns you off completely. And, and that not only in terms of being -- not only in terms of being destructive, but also in terms of just the interest just isn't there anymore. You don't want to do it.

Manny's reduced sexual activity is related to concerns about potentially transmitting the virus to others ("being destructive"), but it is also connected to other factors. His severe illness in 1996 robbed him of his desire for sex: "You get to a point where you, you go from beyond being HIV to having AIDS, and you're totally turned off completely – you don't even, you don't even contemplate the idea anymore." Recently, however, Manny's improved health has increased his libido somewhat:

> Ah, and then when you're on your medication and you develop, your weight comes back and you start to look, look the way you should look -- then your needs start to come back, in terms of your desire to have sex or to be with a guy. That's really where I'm at right now.

Manny therefore summarizes his current sex life in this way:

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> I have not really had sex in a long time with anyone. Um, I do have sex with people. If the situation comes up I will do it. But the point I'm making is, um, you're striving for something that's not just to get off on the moment. You have to go beyond that. That's what I'm saying.

Manny is ardently committed to safer sex practices at this point in his life. Before he acknowledged his HIV seropositive status, he typically used condoms for anal sex with strangers but not with romantic relationship partners. He states emphatically, however, that he has not had any unprotected anal sex since he tested seropositive ("I haven't done it since – I have not"). Manny's commitment to safer sex is guided by his experiences with friends who were lost to HIV/AIDS, and an understanding of how the disease has ravaged entire communities:

> Q: Do you have any factors, or are, are there any factors, or do you have any strategies that help you to have safer sex?
> A: Well, all that I do is think about all the people who have died that you know of, whether they're your relatives or, um, friends or guys you've been to bed with. And that alone will do it.
>
> I had a friend. His name was Ted, and he had called me one day at work. And he was in the hospital, and he wanted me to come see him. And I asked what was wrong that you're in the hospital. He said he had TB. When he called he did, but it was more than that.
>
> Then two -- I didn't go to see him. I was just too busy. I wish I had. Two weeks later his brother called me. He said I found -- he didn't know me and I didn't know him. But he said I'm Ted's brother, and your phone number, your phone number is in his book. And, and he said you must have been a friend because, um, if it wasn't in the book -- if you weren't a friend you, you wouldn't have been in his book.
>
> Then he tells me I just wanted to let you know that Ted died. And I didn't ask what he died of. I just knew that it was AIDS. So, um, whenever I, I -- that's something you don't forget. And it's like if that doesn't, ah, like wake you up, ah, nothing does.

Manny's practice of safer sex is also connected to concerns about protecting his own recently-improved health, but he repeatedly maintains that "I'm more protective of the guy

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more than I'm protective of myself because I don't want it on my mind that I infected someone." The concern for others that underlies Manny's commitment to safer sex grows largely from the belief that he infected his last boyfriend – who also happens to be his present roommate. His feelings of shame and guilt over that event have been integral in shaping his present behavior:

> I don't want it on my conscience that I infected anyone. I already -- I infected one person already, which I regret, and that was prior to knowing that I was positive. And I don't want, ah, another person -- ah, I don't want to be able to say that I infected anyone else.

Manny says that this situation occurred "prior to knowing that I was positive," and he adds that his ex-boyfriend "found out he was positive before I did." However, a close reading of the time line and events presented by Manny suggests that his ex-boyfriend probably tested seropositive during the period of time when Manny was in denial about the test result he received from the life insurance examination. This understanding, which Manny may not want to acknowledge to the interviewer (or himself), would help explain how he "knows" that he "infected" his ex-boyfriend, as well as the powerful guilt that he experiences in recalling the event. Support for this interpretation comes from this transaction, which occurs early in the interview:

> Q: When, when did you actually test positive?
> A: I think it was 19... '93 or '94, as close as I can recall.
> Q: And, and how, how has your life been affected since you've been HIV positive?
> A: I actually infected one person that I know of, um, who is aware of it, and he's aware that I did. Um, that's – from that point on I'm very careful as to who I do what with. And that was only a couple of years shortly after that. Then I totally stopped completely, only because the interest and the urge evaporated. It wasn't there any longer.

Manny's statement intimates that his ex-boyfriend's HIV infection occurred "a couple of

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years shortly after" he tested seropositive, and that it was the actually the situation with his ex-boyfriend that led him to lose interest in sex. If this is correct, then the pivotal event which prompted Manny to change his sexual and romantic practices was not his own seropositive test result, but rather his boyfriend's seropositive test result.

In addition to his commitment to safer sex practices, Manny has recently decided that he will always disclose his seropositive status to potential partners before they have any sexual contact – "I tell the guys up-front." For Manny, this practice is connected to his interest in developing a serious relationship through a process of non-sexual dating. He feels that serostatus disclosure is essential to cultivating successful relationships:

> You court a guy. You romanticize the guy. And you do your damnedest to, to show them that you're sincere and being honest, meaning tell him you're HIV up front -- which is exactly what I've done, which I've never done before.

It is likely that Manny's experience with his ex-boyfriend who became HIV seropositive contributed to his decision to disclose his serostatus before having sex with someone. When he elaborates on the significance of disclosure to the development of his relationships, one must wonder whether he is speaking hypothetically, or directly from his past experience:

> You have to – you can't fall in love with a guy unless you establish a trust. You can't establish a trust unless you're honest. And if you're positive and, and you're making an investment with a guy in some of his time and, in terms of a relationship, you have to say it up-front, whether you like it or not.
>
> If you don't do it and you, you bond with him, and then he finds out later on, and you weren't, you weren't honest about it, your relationship is down the tubes, and all the time and energy you put into it is for nothing. You have to say it up front. And I've gotten to that point. That's exactly what I'm doing.

Manny feels that serostatus disclosure is a critical juncture for relationship development

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which contains the potential to either enhance or destroy the development of intimacy and trust, depending on how and when the disclosure is handled. Given this perspective, he suggests that early disclosure can also be used to screen potential relationship partners, so that "if he [the partner] wants to continue with it, fine. If he doesn't, then it wasn't meant to be."

Manny takes a particular approach to the act of disclosing his seropositive status to his dating partners. He chooses to make the disclosure after a certain level of intimacy has been developed through regular phone and in-person contact, but before any sexual contact has occurred. He describes the process by which he disclosed his serostatus to one of his current dating partners:

> Like when Robert and I met, ah, it clicked, ah, meaning that we were, we were on second base, and meaning that we met and we, we both liked what saw. And I told him that if -- the way, the way we met, it was on this thing about, he doesn't want a game. He wants a relationship.
>
> And that's how he came off. And I said, well, I'm of the same mind-set, but let's, let's throw the shit on the table. So he threw his out on the table. He gave me a whole laundry list of crap that I thought was weird. And then I gave him mine, but I didn't give that one [his serostatus] right up front.
>
> Ah, and then, then we continued to talk on the phone again. And I said there's more I have to tell you that I didn't bring up before, and I said I'll tell you when we meet. And the next thing, we met, and I threw it on the table. And I said it. And I – a lot of it I threw in because he was telling so much of his, and I thought I had problems. He had his problems, too, but not in that, in that area.

Manny's disclosure in this case serves, in part, to reciprocate the personal disclosures of his dating partner as they develop greater intimacy and trust. His statements, such as, "let's throw the shit on the table," and "I thought I had problems," also belie his perception of HIV/AIDS as a stigmatized condition. Given this negative connotation, Manny often employs normalizing language when he tells his dating partners that he is

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seropositive. This is evidenced in the advice he gives to his boyfriends regarding sexual partnerings in the city:

> I'm more careful and more protective than they are. I tell them always go under the assumption that the guy you're with is. And I – and also they say that one out of every two persons in New York City who's gay is HIV positive, so that's a 50-50 shot you're taking. And I always tell everyone don't ever believe what anyone tells you, because I don't anymore. That's just the way it is.

When disclosing his serostatus, Manny also typically tries to reinforce the goodness of his action and his intentions by naming the alternative that he avoided:

> But, ah, the point I make to them is, is that I could just lie and not have told you, and just did whatever it is I wanted to do. But I didn't do that. I said it up front.

Manny only communicates his seropositive status to his dating partners through verbal statements of disclosure. He notes that, "some guys, for example, will leave their medication in their cabinet, which I think is stupid. I don't do that."

Since Manny initiated his new disclosure plan a few months ago, he has told three of his dating partners that he is HIV seropositive. He emphasizes, however, that this has not been a simple process: "I tell you, it is not easy to tell someone that you're positive." Disclosure remains very difficult for Manny because of the HIV/AIDS stigma he perceives, and his resulting fear and uncertainty over his partners' reactions. He explains this by recalling his feelings and experiences from the time when he was seronegative:

> One guy I dated once, and I took him to my house when I lived alone. And he told me he was positive. He freaked me out. I wouldn't go near him. I didn't touch him. I said it's over. And then he would keep calling me and I wouldn't even respond to his calls. Then one day I ran into him again, but now the shoe is on the other foot, and now I regret treating him that way.
>
> But, um, that's why I understand why sometimes -- that's why I hesitate, saying it. It's hard to say because you, you don't know how people are going to react to you.

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Although Manny has decided to disclose his seropositive status before having sex with dating partners, he notes that he remains "very selective in terms of who I'm saying this to." Manny pays close attention to the comments that his partners make during the course of dating that may indicate their attitudes toward people with HIV/AIDS. He will try to elicit these opinions indirectly by making general statements, such as "I don't do anything that's unsafe," and monitoring his partners' response. If a dating partner seems particularly prejudiced, then he may choose to end the relationship before disclosing his status. This is not always the case, however:

> It depends on – um, like Alex would comment that – before I told him I was positive, he said something to me. He said that he never wanted to kiss a guy who was HIV+ or who has AIDS. I don't think he even understands the distinction between the two. And that's one reason why I hesitated even telling him.
>
> Then, when I eventually said it, um, I, I told him that that's not an issue as far as -- that's not a way, a way a guy can, ah, contract it or what-have-you. That's not the way it's done. So, in that sense, he threw it out and I tried to educate him as far as that point was concerned before it even got to that point.

Manny may tolerate and/or educate some men with faulty conceptions about HIV/AIDS because he feels that he does not have many dating options. He explains:

> That's really -- that's how I look at, at this, because this is not, this is not easy to deal with. Being gay is not easy. It's like you're, you have a limited pool to deal with. And on top of that, if you're positive, you have an even more limited pool, so that's kind of like how I'm dealing with it.

Although Manny's disclosure experiences are not extensive, the difficulties and prejudice that he has encountered have led him to strongly prefer an HIV seropositive relationship partner. He feels that with an seropositive partner, "you don't have to worry about how they're gonna react to what you have, because they have it as well." Manny elaborated on

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this when he was asked about his needs as an seropositive gay man:

> I think I have a need for me to meet a guy who's HIV positive. I think it's easier to deal with, and you both kind of like are in the same boat. Um, it's also easier, um, being that, you know, you can't infect a guy because he's already infected. You don't, you don't have to have that on your mind and always wonder. Um, you, you sometimes – you, you would better understand what he's going through because you're going through the exact same thing.

The primary intersection between Manny's disclosure practices and his sexual practices lies in his insistence on informing his dating partners that he is seropositive prior to having sexual contact with them. He views disclosure as another component of his risk reduction strategy, along with his consistent practice of safer sex, because his partners are "more cautious, ah, in terms of me" after he has disclosed his status. Manny has found, however, that caution is frequently driven by fear. In discussing his two current dating partners, he states:

> Both are younger than I am. Both I said up front that I was positive. Um, one is, one is, like, very uneasy. I think they're both uneasy with it.

Manny has responded to his partners' unease about his seropositive status (and perhaps his own unease) by choosing to let them take the lead in initiating sexual encounters:

> The thought is always in the back of your mind that you're positive. The thought is always in the back of your mind that you don't want to infect him. And the thought is always in the back of your mind that he's uneasy, so I'm not gonna push him. If he's ready he'll do it. Ah, and that's usually as far as it's gone, ah, with him.

Manny is growing interested in turning his present dating relationships into sexual partnerships due to their progression toward greater intimacy and his improved health and libido. His partners, however, continue to be reluctant about becoming sexually involved due to his seropositive status. Manny explains that he is not imagining this understanding:

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> His hesitation is he will not go to bed with me because he has an uneasiness about me being HIV positive. That I can tell you, because I asked him point blank. I told him if I, if I was not positive or if I didn't tell you that I was, do you think, ah, we would have gone to bed? And the answer was yes. So I, I just [unintelligible], so I don't push the issue. If he's ready, he'll do it. If not, then, you know, so be it.

Manny tries to provide the leeway for his partners to find their own comfort level with sexual interaction. But he has found that he often needs to reassure and educate his partners about safer sex and ways to prevent HIV transmission, such as his response to Alex's fear that he could acquire HIV through kissing. As a result, Manny has expressed an interest in learning more about how to deal with seronegative dating partners:

> Q: What would you want from a program that was for HIV positive gay men?
> A: To be able to understand how a guy who, who is not HIV positive – to understand what their fears are so that you could deal with them, because in case you fell in love with one or wanted to date a guy who was not positive – how – you have to better understand them so that you could understand what they're going through. And that, that I find more interesting than, than being in a group completely with people who are positive, because I think you find more from that.

Despite the challenges presented by his HIV seropositive status, Manny is surprised by the remarkable degree to which his feelings about being seropositive have changed over the past few years. His initial unwillingness to acknowledge his serostatus was so strong that he had resisted getting any medical treatment until he was severely ill – "that's how bad it was." Manny has come to believe that "it just takes a while for the person to wake-up and start to deal with it – and that's exactly what I did." As he gained greater personal acceptance of his condition, he adopted the belief that he must disclose his status to others in order to develop honest and healthy relationships (although with some discretion regarding the partners to whom he chooses to disclose). Manny reflected on how his perspective has shifted over time – and how it continues to shift:

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> But then again, my life is changing. Like if you were to ask me a few months ago, would I have told someone I was positive, I would have told you, hell, no. I never would have admitted it. Ah, now, now I've gotten to the point now where I am.
>
> Even Tom Duane, the City Councilman from the West Side, for him, for him to become a City Councilman and admit he's positive, that took a lot of guts for him to do that. And now all of a sudden everybody else is doing it, like he broke, he broke the ice. And it's like now I've gotten to a point, even though it's been several years down the road – now I'm getting to a point now where I'm actually – I actually told a freaking reporter this. And I told him, don't quote me, because he was asking questions and I, and I said I'll tell, I'll give you a response, but I said do not quote me because I will deny it to the, to the hilt. And I actually told him. He was, he was surprised.
>
> Um, but like I said it's getting to a point now where it's like, ah, it's a badge, believe it or not. It's not – it's like, believe it or not, it's something you can be proud about, to honestly say that you are because by the mere fact that you can even say that publicly, I have nothing but respect for a person who can do that. And for a City Council person to do that, I have even more respect. I'm getting to the point now where I'm gonna actually – I'm more than likely gonna to admit it publicly at some point.

For someone who has been so insular in the past, it would be a truly significant move if Manny were to disclose his serostatus in a broad, public forum. The public openness of civic figures such as Tom Duane have inspired Manny and helped him understand how such disclosures can cut through the very prejudice that inhibits these expressions to begin with. In contemplating wider circles of disclosure, Manny may also be influenced by the concurrent sea-change in perspectives on HIV/AIDS sparked by the development of more effective treatments. As Manny's journey in accepting, understanding, and expressing his HIV seropositive status continues, he has reached an unfamiliar but pleasing place, where he is finding that "believe it or not, it's something you can be proud about."

Victor's Story

Victor, who is known to his friends as Vic, is a 33 year-old Latino man who

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identifies as gay. Vic tested HIV seropositive in 1993, but he had suspected that he was seropositive for several years before that because "I was always very sexual, and I've made a lot of mistakes, mistakes being having unprotected sex." Vic spent a year living "in total denial" after his fears were confirmed by the test result, feeling that "I was not willing to die and I did not want to acknowledge the possibility of death." His emotional reaction to his serostatus led him all the way to the modeling runways of Europe:

> I think once I learned that I was positive, the first impulse that I had was to do all the things that I wanted to do, to get done, you know, so I got in the best shape I possibly could; I said, I'm going to wear the best clothes, I'm going to be fabulous, blah-blah-blah, you know, I was thinking I don't want to waste time. I went to Europe, I did some modeling there, you know, I did the thing there and then came back and actually started, that's when I started thinking seriously about my status.

Vic returned to New York City in order to date a man that he had met during a visit home. Shortly thereafter, his health began to decline. Vic's repeated illnesses and his doctor's subsequent prescription of a medication regimen caused him to finally start "dealing with the reality of the whole situation." The introduction of combination therapy with protease inhibitors transformed Vic's health, as well as his outlook on life:

> Before Protease, death was just imminent, it was just there, it was coming. "When" was the big question. Now I can actually deal with the issue of being – I was unwilling to die before Protease, but I couldn't do anything about it; now I'm unwilling to die after Protease and it seems like I can do something about it. So, what it's going to do for me, mentally it's going to keep my hopes up. I'm going to keep taking these pills. I'm going to try and follow the instructions, try and do a healthy thing and all that kind of stuff. Emotionally, it's giving me hope.

Vic lives by himself and collects disability payments. He has become a client at a local HIV/AIDS service organization, and he is glad to have found "a really good therapist who has brought me to a point where I can work out dealing with me, with myself and my self-

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worth." Vic wanted to participate in the research study because he felt that others could benefit from understanding his sexual experiences:

> Q: So, my second question is, what made you want to participate?
> A: Because I am sexually active and because I'm very, I can be very verbal about it, honest about it; as where I think a lot of people wouldn't be. I'm doing it because I think maybe it would do some service, plus I'm interested in like what kind of questions you have to ask me, you know, as to like what the school's perceptions or people's perceptions are of what issues gay men are dealing with on a sexual level.

Vic's experiences as an HIV seropositive man of color have generally been ones of "not fitting in" among other gay men. His experiences with racial prejudice among gay men have contributed to his self-image as "an individual" who does not identify with any particular community:

> See, I'm an individual; I always have been and everything has always been like sort of an uphill climb. I'm Hispanic and I have some color on me so, you know, I'm not included in like the whole White scene; if anything I'm "little Latino boy" which I found to be very degrading and belittling, but that's beside the point. Then, when it comes to my straight acquaintances, I'm not really part of that. When it comes to like lesbians – everybody becomes like an acquaintance. I don't feel like I really fit into any part. I'm not Latino enough to fit into the Latino community; I'm not Black enough to fit into the Black community and I'm not White enough to fit into the White community, so I don't feel like I'm a part of my community, no. No, that was no.

In addition to the racial/ethnic marginalization that Vic experiences, he also feels estranged from other gay men because of the stigma associated with HIV/AIDS. Noting that "it's not a good thing to be positive" among gay men, it has been his experience that "nobody really understands what you're going through unless they're positive." And even then, Vic has feels that there are limits on the degree to which he can relate to seropositive peers. He feels that "there are people who are positive themselves who are even more

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prejudiced, I guess is a good word for it, against people who are positive" because "they're not accepting it about themselves so, therefore, if they see it they don't want to accept it, either." Vic feels that seropositive individuals often have difficulty relating to one another due to their divergent experiences and sometimes competing concerns:

> I feel like there are separate levels of compassion for each other, you know, it's like who's been the sicker, who survived the most, who's gotten more trauma, who's got more pain or who's gotten, you know, there are really so many different levels that people go through that it's hard to find that niche. I mean it happens, but it happens too few times where you actually meet somebody who's like doing the same thing you are, going through the same thing you are, around the same HIV level you are, you know, where you can like exchange conversation and really, really understand each other because I think that me, today as an HIV positive male, I'm a totally different person and at a different level, and I would never be able to talk to someone like myself now a week after I found out I was positive. You know.

Vic has specific complaints about his experiences with other clients at the HIV/AIDS service agency he attends, where he feels that "the social climate there in lunch is very, very, very difficult sometimes." He also feels that he has not received adequate attention from the staff members there because his present health status is largely asymptomatic:

> I think there's a problem with the desensitization of the HIV status. I think that unless you're on your last leg and on your death bed, I think that people are just not really showing the compassion and the care and the consideration that they should be, you know, because I don't have KS lesions all over my body, or I don't have wasting syndrome or something like that, you know, people look at me and they have no compassion whatsoever and they have no idea what, just looking at me they have no idea where I am on the HIV positive ladder. They have no compassion about it, they have nothing. Everything has become so totally desensitized, it's all about visualization it seems like. It's all about that wheelchair, that cane, that limp, that swollen ankle, you know, it's all about, you know. I feel like I have to prove that I am afflicted by this disease.

Vic is glad that his health has improved from a couple of years ago, when he was "getting sick all the time, and it was really a pain in the ass," but he complains that this leads others

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(including some of his peers with HIV/AIDS) to dismiss the seriousness of his status as a person living with HIV.

Vic has chosen to tell most of his close friends and family members about his HIV seropositive status. Although disclosure of this fact to his friends and family has not always been easy, Vic feels that it is necessary to share his serostatus with people who know him well because of the constellation of ways that his serostatus intersects with his daily life:

> I have decided that people who get to know me so well where it's important to know the little nuances of their life, you know, and they're important enough to me to tell, I decided that I have to tell them and I've gone through telling everybody because what happens is that you have a really good friend, really close friend and they don't understand why you're not working. They don't understand how come you're not doing this. They don't understand how come you have these appointments every day at a certain time or something. They don't understand how you're making your bills, or why you got food coupons or stuff, they don't understand all that shit and that really gets in between a friendship when those little basic things come up to question and I realized that people really didn't understand.

When it comes to disclosing his serostatus to his friends and family, Vic usually takes an indirect route by using his medications and medical appointments as vehicles for raising the issue:

> I mentioned lately that I have to take my pills, you know, and then maybe that will lead into a conversation of what pill, you know, and then I'll explain oh, I take this or that. That's one way that I do it. Or I'll say, oh, I have a doctor's appointment and it's sort of like letting them know, because if you're a gay male in New York and you have a doctor's appointment [laughter] and you're pretty young, or you're healthy looking, or whatever, you know, you wonder why does he have a doctor's appointment [laughter]. Do you know what I'm saying?

In mentioning doctor appointments to his friends and family as an avenue toward serostatus disclosure, Vic employs stereotypes about HIV/AIDS and urban gay men to

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help suggest to others that he is seropositive.

Vic has been dating an HIV seronegative man who lives in New Jersey for about two months now. Although Vic feels that his boyfriend "has his faults," he describes their relationship as "serious" and his boyfriend as "a nice guy – a real sweetheart." Part of the reason that Vic appreciates their relationship is because his boyfriend has been very accepting of his seropositive status. This situation, ironically enough, leads Vic to doubt his feelings of affection for his boyfriend:

> I'm constantly like asking myself why I would like him, why I want to be involved with him, but I think a big, major factor is the fact that he knows my situation, it's out in the open, and he seems to be treating me the same as he would if I didn't have this situation and that I think makes me want to go back to him, it makes me want to see or explore the situation.

Vic is trying to untangle his feelings about his boyfriend at the same time that he is trying to get a handle on their sexual relationship. Vic's boyfriend has suggested both subtly and directly that he wants to have a sexual relationship with Vic, but Vic is apprehensive about sex with his boyfriend due to their HIV serodiscordant relationship status:

> I don't have much sex with him yet. I don't feel comfortable enough mostly because he's negative. So, we've had like, you know, great sex before, a couple of times, just two times basically, but after that, you know, especially when I found out he was negative, I had a problem with like, with actually like letting go and having sex with him, so when I came over I tried to like to deal with him in that way that we were sort of dating and I had it in my mind that I wanted to just date with him and sort of not make sex the main issue of the relationship, which could happen sometimes.

This is actually Vic's second relationship with a seronegative man; the first was with the man who he dated after returning from Europe. In both relationships, he has felt discomfort and anxiety over sexual intimacy and the risk of HIV transmission. Vic gives

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voice to these concerns when he is asked to describe the difference between sex with a romantic partner and a one-night-stand:

> Ideally, having sex with a partner, with a boyfriend, you have more feeling to it, it's more of like an emotional experience. When you're having sex with a sex partner, it's different because that emotional thing is not there, it's just like very raw, animalistic sex, versus your boyfriend, you know, you want to care about them but, in reality, you know, you can fuck some stranger in a club and not feel worried about whether or not you're giving them anything, or anything like that because you probably won't ever see them again, or they need to deal with their own issues and you're dealing with your own issues, but with a boyfriend, you know, you have to wake up with him the next morning, you have to deal with the issue, you know, if you catch something and pass it on so there's a lot more, in reality, there's a lot more tension I guess, in sex with a boyfriend than there is with some stranger in a back room.

The sexual "tension" that Vic experiences with romantic partners (including his present boyfriend) makes him wary of sexual contact during the course of the initial relationship development. He restates this when discussing his approach to potential dates: "if I met somebody in a [night] club, or if somebody was introduced to you, which hasn't happened in the last six months, I'd be a little bit more wary about having sex with them right off." Vic's fears about sexual intimacy with boyfriends and the risks of HIV transmission compound worries that he has about the challenges involved in disclosing his seropositive status with romantic partners. These combined concerns make Vic reluctant to enter into romantic relationships at all, and lead him to prefer anonymous sex partners:

> It [being seropositive] makes me not want or not consider looking for, it steers me away from looking for a serious relationship, you know, it makes me feel like I just want to go and have sex real quick, get it over with and not deal with all that trauma that goes along with like, you know, revealing your status, and talking about it, and then the rejection that comes along with it and all that kind of crap.

Vic therefore feels that being HIV seropositive has significantly complicated his romantic

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relationships, and this perspective has fostered a general preference for sex with casual, non-intimate partners.

Vic's current relationship is not exclusive, and he is sexually active with other men. He estimates that he has had sex with approximately 20 men over the last six months, although many of the comments and stories that he relates during the course of his interview suggest that this figure may underestimate the number of his recent sexual partners. Vic adds that 20 sex partners over the last six months represents his activity at a time when "my sexual drive has plummeted" because of side effects associated with an anti-depressant medication prescribed by his therapist. Vic meets most of his partners during visits to sex clubs, but he has also met recently men "on the subway, on the street, and on the phone line, and sometimes I'd call up old numbers that were real good, you know, and get it out of my system, and at bars, gay bars." Vic's experiences in therapy have helped him to identify many different meanings and purposes behind his sexual behavior, as he explains in this extended passage:

> Q: What roles would you say that sex plays in your life?
> A: Okay. Do you want an answer from just, like a regular answer or do you want somebody who's dealt with it in therapy and stuff answer?
> Q: What I want to know is all the different meanings.
> A: All the different meanings that sex means to me, okay. For me sex is, it's like, sometimes it can be empowering and that's usually more with White men [laughter]. I have sex with them and, you know, and I've conquered them and that's like the empowerment process, and then sometimes it can be very vengeful like, you know, I hate the last boyfriend so I run into him again and he's like all hot and nice, I'll be nice to him and all this and this and that and then I'll fuck him really good and then talk and be nasty, make him feel as small as I possibly can, so sometimes it comes in at a vengeful level.
>
> Then it could also come in, sometimes you feel, I don't know what exactly the term is, but when you do something I guess to get attention – how do you say that? Like you need love, you need, so it replaces those feelings of need and love

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and all that kind of shit, you just like want to feel worthwhile or worthiness so, therefore, somebody who thinks you're hot and you think they're hot, if they want you, you sort of feel better about yourself and so that's another way I take it and, actually, sometimes I also do, when I'm feeling really awful about myself and I just feel like shit, I will go to the trashiest place and I'll just have sex, you know, be a pig because it's like on one hand, on that level, it's like I'm desperate for attention, it's not just I want to get some attention, I'm desperate for attention and out to get anyone I can, and that's when I'm really lower or depressed or something like that, so that's another way I see sex, some kind of like, feeding of a bottomless void. That's basically what it boils down to, you know, you never get satisfied [laughter].

Q: Anything else, any other meanings?

A: No.

Q: Because, again, it can –

A: Yes. Rarely, and this is only going with like the boyfriends, like when I really care about someone, I can really have sex with them. I'm like showing them that I really care about them, but then it becomes a different type of sex, you know, you're more attentive to your partner and, you know, you're more like, there's more feeling there and so you sort of make love; so you use it to like express your feelings in bed and that's the only time when it's like selfless is when you're loving someone, otherwise, all those other times, it's all about me [laughter]. It's all about me getting my rocks off, it's all about me getting attention, it's all about me getting, you know, revenge or it's all about me getting power or all that kind of stuff.

On a very basic level, then, Vic feels that his sexual behavior serves to answer deep-seated needs for self-worth and personal satisfaction. This intricate understanding of the motives behind his behavior suggests that he has invested a great deal of thought in his sexual practices.

Vic draws a number of complex distinctions in his approach toward safer sex practices and sexual risk taking. Consonant with his concerns about sex with his present boyfriend, Vic says he is most likely to have protected anal sex in the context of a romantic relationship, and even more so if he knows that his partner is HIV seronegative ("having someone negative would initiate my trying to be more safe"). Vic also feels, however, that "the top has a less risk factor than the bottom" for acquiring HIV during

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unprotected anal sex. As a result, he says that he would let an HIV seronegative boyfriend "fuck me without a condom, but I would always fuck him with a condom." Vic made a regular practice of this with his earlier seronegative boyfriend, noting that "we had unprotected sex all the time, and he's still negative thank goodness, but he knew and I knew and we still didn't use a condom." Vic may therefore intend to have protected sex with a seronegative romantic partner, but his beliefs about the relative risk associated with certain acts may alter those intentions.

Vic takes a different approach toward risk practices with anonymous sex partners who he meets at gay sex clubs. In these locations, he states that "I would fuck some guy in a back room if he lets me slip it in without a condom, I would do it, which is wrong, but we'll get to that point; I'm sure you have that question." As Vic has previously stated, the often anonymous and fleeting encounters that occur in public sex environments make him feel that "you can fuck some stranger in a club and not feel worried about whether or not you're giving them anything, or anything like that because you probably won't ever see them again." Vic's willingness to have unprotected sex in such places is also driven by his assumption that most or all of the men who participate in such contexts are seropositive themselves. He states, "If I knew somebody on the phone line, or if I knew somebody in a sex club, I would assume that they were positive, period, and that's it, and I would just assume it because they're doing the same thing I'm doing." Although he thinks that he can detect some seropositive men because they have "that kind of look," he also feels that one's presence in a public sex environment is enough to suggest that one is seropositive. He explains, "if you're a person that does casual encounters and has casual sex, then I

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assume that 99% of the time you're going to be positive." Since Vic is more willing to have unprotected sex with seropositive men, and he assumes that most men in sex clubs are seropositive, he is more willing to have unprotected sex in the context of sex clubs.

For Vic, the distinction between his tendency to have protected sex with romantic partners and unprotected sex with anonymous partners primarily lies in the degree of emotional intimacy he has with his partner. He relates this understanding by explaining the difference between a recent protected encounter with his boyfriend and a recent unprotected encounter at a sex club:

> I think one of the big differences between the two experiences, which will lead to my answer, is that I cared about the person that I wanted to have safe sex with, and that initiated me to have safe sex with him, so it was the familiar encounter rather than the anonymous encounter where I didn't know, you know, I'm going to make this awful comparison, and I know a lot of people have political problems with it, but it's like a serial killer who sees his victims, if he sees them too much as a person he can't do it as easily. If you're fucking somebody like a piece of meat, it's easy to do, you know, if you're a positive.

Besides having personal and emotional intimacy with a sex partner, several other considerations push Vic toward safer sex practices. One is an increased concern for protecting his own health, born from the hopefulness instilled in him by the advent of combination antiretroviral therapy:

> So, after the Protease inhibitor, the introduction into the market, there was a totally different change, like I was more protective of me; before I didn't care about me. I only cared if I cared about someone, you know, like if I wanted to see them again or if I had a relationship with them or something like that; that's the only time I cared about them. Now I care about me more, so I'll try and have sex without a condom, I mean, with a condom, you know. I won't be as careless, even though I have been careless a couple of times, but not on the receiving end, on the giving end.

Here, Vic refers to several recent experiences at sex clubs where he was the insertive

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partner during unprotected anal sex. Vic sees less of a health risk to himself if he is the insertive partner, rather than the receptive partner, during these acts at public sex environments. Such concerns about protecting his own health also inform his sexual practices with other seropositive men. Although Vic is more willing to have unprotected sex with someone who he knows or assumes to be seropositive, he holds different standards for seropositive partners who are asymptomatic and who are symptomatic:

> If I have sex with someone who's positive and I know he's positive, then other factors come in like if he has KS scars that are healing up or something, that would bother me because I haven't had any kind of that exterior stuff. I've had like fungal infections but not like something major like KS and stuff like that and since I'm still a little bit confused what KS is, it's a virus, blah-blah-blah. I will definitely use a condom; it would be like essential, but it would bother me and then I would feel like, you know, I'd go through this little turmoil inside where I shouldn't be discriminating to this man because he's positive and he has KS and that's only because like, you know, I would be logically thinking and trying to be politically correct or whatever. I think my initial reaction would be more about not having sex with him because he's further down the line in the infection than I am. Now if the guy's asymptomatic and he's positive then I would be more inclined to have unsafe sex with him.

Just as Vic's sexual practices vary by partner and context, he also maintains a number of important distinctions in his serostatus disclosure practices with sexual partners. Vic's general approach is to only verbally disclose his seropositive status to a sex partner if the potential exists for repeated or romantic contact:

> I think in general it depends on how interested you are and on what level you are with that person. If you like the person, if you think that you would want to see more of them, judging on not having a sexual experience with them, judging on just what you know about them from talking to them, or from seeing them, or from looking at them, then you have to make the decision whether or not you want to pursue it, because pursuing it means eventually having to reveal your status, or having to reveal your status right off.

In this light, Vic's appraisal of his current relationship as "serious" has led him to disclose

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his serostatus to his boyfriend (although his experiences in this regard are unfortunately not discussed directly in the interview). Vic uses disclosure in this fashion to reflect and encourage relationship development, but he notes that he also occasionally uses disclosure of his seropositive status (in concert with HIV/AIDS stigma) to deflect and discourage men in whom he is not interested:

> Also, I mean, I've done this, and to tell the person – I've done this and that's why I'm mentioning it – is to scare them away, to push them away. I've told them to do that. Isn't that fucked up? But, I've done it, so there you have it. I've told them because I wanted, okay, "if you can deal with this," and I usually don't think they can, I'll tell them [laughter].

Vic therefore tends to verbally disclose his seropositive status to either romantic or unwanted partners. With anonymous partners in public sex environments, where there is often little or no verbal communication between partners whatsoever, Vic subscribes to norms of non-disclosure. On the rare occasions when a sex club partner has asked about his HIV status, he has made a practice of replying that he doesn't know his status, because he has neither wanted to lie, nor to tell:

> I never really dealt with that issue before, even sexually, you know, even like going out and having sex and fooling around, you just don't deal with it. I mean, once in a while people will say, "are you positive," you know, and I'm sorry, but you don't ask somebody who's a stranger "are you positive" when you're just about to go down on them in some back room or something, you know, or in a sauna, in a bathhouse, it just doesn't make sense to me, so I always said I didn't know. I didn't want to say "no, I'm not positive," and maybe let them think that. I always said "I don't know" because I didn't want to deal directly with the issue.

In addition to norms of non-disclosure, Vic perceives two other aspects of sex clubs that lead him to avoid verbal disclosures of his serostatus. First, his assumption that most of the men who frequent these locales are seropositive themselves helps to render the

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question of disclosure moot: "I have never dealt with that whole thing about 'I'm positive,' like right flat-off the bat with a sex partner, because, first of all, I assume that everybody else is positive if you're having all this sex." Second, Vic he feels that he can non-verbally communicate his serostatus to sex partners through his sexual practices in these contexts. More specifically, he feels that his participation in high-risk behaviors in public sex environments signifies his seropositive status. Vic explains, "the willingness for me to have sex without a condom – that's how I try and tell my sex partner." He reiterates this perspective when discussing a recent encounter with an anonymous partner at a sex club:

> Like when I put my dick in this guy's ass, I was telling him I'm positive. Because I'm not like slipping on a condom right away. I think that makes sense, I don't know, but I'm telling you the truth.

Vic believes that a willingness to take part in unprotected sex reflects a lack of concern about acquiring HIV, and that a lack of such concern denotes that one is seropositive. This calculus leads him to infer that sex club partners who are willing to participate in unprotected sex are also seropositive, explaining that "someone who sits back on a dick without a condom is probably positive." He describes how he recently made this inference with another sex club partner:

> Then I feel his butt, he has a nice butt and he sort of like, you know, I put my finger on it and I felt around and then he sort of like turned around, he responded a little bit and then I put my dick next to him. Then I just sort of pushed a little bit and it went right in, no condom. Then I thought he must be positive. [laughter] I mean, it's not funny, but I guess I'm trying to put a little humor in it because I want to take away from a total lack of responsibility that I feel I probably done now looking back at it, but I fucked him, fucked him hard and good.

From Vic's perspective, sexual practices can actually <u>become</u> serostatus disclosure practices in the context of public sex environments.

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Vic is very clear about his approach to serostatus disclosure in sex clubs, but he also mentions a recent break from his typical practices. In response to a query from a different sex club partner, he recently acknowledged his HIV seropositive status at a sex club for the first time. Vic met this partner, who he described as "cute" with "a beautiful face and a beautiful butt" at the Bijou, a gay pornographic theater that also operates a sex club. He relates their interaction in detail:

> Anyway, I get up and he's hot, he's hot to get fucked, so my dick goes right near his butt and he pushes right back on to it, and I fucked him and then he pulls off and he says all of a sudden, "Do you know what your HIV status is?" [laughter] I was like taken back. I just stuck my dick in the man, fucked him with a few good long strides, he pulls off it and says, "Do you know what your HIV status is?" Like in a quick moment of like, awakening or something and I'm like, "What?" I said, "Well, what's yours?" He goes, "Well, I'm negative." I said, "Well, I'm positive," and it was the first time that I ever said "I'm positive" and not "I don't know." I would say, "I don't know," before Protease; I hadn't had an experience with somebody who was direct with me after Protease. And, I said, "I'm positive," so that was a big change for me because of the Protease. He goes, "Well, we better use a condom," so he takes out a condom, puts it on and we resume fucking.
>
> I was fucking him so hard that somebody was complaining about the noise outside. [laughter] I don't know if you know how rude some of those evil bitches can be over there [laughter] sitting outside of the room making comments about [unintelligible, laughter]. We were like, "shut up, the fuck up, I'm concentrating," you know, and then he came; I didn't come and then he was like, "do you want to walk out?" When he came, I just like smeared the come all over him and while I was doing that I thought, if he's still negative, does he really think he's still negative after this, you know, or being that he was able to let himself go that far.

Vic and his partner individually cleaned themselves up after the sex, but they didn't leave the club immediately. Vic stayed in an attempt to find a partner that he could come with, but he eventually gave up. On his way out, he ran into this sex partner again:

> I run into this guy and he's like, well, I'm leaving and I said, "Well, I'll leave with you," and so [laughter]. Mind you, I lost the key to my locker. [laughter] I said to the guy, "I can't find my key." [laughter] Disrupting everything with a flashlight,

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> so, you know, we became, it was, we became, like a bonding experience. Then I found out later on that I had met him before about a year ago at a party. I don't even remember the party. I didn't remember his name, don't. It was totally on a social level. I think he was with his boyfriend at the time or something and he wasn't with a boyfriend now at that point and we went home together. We didn't go home-home together, we shared a cab and in the cab he said to me, "I can't believe I do such stupid things like I let myself get fucked without a condom; that's so stupid of me. I can't believe I did that," and I didn't know how to respond at all. What are you supposed to say? Like did he want me to know that he was socially conscious or something, or what was that all about? I know he was like trying to get it out of his system or talk about it, but that's what he said.

In retrospect, Vic believes that his partner in this encounter was influenced by alcohol or drugs because his partner had "dilated eyes" (Vic did not use any alcohol or drugs himself). Vic feels that his partner "wanted to get fucked and that was it, and I think that made it easier for me to fuck him first without the condom, and then all of a sudden he had like a flash of guilt." Reflecting on the experience, Vic refers to it as "an odd one," since it involved unprotected sex <u>and</u> a verbal disclosure of his seropositive status. The intersection of these two practices was disconcerting for him; he noted that "I think it affected me coming – I didn't come – I couldn't come. I think at that point it became mechanical, it became perfunctory." Vic feels that this awkward step into verbal disclosure of his serostatus with a casual sex partner reflects his growing concerns for the welfare of his partners:

> I'm still going through a lot of change and all this kind of stuff, which I think is why I didn't put that condom on before I stuck my dick in his ass. I think that I still have that feeling of not caring and I still – I mean, you go to that place, it brings me back that feeling of like, that desperate time that I wanted to have sex, you know, not even the vengeance anymore. Vengeance is, you know, I mean vengeance is powerful, you know, I don't feel anything powerful about, or empowering about giving somebody this virus. It's not an empowering experience or feeling. I wouldn't feel vengeful that way either because it's not an empowering experience, you know, it's almost like taking a lollipop away from a kid, you know,

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> it's like taking away the joy of life, of living life especially now being positive and knowing how it's affected me and my life. I can't do it; vengeance, that doesn't go there in that realm for me. You know.

Vic's experiences show many fluid and important connections between his sexual practices and his HIV serostatus disclosure practices. He feels that "knowing your partner's status would make it be more safe," particularly with HIV seronegative romantic partners. His risk reduction calculus in these situations leads him to avoid being the insertive partner in unprotected anal sex, but he will permit the seronegative partner to be the insertive partner. However, for Vic, the more certain outcome from his serostatus disclosures has been to increase feelings of sexual anxiety among his partners and himself. He has found that this anxiety can inhibit his sexual relationships:

> Anyway, but for a sexual partner, if it comes up that they're negative, I mean it's only come up like twice where they have asked what the status is and they said they're negative and I've admitted I'm positive. I've said, well, you know, that usually dampens the experience, and you just can't have sex, you find out, and I think it dampens it more for them, at least this is what's happened to be in my own experience.

Concerns about HIV transmission, when amplified by the stigma and prejudice surrounding HIV/AIDS, have been powerful enough for Vic to find that he can use disclosures of his serostatus to ward off undesirable sex partners. This knowledge also leads Vic to be wary of establishing of romantic relationships with partners that he finds desirable, for fear that disclosure will lead to either rejection from his partner or a "dampened" sexual experience. Largely because of these disclosure concerns, Vic prefers to have sex with anonymous partners in public sex environments, where sex is free of the emotional entanglements that are connected to serostatus disclosure. Here, Vic finds that

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disclosure issues are nullified by the lack of verbal communication and his strong assumption that men who participate in these venues are also seropositive. Public sex environments also help Vic erase friction between his sexual and serostatus disclosure practices, as he feels that participation in unprotected, high-risk sex in these contexts communicates that he and his partner are both living with HIV. In these multiple ways, Vic's sexual, romantic, and serostatus disclosure practices are deeply intertwined in the course of his daily living.

On a number of occasions in his interview, Vic describes ongoing shifts in his outlook on life and in his approaches to sex and disclosure. He notes that "I'm still dealing with all these issues, I mean, three years – this is still kind of new to me, you know, me dealing with it as a positive person, instead of as an unknown or as a negative." At this point in his life, Vic is trying to gain a greater understanding of himself, and particularly his sexual behavior. Through therapy and introspection, he seeks to "realize who I am or where I'm coming from, or understand what my actions are, something like that, something to help me understand why I would have unsafe sex, something that would tell me why I'm having safe sex, or why I would put on a condom, or why I would spare somebody this disease and not like give it out or contract it or you know." He finds that sharing his experiences over the course of the study interview may have helped him in reaching this understanding:

> I think that like, say, even this interview and just talking about it is going to make me realize why I was having unsafe sex, because you have unsafe sex and you deny it and you don't admit it. You don't admit that you're going to a bath house and you don't admit that you go to the video stores or the book stores and have sex. You don't do that, you don't admit it, you don't think about it, you just like do it, it

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> happens, you never really wrestle with the issue of why you did it. And then it's swept under the carpet and that's it.

Vic may have found the interview to be a helpful forum for acknowledging his difficulties with practicing safer sex, but he also seeks additional help with more fundamental needs in the future. Reflecting on his life, his primary concern is to build the strength of character that will help him negotiate the challenges of HIV/AIDS as both an illness and an epidemic of stigma:

> I need, I think I mentioned before about a sense of self worth. I need to develop some kind of like reason [laughter], you know, because as an HIV positive male there's a lot of trials and tribulations that you go through and some take a lot more energy than others, but all together there's a whole hell of a lot more energy than when you don't have HIV and I think that I need to be equipped with the facilities that would be able to give me the strength to endure this experience, to endure having to do things that I have to do, to endure the acceptance, to endure the pills and the people and the bouts of the runs and getting sick every time, and enduring the cloud of death hanging over your head all the time, you know. I think I need to be able to deal with that and to be strong. That's what I need to like get through this. You know, I could say I need a cure [laughter], but, you know, I'm trying to be practical because I need a cure [laughter]. As a gay HIV positive man, I need a cure, but I need the facilities, the mental facilities to make this not easier to deal with, because I don't think it will ever be easier, but feasible to deal with. That's what I need as an HIV positive male.

Warren's Story

Warren is a 34-year-old African American man who identifies as gay. When he tested HIV seropositive eight years prior to the interview, he "just completely went into denial, because I took the letter, I buried it somewhere in my things, and I never thought – probably for two years, I did not acknowledge that I had HIV." Warren believes it was relatively easy for him to have "lived like it didn't exist" at the time, because he felt healthy and he also smoked marijuana daily.

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Two years after testing seropositive, Warren began to develop severe fatigue, an unexplained rash, and a persistent cough. His powerful denial about HIV/AIDS helped him to ignore these symptoms of illness until his employer, who was also a friend, pointed out that he seemed sick and should see a doctor. With his condition worsening, he could no longer avoid acknowledging his HIV infection. Warren connected with a doctor and started an early drug regimen of AZT. The resulting side effects were so severe, however, that Warren "felt that it was killing me." His condition deteriorated further, to the point where he became "totally bedridden" and he "really thought I was dying." Warren had to quit his job and move in with his mother, who lived in New Jersey and offered to help take care of him.

Warren describes himself as someone who has always been "a loner" who "spends a lot of time by myself," and his poor health wound up reinforcing this insularity. At one point, his symptoms included "certain marks on my face – I used to have a bump on my nose, I used to hate it, I never knew what it was – on my nose, I had one up here, and they were on my neck." These conditions combined with the wasting of his body to make Warren distraught over his physical appearance. He recalls that "I used to look in the mirror and I did not like what was coming back at me, I hated it. I wouldn't look in a mirror, I just didn't want to see it." He became worried that the same physical symptoms which interrupted his deep denial about HIV/AIDS would also lead other people to conclude that he was seropositive. He states, "I was at a point where I didn't want to go outside, I wouldn't go out, I wouldn't let anybody see me because I knew that they would know that I had AIDS." Warren's withdrawal from others during this period of severe

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illness turned out to be more than a temporary phase – it catalyzed a longer-term shift in his social life. Compared to his life before HIV, Warren notes:

> I don't go out as much. Well, I really don't go out to clubs anymore. I mean, for some reason, when I was first diagnosed, I felt like everybody knows, so I had this feeling of then I am just not going to go out, because everybody knows, so I stopped going out, but then, yes, I just stopped going out to clubs and stuff, so it has changed a lot in my life, to tell you the truth.

Warren's life has changed in other significant ways since that time. He "managed to let go" of smoking marijuana, because he found that "it was depressing me." He also switched to a new doctor, who took him off of AZT and prescribed a different medication regimen. He recalls that "I went to another drug, and all of a sudden my health, it was like I wasn't sick anymore – it was weird." Warren continued with his medication and is now taking combination therapy for HIV/AIDS. Although clinical tests indicate that he still has a high viral load, he says "I just don't feel sick at all." He is also pleased that his physical aspect has improved since the time of his severe illness: "It makes me feel good that it isn't, like, you can't look at me and say, 'oh, well'– you know what I mean, I felt good about that. I have kept my weight, and, you know, I am not a bad looking guy." Warren has left his mother's house and presently lives in a residence for people with HIV/AIDS in New Jersey. His improved health and the availability of new medication regimens have prompted him to consider the future for the first time since testing seropositive:

> Now with the new medications, I don't really have too much -- that's why I have been going to school and looking ahead, because I was prepared to die, I really was, I was prepared to die. So, I had my finances, I was like, well, just live it up, because you are going to die. And now I have lived, I didn't think I had lived to see the lost world. I thought I was not going to see, I really didn't, I think I would live to see these things, I am now looking to seeing the next Star Wars Trilogy. I didn't think these things would happen, I didn't think I would see Janet Jackson

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> make a new album. Things like that were playing in my mind like, I am not going to live to see this, I am not going to live to see the year 2000. That's my goal, to at least make it to the year 2000.

Warren's new optimism about the future has led him to consciously try to "open up and explore, and make my world bigger, and meet people, and stop being so sheltered." His recent enrollment at a local community college is an important part of that drive. His interest in expanding his horizons also influenced his decision to participate in the study interview. Warren increasingly feels that "I want to have a voice, I want people to know that I exist," and for him, taking part in the interview is "a part of the process, with me getting over my shyness." He adds that he also wanted to participate in the study because "it just sounded interesting – different – that is for sure," and because "I do have concerns, you know, about HIV and sex, and how most people are dealing with it."

Most of Warren's family and close friends know that he is gay and seropositive. His experiences with sharing his serostatus with significant people in his life illustrate some of the complexity in disclosure processes. For example, he recalls that the very difficult process of disclosing the fact that he had AIDS was initiated by his mother, not himself:

> That was hard telling my mother, because I didn't know what to tell her. She kind of, I didn't really even have to tell her though, because she asked me. She said, Warren, are you sick? And I said, yes. And she didn't think it was the virus. And I said, yes, I am sick. Yes, she did ask me, she said, do you have AIDS? And I said, yes. So, I just broke down, I think I cried for two hours straight that day. And we really came a long way, me and my mother, because I wasn't raised by my mother, I was raised by grandmother. So, she really was like a sister more than a mother to me. After I told her and I was still living in Brooklyn, that I was sick, and she had come to see me and she says, Warren, you have to come home, you can't live on your own no more, you are too sick. I was like, I said, the only way I am going to come home, is if you come and get me, I was not motivated enough to do it, I was so scared, I didn't know what else to do. I said, the only way I will come home is you are going to have to come and get me. And she came and

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> packed up my things and I never looked back.

This passage shows the great emotion with which these issues can be infused, as well as how serostatus disclosure can be sparked by matters (e.g., illness, a mother's concern) other than the personal initiative of the seropositive individual. Warren also notes that he rarely decides to tell someone that he is seropositive directly – instead, disclosure tends to unfold from ongoing facets of his life with the virus:

> Q: Well, what kind of people do know in your life?
> A: My family, my friends, that's really basically it. And if you get to know me more, then I will be more open, not really open, I won't choose not to tell you, it will just come out. But I don't think I will sit down and say, hey, listen, I have AIDS. It will come out very, it would come out mostly, my friends found out through something I have done, like I have to take a pill at a certain time, 'oh, what is that pill for?' Well, here you go, that's where I let them know.
> Q: So, it is not like an actual, you didn't actually tell them?
> A: No.
> Q: It just came out as to your medication?
> A: Because of the medication. One time because I was not feeling well. And one person, it just came out in so many different ways. Now, a lot of times it comes out now, because of my address, the Franciscan residence. A lot of people in Jersey City, I guess are familiar with the organization, so they know what it is for. So, as soon as I even make any reference to it, I can automatically see it, it automatically goes to their head, you're a person with the virus.

Warren has found that his medications, symptoms, and current address are not the only clues to his HIV serostatus. He also can be implicated as seropositive by the company he keeps:

> Q: Are the other ways, like you mentioned the Franciscan House and also your medication and stuff, are there other ways that it comes up?
> A: Yes, like when I go out with some of the residents, and they probably look a little ill, and so I've got it by association. If I go to certain functions, I've got it by association again. Like if I go to The Center with, his name is Marty, if I go with Marty, he looks ill. He is positive, he is a great person, but he does look ill. So, I know it is how people look at him, like last night I was hanging out with him and I see how other people look at him. And it is like I am learning through him that it

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> is okay, I know he knows that people are looking at him, but he doesn't, he has to do, he has to live his life, he can't be worried about what people think of his physical appearance.

Warren cannot govern many of the facets of his life that signify that he is living with HIV/AIDS. However, even when he tries to exercise some control over who knows about his serostatus, others can intercede to foil his intentions:

> Like right now I am going to school. And the first day we had to interview another student, one on one interview. They gave us the questions, what we should ask. And the woman that interviewed me, she kind of went off the question. She started asking things that were not what they had asked. Because she knew I lived at the Franciscan, I told her my address, so she knows that the Franciscan residence is for people with the virus. So, she said, so you have the virus? And I said, yes. But I said to her, but that's not in the format and it is not a need to know kind of thing. It was just something not needed to know. And she had wrote it down, and then when she spoke with the class, because we had to read our interviews, she shared it with the class. And I was like, that was so wrong of her to do, but I wasn't -- I didn't feel bad about it, but I just thought it was so unprofessional, for her to disclose my status, it was weird.

Although Warren has been willing to share his seropositive status with others with whom he is close, there are still some individuals with whom he is deeply concerned about telling. This includes his eleven-year-old brother, who looks up to Warren:

> A: My brother, who I still have trouble, I don't think he really knows, he knows I am sick, I don't think he knows I have AIDS.
> Q: This is your eleven year old brother?
> A: Yes, I would love to know how you tell an eleven year old that idolizes you, it is like, I feel, like a super star around him, because he thinks I am some celebrity. Like when I come around it is like, 'ahhh, can I have your autograph?' He just looks up to me in so many ways and I don't know -- I have never honestly sat down with him and said, you know, I have AIDS, I can't bring myself to do it. I think my mother has talked with him. She told him that Warren is sick and that you know, he takes a lot of medications. I know she has discussed with him on a light kind of thing. But I don't think he has actually come out and said, your brother has AIDS.
> Q: Right.
> A: So, I don't know when to do that. I have no idea.

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The situation with Warren's younger brother, while difficult, illustrates how disclosure can occur through people other than oneself, as well as how the information disclosed (or the understanding conferred) can remain ambiguous and speculative.

Warren's feels that he has "gotten a lot of support" from his experiences with his family and friends, as well as participation in programs at his residence and organizations like GMHC. At this point in his life, he has found that "you shouldn't let the virus control everything, you have to have some kind of life beyond the virus." He says that "I have a great attitude and I laugh, I love laughter, and I have a good sense of humor" and "with a sense of humor, it takes you a long way, trust me, it really does." Warren therefore summarized his experiences with HIV/AIDS up to this point in this way:

> I don't let it get me down having the virus anymore. That part doesn't bug me anymore. The only part that bugs me is not having a relationship, but I don't sit around and, you know, I have the virus, I don't do that anymore, but I see that there is hope and there is medications and I am healthy, so I don't feel so bad about having the virus. Pretty much since I have had the virus, only good things have happened to me now, nothing negative. It is weird when you go and they say that you are positive, and you really actually are, you have to be positive. When you are positive you have to be positive. So, I don't let it get me down the virus.

Warren has been single for the three years, following the end of a three-year relationship. During the period of time when he was severely ill, he "had this feeling that I am going to die, and I am not going to be able to be loved by another man again – it is just going to be so sad." His improved medical condition has consequently renewed his hopes for a romantic relationship: "Now I see life ahead of me, so I think I will meet someone eventually." Warren has a number of hopes for his next relationship. He is looking for a partner who will be "sexy and masculine," noting that "I am passive, so they would have

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to be definitely aggressive" in terms of "both the way they have sex and their personality." Warren would also prefer a man of color as a romantic partner:

> I don't have anything against White men, but I don't feel that I am attracted to them as much as a Hispanic or a Black man. But I always have this issue with my -- I always think that a White man, does he want me for me, or does he want me because I am Black. I always have those issues going on in my head, so I just don't deal with it, I just don't. Because I don't know, I just don't, I don't know.

Another key consideration for Warren is the HIV serostatus of his partner. The challenges that he associates with disclosure to seronegative partners have led him to strongly prefer that his next romantic partner be seropositive: "I just have this, I guess, sort of guilt or something, I don't think – I would have to tell everybody, I would have to tell the person who I am with that I have it, so instead of going to that, I would rather just know somebody that has it." He explains that he and his other seropositive friends share the same perspective:

> Well, I am more comfortable now with people that have the virus. I would be very uncomfortable with somebody that doesn't have it. Like most of my friends know that I have the virus, a few them have the virus, and they are more comfortable with being with people with the virus, because I don't know, I discussed this directly. I feel like if I am ever in a relationship, it is going to be someone with the virus. I don't think I could have a relationship with somebody that doesn't have it.

Warren says that he has not had many negative experiences with HIV/AIDS prejudice, although his relatively insular lifestyle and infrequent sexual and romantic partnerings may have helped protect him from such experiences. Nonetheless, he does perceive the privilege associated with being HIV seronegative in the world of dating:

> I mean, because there are social things – like, do you think there will ever come a point where society would just try to separate people with the virus, and people without? It seems like in some circles they push this image – if you don't have the virus, you are in the elite club. You don't have it. So, you want to stay in that

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> club you got to do certain things. And people with the virus feel that they are in a club where they don't have, you know what I mean. It is like a country club for the people without the virus. For people with the virus, it is like, 'well, try to do what you can.' This club [HIV negative people] is really exclusive, you are not allowed to have anybody in it.

Since Warren no longer visits clubs or bars, he says that he tends to meet his sex partners through friends or at public places while he is riding his bike, such as Battery Park or the Brooklyn Bridge. He adds that "I seem to meet guys when I am not expecting it. If I go out wanting, I never meet anybody. But if I go out, if I am going to go to the city to buy a CD from Tower Records, I might meet somebody." Part of the reason that Warren may feel that his partnerings are usually unanticipated is because he relies on other men to initiate a sexual encounter. He explains, "I am not the aggressive type. Even if I liked you, I wouldn't approach you, because something just won't let me do it." Warren has provided a "hook" for men to interact with him, however, in the form of the lights he has installed on his bike. The novelty of his bike lights has drawn comments from many people, and as a result, "I've met a lot of people through the lights on my bike."

Warren has very particular views about sex and the role it plays in both his life and the gay community. He maintains a powerful association between sexual behavior and feelings of guilt, due to the religious upbringing that he received as a child:

> Like, I was raised as a Jehovah's Witness, and so I have always felt like whatever I am doing is wrong. So, I always feel guilty, I always think I am doing something wrong, that has just been from day one, since I have ever had sex, that has always been the number one feeling that comes to my mind, like ugh, I am really going to rot in hell for this.

One impact of this association may be that Warren often worries about appearing "like a slut" when he is with sexually involved with boyfriends. He explains that "I don't want to

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come off as that, 'this is something I do.' I don't want to get off that, 'this is something I do all the time.'" Warren's concerns about appearing "sluttish" also connect with his professed passivity in sex, in which he is more interested in pleasing his partner than himself. He notes, "if I don't have an orgasm or, even if they don't really touch me, it just doesn't register, because I'm in it to please him." Warren relates his focus on pleasing his partner to his upbringing in a household of women, in which he consequently "took on a lot of female qualities" such as "sensitivity and a desire to please and to take care of." He elaborates that "I never grew up with any male figures around me, so I have always wanted to please a man for some reason. So, I guess that is what made me so passive, I am a very passive person." Warren's impulse toward passivity couples with his strong feelings of guilt to form two important underpinnings for his sexual behavior.

These notions may additionally contribute to Warren's strident opinion that gay men focus too much on sex. Warren argues that:

> There is too much focus on sex, at least as far as the gay community, they should kind of stop putting so much of a, it is like a fantasy, that's what it really is, it is not real, realistic anymore to me. It is just not realistic anymore. When I was younger I got caught up in it, but it really isn't, sex shouldn't play such a big part of your life. The lack of it or where you are at. Other things should take priority.

Warren feels that many elements of gay communities are designed to promote these sexual connections. He notes that many of these sexual messages are conveyed by gay magazines that cover New York City's gay bars and clubs:

> There is HX magazine and they make it seem like if you are not having sex, going to the clubs and wearing the latest fashion, you are truly living a very boring gay life. To be gay you have to have sex, you have to have sex at least three times, four times a week, with somebody different. It is like they promote it. And sometimes I get caught up in it, like god, how come I can't live like this. I stopped

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> reading HX magazine because it depressed me. I would turn it open, and people would say it has like sex clubs, and like I can't go to a sex club. And so I just had to stop it, because it was for me to see my, I kept feeling like, well, how come, am I supposed to be looking like this, or is this normal that I am not, that I don't have a relationship and I am not having an active sex life, like on a regular basis.

In addition to gay magazines, Warren complains that HIV/AIDS prevention materials directed at gay men are too sexual. He explains:

> Like the GMHC and stuff, when you walk in there, the first thing you see is sex. Everything, every poster has two men together, two women together, everything, they are telling you about safe sex or not to get the virus, but then they put these images of people together and the first thing that goes in your mind, I am like, there is too much focus on sex, at least as far as the gay community goes.

Warren's belief that sex among gay men is excessive has been further reinforced by his personal experiences. Regarding men he has met over his life, it has been his impression that "everybody wants to have sex with me, but nobody wants to be like my partner or be my lover." He also cannot believe the sex lives that his friends lead:

> Most of my friends have moved to Atlanta and they have really active sex lives. I am always in awe of their sex life. They will go to a club, bar, they can go to a supermarket and they mange to find someone and they are back at the house with them. And I am like, what are you saying, I don't get it, and so they have really active sex lives, and I was really like, I wanted to have that too, but I guess I don't have what it takes as far as going out, and cruising and the whole thing. I just don't.

Although Warren decries the amount of sex in gay communities, some portion of him has also internalized these injunctions to have sex, and he desires to match that perceived norm. He says, "and it is just a message, when I was younger, I know how it affected me, because when I was younger, if I wasn't going to the club every weekend, if it wasn't smoking, if I wasn't having sex, then I wasn't normal." These feelings continue to the present day, as he reflects on how his occasional sexual encounters make him feel:

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> The fact that somebody wants me in that way is like, kind of like an ego thing, which I go like, somebody is actually attracted to me and wants me in this way, and to me that is what it does for me, it just makes you feel for the time that it is happening and for a few days afterwards, I feel like normal, I feel like everybody else now. I have had sex. I have had intercourse, safe or otherwise and it is like I have done what I am supposed to be doing. That high probably lasts about three or four days and then it just goes away, I go back into the old way, but I have no sex.

In this way, Warren associates having sex with "being normal," and he also situates himself outside of the sexual norm that he perceives in the gay community.

The distance that Warren places between himself and the world of gay sex is further conveyed in his repeated articulation that "whenever I am having sex, it is like a fantasy to me." He states that sex is something that "I think I spend a lot of time fantasizing, more fantasizing about it than I actually do have it." Warren then describes his actual sexual encounters as being like fantasies, in part because of his sense of disbelief over what is happening. Warren recalled his most recent sexual encounter, in which a man picked him up while he was riding his bike:

> Q: What was going through your mind while you were giving him oral sex?
> A: I was really thinking that it was enjoyable, I was having good thoughts, this is really cool, it is really sexy, because the way we just met and it was just nice and he was good looking, so I was like, you know, because sometimes, I am like, good looking men, you know, sometimes they are just intimidating because you don't know, I mean, it seems so inaccessible, to actually have one in front of you, and they're naked and you are having oral sex with them.
>
> You are like wow, this is truly, it can't be happening, it is like a fantasy come true. And that's what it pretty much was, and that's what is going through my head and that's what was going through my head, like I am in a fantasy, this is actually like a fantasy. Yes, that's what was coming to my head, I was really on a high, even the next day I was like, I just kept playing it over and over in my head, that's what happened, like watching the same movie over and over again, I just played it over and over in my head.

Warren took a similar perspective in describing a sexual encounter he had more than a

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year ago with a lawyer who also picked him up during the course of a bike ride:

> Q: So, were you attracted to this guy at all?
> A: Yes, I think I was more impressed with what he was, a lawyer, a successful lawyer, a beautiful apartment, so that was a fantasy, that's what it was, it was like you see an old movie, where a girl meets the guy and he has a huge apartment and he takes you to Paris and those kind of thoughts are like going through my head.

Warren's "fantastic sex" seems to take both romantic and sexual forms. Part of his fantasies are bound up in the dream of finding romantic love: "if I get caught up in the fantasy, see I am thinking, okay, I met this guy, it might turn into a whirlwind romance, like I said, with my feminine thoughts." His fantasies can be starkly sexual, as well, and they relate in part to his viewing of pornographic videos:

> I just play it like a fantasy, try to do everything right, be as sexy as possible, do whatever is needed. And, yes, I really do. Because I like watching porno films because they are kind of like, educational. They tell me things, okay, I can do that, I can do that better than that. That's what it is, it is like being inside, when I am actually having sex, it is like being in a porno movie, except that, what is that, I am virtual, actually there.

In viewing and experiencing sex as a fantasy, Warren articulates a sense of disconnection from his sexual practices, as though they are unreal, or at least, unbelievable.

Since acknowledging his seropositive status, Warren's sex life has changed in a number of ways. He states that now that he is seropositive, "I don't have as much sex. So, it slowed me down, that's for sure. Not that I was having sex a lot, but it just has slowed me down a lot." Warren has also said that "one night stands are just a thing of the past, as far as I am concerned," although he estimates that he has had three casual sexual encounters with over the last six months. Regardless of the frequency of his sexual behavior, Warren became strongly committed to practicing safer sex after he accepted his

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seropositive status. He explains:

> I have the responsibility to live my life responsibly because I could affect somebody else's life, so I can't, I have to consider everybody else now, more so than I did before, I have to consider that. Right now I have a virus and I have the ability to infect somebody. Just like that, if they want to have sex with me or whatever. I can't do that. I have to be sexually responsible.

Warren refers to unprotected sex as something that "just won't happen, it is not going to happen anymore." He says that his conscience helps him stay safe, because "if I were to meet somebody today, the only thing I am thinking about, I have the virus, I don't know if they have it, so I am going to have to play it safe." Warren notes that his commitment to staying safe has taken some of the spontaneity out of his sex life:

> It is more careful, it is more kind of controlled, I can't just roll things to the wind, you know, what I mean, you have to be more careful, I just can't sleep with anybody or do any one thing or whatever. But that's how it has affected it, it makes it more unspontaneous, you know, spontaneity is nice, but I can't afford to just throw caution to the wind, I can't do that. That's how it has changed it. I takes a little of the spontaneity away, because I want to know what I am getting into and things of that nature and I just, my HIV status is just constantly going through my head, before and after, especially after I have had sex, I am always thinking okay, now, I think I did everything properly, that just plays a part in that.

Although Warren is committed to practicing safer sex, there have been times when he has not met that aim. During his period of denial following his seropositive test result, Warren had some unprotected sexual encounters "because I wasn't dealing with the fact that I had it, so it wasn't unsafe to me, because I was like, 'I don't have it' – at that time, I had no education on it at all." Overall, though, Warren says that he has only had "very rare instances of unsafe activity." One of those instances occurred during his encounter with the lawyer, which was about one year before the interview. After they returned to the lawyer's Brooklyn brownstone to have sex, Warren's partner made it clear that "he

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couldn't stand condoms." Warren feels that he consented to having unprotected sex on that occasion for several reasons, including his assumption that his partner was seropositive (because of his partner's aversion to condoms and "just the way he looked"), and also because he "didn't have the information at the time that you can reinfect yourself." Warren explains, however, that the primary reason he had unprotected sex was because "I wanted to please him, I need to satisfy a man." Since that time, Warren has not had any unprotected anal sex. He notes that the new treatments for HIV/AIDS have made him feel less concerned about episodes of unprotected sex, should they happen again:

> Q: And do you think it [the availability of new treatments] has any impact on your sex life or the kind of sex that you have?
> A: The treatments?
> Q: Yes.
> A: It makes me feel more healthier, meaning that if I do practice unsafe, which is not good, but if I do practice unsafe sex, there is a chance that the medication might correct my mistake or, you know, something like that, like I think I have more leverage to play with now. I feel like, I could go a bit further, knowing that there is a certain drug that, okay, if you are taking drugs and you are feeling good, the risk thing starts, you start losing all those sides, some of the things go down and give you start doing certain things that hey this can't be bad, though I have a very high viral load. So, one of my goals is to try to get it down.

Warren has never disclosed his HIV seropositive status to a casual sex partner. He explains that "it is something I don't do," and he adds that "I have never been like asked or, you know, nobody has ever told me that they were." Warren relates his practice and experience of non-disclosure to his strong belief that any disclosure or discussion of one's serostatus is antithetical to the standard sexual script that occurs between gay men:

> If we meet each other, and we know it is going to be kind of a one night stand, or whatever, I know that I want sex, and we know that we want sex, the last thing that you are thinking about is AIDS. It is the last thing. You go through loops to not even mention it.

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The reason that Warren feels that one must "go through loops" to avoid serostatus disclosures is because it "will affect the outcome of the whole experience – just the mere mentioning of AIDS kind of is just enough to lose an erection" and "actually talking about it, it ruins everything, it is not sexy, it is not romantic, you are taken away from the moment." He elaborates even further on this point:

> It kind of throws a wrench into the whole system of the whole turn on. It's like you have to stop and pause and it puts that space there that you don't want, you just want to go straight ahead, and you don't want to have to stop, pause, put this on. Let's discuss this, what is your sexual history. Our guys are not going to go through with that, they just want to have sex, have sex, and they don't want to, anything to interfere with that. Maybe it is confusing, even if it is risky – they are willing to take their chances. They don't want to ruin the moment, the fantasy, the sex. I guess if you are in a relationship with somebody, maybe you will take the time to talk, but most guys that just go out and meet guys and have sex, they are not thinking safe, they are thinking sex.

Warren therefore views disclosure as a disruption to his "fantasy" of sex with a casual partner. Because his recent sexual partnerings have occurred spontaneously with men who appeared to be cruising for sex, it may be that he has these types of experiences in mind when he discusses the inappropriateness of disclosure when "we know it is going to be kind of a one night stand" and with "guys that just go out and meet guys and have sex." Warren also believes that his practice of safer sex helps to render the question of disclosure moot:

> I continue to practice safe sex, and when I do have sex, I will be okay. It is not really something that everybody needs to know, unless I am just being very careless or whatever. I dedicate myself to trying to be as careful as possible.

From Warren's perspective, if there is no risk of HIV transmission, then there is no need to share his seropositive status with his sex partner. Non-disclosure is additionally

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reinforced by Warren's practice of making assumptions about his partner's HIV serostatus. On one hand, he generally makes the assumption that his partners are most likely seropositive themselves: "I would assume that the other person has it – like my doctor told me that I should just assume that everyone that I am with has it, and then go from there." On the other hand, Warren also thinks "I know when somebody has the virus, sometimes in some cases," as in the case of the lawyer who picked him up. Warren's assumptions that his partners are seropositive provide a further rationale for not addressing the issue of disclosure with casual sex partners.

Warren's previous non-disclosure with sexual partners and his strong feelings about the inappropriateness of serostatus disclosure have left him with questions about how to address the issue in the future. He suggests that he would only cross the line of disclosure if he entered into a romantic relationship. However, because he holds a deep fear of rejection, he says that he would try to sound our his partner's attitudes toward HIV/AIDS before he opted to disclose that he was seropositive:

> Q: How does your HIV status affect how you feel about dating?
> A: It affects it in ways that I feel like I have to disclose the information. You know what I mean? So, I have to meet somebody that, I think I would have to date them for a while, so I could know how they are going to deal with it. I just can't blurt it out, 'by the way, I have AIDS.' It is a hard thing to do. You just don't know what the reaction will be. I am kind of sensitive, I hate rejection. I try not to set myself up for rejection, I would rather be without than to just be rejected for some reason. I never handle rejection well.

These worries about the potential for rejection following disclosure drive Warren's interest in dating someone who is also seropositive: "I would have to tell the person who I am with that I have it, so instead of going to that, I would rather just know somebody that

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has it." But if Warren is unable to meet an seropositive peer, he is not sure how he will come to disclose his serostatus: "I still don't know how. I have the virus and I still don't know how, if I meet somebody, how do I do that, how do I talk, tell them I have the virus." For this reason, Warren wishes he "could go to a program that would teach me how to communicate the fact that I have the virus, and still maintain an air of respect and not fear."

Actually, Warren is not only interested in receiving help with disclosure to sexual and romantic partners, but also with other significant people in his life. He says, "yes, not just like sex partners. How important is it to tell other people, and who are the people that is most important to tell. Some people say, don't tell your employer, because they are not going to do so well, or don't tell him, because he hates people with AIDS and he will leave you. And so, you know, who do you tell and why and how?" Warren would like to learn from other people's experiences in this regard. He states, "if I could hear more experiences as far as how, I probably would seek it. They probably have a book on how I told my parents, and how I told my brother, how I told my sister, how I told, you know, a series of books. Not really how to tell, but how I told them – you can learn from that." With his study participation, Warren is helping to create the very resource for which he is looking.

Three Lives, Many Lessons

The lives of these three men provide windows of understanding into the complex dynamics surrounding HIV serostatus disclosure practices for seropositive gay men. Although their lives evidence some common themes, the wide divergence in their

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approaches to issues of sex, dating, and disclosure are more notable. These men's lives also illustrate how disclosure practices are deeply embedded within and highly sensitive to larger social and environmental contexts. Finally, the powerful insecurities and resilience demonstrated by these men indicate how challenging serostatus disclosure can be in a world where HIV is frequently synonymous with stigma.

A number of commonalities run through the lives of these three men. Each one initially had a strong reaction of denial regarding their seropositive test result, leaving it unacknowledged for years, until the development of opportunistic infections and illnesses forced them to address the reality of the virus. To greater or lesser degrees over time, each one has remained sexually active after testing seropositive. Each one has an acute sense of the strong stigma attached to HIV/AIDS by society and among gay men, and fears of rejection have shaped their approaches toward dating and sexual encounters. Each one also spontaneously discusses how their lives have changed, and continue to change, as they have slowly grown to accept their seropositive status and gained greater experience with issues such as disclosure and dating.

The divergence in these men's lives, however, is also striking. Their sex lives are very distinct – Manny has given-up on one-night stands and is engaged in an active campaign to find a romantic partner, Vic seeks frequent anonymous and casual sexual partners at the same time that he is pursuing a relationship, and Warren's shy nature makes it difficult to for him to meet other dates and sex partners, although he does have a renewed interest in finding a boyfriend. Each man discusses different approaches toward safer sex – Manny insists on it, Vic will gladly forgo condoms if his partner is willing, and

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Warren aims to have safer sex but may accede to a partner who refuses to use a condom. The men also demonstrate complex and different approaches toward issues of HIV serostatus disclosure. Manny prefers to "court" his romantic partners and, after testing the waters and developing greater intimacy, feels he must disclose his seropositive status before having any sexual contact. Vic has chosen to avoid disclosures of his seropositive status (at least until recently) by trying to avoid intimate relationships and preferring anonymous partners from sex clubs. Warren has never disclosed his serostatus to a sex partner and seeks a seropositive boyfriend to help render the issue of disclosure moot. The stories of these men therefore remind us that seropositive gay men can vary wildly in their backgrounds, experiences, and lifestyles, and that it would be a mistake to suggest or represent one singular narrative of how men live with HIV and deal with disclosure.

Close consideration of the lives of these men further helps us to situate HIV serostatus disclosure practices within the broader context of their personal lives, social interactions, and historical moment. First, we see how disclosure is shaped by the multiple identities that these men negotiate in their daily lives. Manny only weakly identifies as a person living with HIV and as a gay man, due in large part to the strength of his Puerto Rican identity and the ample prejudice and discrimination associates with "being a minority in this country." As such, he has rarely shared his HIV seropositive status with others until very recently. Vic's experiences with the racism of many gay White men and the homophobia of many Latinos have left him feeling like "an individual" without a community. His efforts to address this estrangement by reaching out to other people living with HIV/AIDS have not been very successful, as he has found that some

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seropositive persons can be "even more prejudiced" than some seronegative people. Warren's life with the virus initially reinforced his personal temperament as someone who "spends a lot of time by himself," prompting him to stay indoors and reduce his social contacts for fear that "everybody knows." He has found, however, that "only good things have happened" to him since testing seropositive, and this understanding has led him to the perspective that "when you are positive, you have to be positive." In these ways, the multiple personal and social identities of these men intersect with and inform their approaches toward and serostatus disclosure and living with HIV/AIDS.

Second, the lives of these men demonstrate that their disclosure practices are deeply and intimately braided with their orientations toward sex and relationships. Manny intentionally takes the time to develop emotional intimacy with his partners to help facilitate serostatus disclosure, and since "you do your damnedest to, to show them that you're sincere and being honest," he always discloses his HIV status "up front" before having any sexual contact with his partners. Disclosure therefore represents an outgrowth of intimacy and trust, as well as a precondition for sex, in Manny's approach to relationships. For Vic, "all that trauma that goes along with like, you know, revealing your status, and talking about it, and then the rejection that comes along with it and all that kind of crap" leads him to strongly prefer anonymous encounters in sex clubs with men who he assumes are seropositive. The challenges that Vic associates with disclosure therefore help to direct his entire approach toward casual sex and relationships, which is to generally favor the former and avoid the latter. Warren's belief that serostatus disclosures are entirely antithetical to sexual scripts between men means that he "would rather just

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know somebody that has it." The dilemmas associated with disclosure therefore serve as the foundation for Warren's interest in dating other seropositive men. In each of these men's lives, we see how serostatus disclosure practices are deeply intertwined with (and therefore difficult to isolate from) broader sexual, dating, and relationship practices.

Third, these mens' lives reveal how serostatus disclosure practices are highly sensitive to the immediate social and environmental context. This is particularly evident in the way that the three men tend to categorize their sexual partners as either 'casual' partners with whom they typically have one-time or anonymous contact, or 'romantic' partners with whom they have repeated contact and emotional intimacy. The men describe important differences in their disclosure practices between these two partner types. They indicate that verbal serostatus disclosures are uncommon, avoided, or less likely with casual (and particularly anonymous) partners – for example, Vic notes that serostatuses are rarely mentioned or discussed during anonymous partnerings in sex clubs, and Warren finds that casual sex partners typically "go through loops to not even mention it." The men state that they are more likely to disclose within the social context of a relationship with a romantic partner – for example, Manny intentionally cultivates such relationships before he will disclose his serostatus, and both Vic and Warren indicate that they would disclose (or have disclosed) to serious boyfriends.

The men also point to other important ways that social, environmental, and interpersonal contexts shape their disclosure practices. A striking example is found in the meaning that Vic assigns to participation in sex clubs and other public sex environments. He believes that men who attend such locales are likely to be seropositive, and that

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willingness to participate in unprotected, high-risk sex in such contexts is an even stronger indication that someone is seropositive. From this perspective, the immediate social context (sex club) and behavioral practices (unprotected sex) serve to denote one's serostatus. Warren mentions a similar phenomenon since he moved to a residence for people with HIV/AIDS. He finds that merely mentioning his address is often enough for many people to discern his serostatus, and that when he keeps company with fellow residents who appear sick, "I've got it by association." In these and many other ways, disclosure practices are braided with the social and environmental contexts in which they are enacted.

Fourth, these men's lives underscore the contextual nature of serostatus disclosure to sexual partners through the importance assigned to the larger urban environment. Each man's experience reflects their life within a major metropolitan center (New York City) that contains significant populations of gay men and has been (and continues to be) an epicenter of the HIV/AIDS epidemic. This is a milieu in which they may frequent a variety of gay bars, participate in sex clubs, meet men on the Brooklyn Bridge, read magazines that focus on the local gay bar and club scene, attend local HIV/AIDS service organizations, or live in an HIV/AIDS residence. In addition to structuring the substance of their lives, this urban context informs their serostatus disclosure practices. Manny normalizes his disclosures by stating that "one out of every two persons in New York City who's gay is HIV positive." Similarly, Vic notes that "if you're a gay male in New York and you have a doctor's appointment," people may assume that you are seropositive. Warren feels that his practice of non-disclosure with casual sexual partners is consonant

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with the norm for urban gay men, although his reading of HX magazine reinforces his sense that gay men focus excessively on sex and that he is leading "a very boring gay life."

Finally, the men's lives also reflect the context provided by a specific historical moment in the HIV/AIDS epidemic – the beginning of the sea-change represented by the introduction of protease inhibitors and combination therapy for HIV/AIDS. Each man had failing health until they were restored by these treatment regimens; their collective experiences of renewed health have contributed to rekindled libidos, new desires to find romance, and wishes to return to work and school. The antiretroviral medications also serve as signifiers of HIV/AIDS, which can subsequently be used as a tool for disclosure (Warren), or hidden in a box in the living room (Manny). The growing impact of these treatments on the men's sexual behavior is additionally evident. Now that the treatments have offered Vic a future that he never thought he had, he is more interested in protecting his own health through safer sex. On the other hand, Warren finds that the treatments are influencing his feelings about unprotected sex, noting that "if I do practice unsafe sex, there is a chance that the medication might correct my mistake," and that "I have more leverage to play with now." A very specific historical and urban context therefore shapes these men's sexual lives and disclosure practices.

One last lesson to draw from these three men is how serostatus disclosure with sexual and romantic partners is represented as a significant and ongoing challenge in their lives. The men reference a variety of reasons why they may elect to disclose their serostatus with their partners – whether it be to build and reflect growing emotional intimacy, to feel open and honest, to share or reduce risks associated with certain sexual

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practices, or to casually respond to partner's query. At the same time, each man notes an ambient and pervasive prejudice against people with HIV/AIDS – in some cases noting that they were once practitioners of this prejudice before testing seropositive themselves. This hostile climate means that considerations about engaging, circumventing, or avoiding disclosures of one's HIV seropositive status assume paramount importance, and become fraught with emotion. In the lives of Manny, Vic, and Warren, we therefore see both the humanity and the complexity involved in the challenges associated with serostatus disclosure practices.

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Chapter IV

Disclosure-Related Concerns, Strategies, and Risk-Behavior: A Content Analytic Approach

The biographies of Manny, Vic, and Warren illustrated the complex concerns and varied approaches that HIV seropositive men bring to the issue of serostatus disclosure with sexual and romantic partners. This chapter will build on their narratives through a content analysis of the larger sample of 21 interviews. This approach elicits the voices of all the men to locate both common themes and diverse perspectives on disclosure. The chapter will focus on three key issues: 1) the concerns that framed and informed men's disclosure practices, including the significance that men assigned to the issue of serostatus disclosure within their sexual and romantic lives; 2) the broad behavioral strategies that men employed to address the issue of serostatus disclosure with their partners; and 3) the relationship between serostatus disclosure practices and sexual risk behavior.

The Context for Disclosure Practices

The disclosure practices of HIV seropositive men cannot be adequately understood without first considering the social contexts and interpersonal concerns that give shape to these practices. In the interviews, men spoke of three primary themes that guided their HIV serostatus disclosure practices with sexual and romantic partners: fears of rejection from partners, perceived norms and sexual scripts regarding disclosure, and catalysts for disclosure.

Fears of Partner Rejection. The most powerful theme to emerge from the

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interviews was how HIV/AIDS prejudice and stigma prompted men to fear or anticipate rejection from sexual partners following disclosure of their HIV seropositive status. When asked very generally about "what issues come up" when dealing with serostatus disclosure to sexual partners, men commonly began their response with a single word: "rejection." Indeed, every man in the sample who had previously disclosed his HIV status to sexual partners made reference to past experiences with rejection at some point during his interview. Men of all ages and backgrounds elaborated a broad consensus that serostatus disclosure in the context of HIV/AIDS stigma raised the prospects of "being accepted or rejected, loved or scorned, getting laid or not getting laid" [1294, White, age 46], and many reported their sense that it "makes you lose out on a lot of relationships" [1375, Latino, age 20].

Rejection from partners following disclosure occurred at several junctures. Men who disclosed their HIV seropositive status to potential partners before they had any sexual contact reported that this practice regularly resulted in rejection:

> If it's somebody that I met online... or somebody that I meet by and by, then I will tell them before I have sex with them that I'm HIV positive. And that does influence whether or not they have sex with you. That's what I find, is that, like, on AOL about two out of three will turn you down. [1294, White, age 46]

In addition to partner rejection before sex, some men also mentioned experiences with rejection that occurred during sexual encounters, because serostatus disclosure had come up during the course of their sexual interaction:

> Several years ago I had met someone in, in the neighborhood. And he was out looking for sex, bumped into me, and I brought him home. And we were having safe sex. And he had asked me if I was HIV positive or negative. I said positive. And he just stood back and slugged me. Wouldn't touch anything. Just put on his

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> clothes and walked out. [1107, White, age 51]

A number of men also discussed a form of "time-delayed" rejection that occurred after having sex with a partner with whom they had disclosed their serostatus. In these cases, the partner would initially appear to accept this information without prejudice, and the two may even begin a sexual or romantic relationship, but the partner would eventually discontinue the relationship:

> I met one guy when I first got here at a little gay bar up here, Jersey, Jersey City, and I liked this guy a lot, and the first night he came home with me, I, you know, I told him, I told him, you know, 'cause I knew we were going to have sex. And he seemed okay with it. He appreciated that I told him. But then – but then, you know, he, he freaked and, you know, I know, you know, he liked me a lot, but I, I could tell he spent time thinking about it, and it, he freaked himself out, and stopped calling. [1149, Mixed race/ethnicity, age 46]

Rejection from partners could therefore occur before, during, or after sex. Although rejection was usually experienced as a partner's unwillingness to have sex, it also included unwillingness to engage in particular sexual practices, unwillingness to date or meet again in the future, and even (although very rarely) threats or acts of violence. In addition to being the recipient of these forms of rejection, some men also recalled occasions before they tested HIV seropositive in which they had rejected their own HIV seropositive sex partners. These experiences combined to create a strong association between serostatus disclosure and the fear or anticipation of partner rejection.

Some men found that concerns about potential rejection as a result of disclosure were not always justified, since many of their partners had greeted their seropositive status with acceptance or indifference. Some reported that their strong expectations of rejection frequently outweighed their actual experiences of rejection:

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> Q: How does your having HIV affect how you feel about dating or having a boyfriend?
> A: Well it's affected my self-image, but most of my, well practically all of the people that I have dated or have been seriously involved with have been negative. So I mean it hasn't been a hindrance.
> Q: So it really hasn't affected how you feel about dating?
> A: Well it has affected how I feel about it, but it hasn't affected my acting on it.
> Q: Being able to do it?
> A: Right.
> Q: Okay. So how has it affected how you feel though?
> A: Oh, I felt like at times I do feel, but in the past, a lot of the time I felt like damaged goods and that nobody would want me. But it turns out that that has not been the case. I've been very fortunate. [1044, White, age 33]

In this manner, many men were discouraged by the possibility of partner rejection, but this prospect did not stop them from the successful pursuit of sex and relationships. When men did find acceptance from partners following serostatus disclosure, they often attributed these experiences to their partner being either HIV seropositive or educated about HIV/AIDS:

> I was seeing this one guy this year, and the first night we both told each other before we had sex that, it turned out he was positive, and you know, when you bring somebody home and you're all worried about telling somebody and all of a sudden they tell you that they are, it's sort of a big relief. [1149, Mixed race/ethnicity, age 46]

Although men often found acceptance from sexual and romantic partners following disclosure, references to these occurrences as being "a big relief" or "very fortunate" underscored the men's general experience of HIV/AIDS as a stigmatized condition. The prospect of rejection from sexual and romantic partners was therefore an important concern that shaped the men's serostatus disclosure practices.

Norms and Sexual Scripts Regarding Disclosure. Another theme that set the context for men's disclosure practices was their perception of disclosure-related norms

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and sexual scripts. One widely perceived norm was the representation of serostatus disclosure as an uncommon practice with their casual and anonymous sexual partners (regardless of whether safer or unprotected sex was practiced with these partners). Men commented, "with anonymous sex you don't discuss that" [1192, White, age 43], "It is something that just never comes up – they don't bring it up and I don't bring it up" [1079, African American, age 34], and "in general gay men are very, very uptight about it... the only place that gay men ever open up about it is maybe a support group, a gay, you know, HIV support group" [1149, Mixed race/ethnicity, age 46]. One participant explained that past efforts to disclose his serostatus often resulted in disbelief from his partners: "Before when I tried to say something to people they were like, 'Why are you even telling me this?' It seemed strange to them" [1294, White, age 46]. Participants added that perceived sanctions against verbal serostatus disclosures were particularly strong within the context of public and commercial sex environments, including sex clubs, bath houses, and cruising areas in public parks. Men explained that sex partners from these locations were usually anonymous, and as a result, "nobody really discusses [laughs] anything – you know, there's virtually no talking at all" [1149, Mixed race/ethnicity, age 46]. Many men therefore conveyed the sense that it was normative for gay men to avoid verbal disclosures of HIV serostatus with casual or anonymous sex partners.

In addition to representing serostatus disclosure as an uncommon practice, men also described disclosure as antithetical to scripts for casual sexual encounters. Participants noted that serostatus disclosure served as a reminder of the possibility and reality of HIV infection, and as a result, it could have the impact of disrupting the desire

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for sex:

> Well sometimes when you reveal a status or even bringing the HIV up, I guess the whole mind gets into a different set. It leaves the sex and it goes to sickness, death, friends, me or him have had in the past. It changed the whole atmosphere. It's not negative, it just gets more serious and more non-sexual as opposed to, you know, 'let's enjoy each other for the day... let's have some fun. Let's enjoy each other's body.' [1169, Mixed race/ethnicity, age 41]

Other participants echoed this sentiment, noting that "actually talking about it, it ruins everything, it is not sexy, it is not romantic, you are taken away from the moment" [1079, African American, age 34], and "why would I discuss it with you if it's going to make my hard-on go away?" [1327, White, age 51]. The representation of serostatus disclosure as being disruptive of sexual desire provided an impulse to avoid disclosure during casual encounters. Men commented that the norm was therefore to "go through loops to not even mention it" [1079, African American, age 34] and that typically "it's a lot of just not wanting to think about it, and so, 'please don't bring it to my attention – let's not talk about it, and you know, we'll be fine'" [1294, White, age 46]. The representations of verbal serostatus disclosure as being disruptive of sexual desire and contrary to norms of non-disclosure with casual sex partners were key factors that framed men's approaches to this issue.

Catalysts for Disclosure. In the interviews, men also identified catalysts that strongly compelled them to disclose their serostatus to sexual and romantic partners. The three primary catalysts for disclosure were romantic relationships, the embodiment of serostatus within their lives, and moral mandates to disclose. First, men consistently described how, if they were to enter into or experience a serious, romantic relationship,

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they would feel compelled to disclose their serostatus to their partner. Many felt that serostatus disclosure was essential for establishing trust and respect with a potential relationship partner:

> The reason to let them know is that there is a possibility that there will be a long-term relationship. And there's a possibility of having trust established in a relationship, is the main reason to let them know. And I found from experience that I've lost somebody who I was falling in love with for not having told him at first. [1294, White, age 46]

Many men therefore felt that serostatus disclosure early in the course of relationship development was critical for cultivating trust and emotional intimacy. Some also mentioned the inverse of this dynamic, in that the ongoing development of trust and intimacy with a romantic partner encouraged serostatus disclosure through mutual discussions of personal and private concerns:

> Like when Robert and I met, ah, it clicked, ah, meaning that we were, we were on second base, and meaning that we met and we, we both liked what saw. And I told him that if -- the way, the way we met, it was on this thing about, he doesn't want a game. He wants a relationship.
>
> And that's how he came off. And I said, well, I'm of the same mind-set, but let's, let's throw the shit on the table. So he threw his out on the table. He gave me a whole laundry list of crap that I thought was weird. And then I gave him mine, but I didn't give that one [his HIV+ status] right up front.
>
> Ah, and then, then we continued to talk on the phone again. And I said there's more I have to tell you that I didn't bring up before. and I said I'll tell you when we meet. And the next thing, we met, and I threw it on the table. And I said it. And I – a lot of it I threw in because he was telling so much of his, and I thought I had problems. He had his problems, too, but not in that, in that area. [1034, Latino, age 38]

In representing disclosure as both a product and a facilitator of the emotional intimacy found in serious relationships, men described romantic relationships as an important catalyst for serostatus disclosure.

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A second disclosure catalyst was the embodiment of HIV serostatus within the daily lives of the men. Men pointed to a broad constellation of daily practices and life situations that could reflect their seropositive status, such as taking doses of HIV/AIDS medications, regular doctor visits, symptoms of illness, medication side effects, subscriptions to HIV/AIDS publications, participating in HIV/AIDS support programs, being on disability, working for HIV/AIDS service organizations or advocacy groups, and living in an HIV/AIDS residence. Participants felt that it would be difficult to mask these potential markers of their serostatus from a partner with whom they had close, repeated, or personal contact:

> Well if they are in my house, they are not going to not know. I mean, I've got POZ Magazine out there, Body Positive Magazine out there, I've got a POZ Magazine, magnets on the refrigerator, I've got my medication sitting on the dining room table, you know. You would have to be as dumb as dirt to not figure out that I've got something going on. [1308, Mixed race/ethnicity, age 37]

In cases where men had romantic partners, the romantic partners usually had close and repeated personal contact with the men, and they were therefore more likely than casual sex partners to perceive the embodiment of serostatus within the men's lives. However, signifiers of serostatus still held the power to catalyze disclosure with partners who were only one-night-stands:

> The one guy who we both told each other the first night, he – he was very open and when we got back to my place, he said I have to take my medication. I said, oh, I said, are you sick, and he said yeah, and I said well, so am I. And he gave me a big smile, he says great [laughs]. [1149, Mixed race/ethnicity, age 46]

Several participants reported that they occasionally used signifiers of their HIV serostatus as tools to help initiate serostatus disclosure with sexual and romantic partners. These

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men would employ events such as taking a dose of medication or mentioning an upcoming doctor's appointment as a route toward introducing their serostatus to their partner:

> I tell them that I have a doctors appointment that I can't miss on the day that they tell me that I have to go out with them... that's how I actually find out a way of telling them that I'm sick. [1288, Latino, age 35]

Men therefore articulated a rich variety of ways that their HIV seropositive status was embodied within their daily lives and domiciles, and they noted that these signifiers of serostatus could act as catalysts for disclosure with their sexual and romantic partners.

Finally, many men articulated moral mandates as important catalysts for disclosure with sexual and romantic partners. These perspectives were "moral" due to their focus on disclosure-related values and ethical concerns, and they were perceived as "mandates" since men commonly described them as powerful impulses to disclose their serostatus to sexual partners. Moral mandates to disclose could be viewed from either personal or partner-related perspectives. From a personal standpoint, some men felt compunction to disclose their serostatus to be "honest" or to avoid feeling "dishonest" with their partners:

> As scared as I am of being rejected, I just know what it's like to live in my own skin with myself and having that -- keeping secrets and all of that stuff. I hate that even more. So it's like the lesser of two evils. [1017, African American, age 44]

On this personal level, men felt compelled to disclose their serostatus in order to avoid negative moral judgments of their own conduct (e.g., feeling dishonest or guilty) and to foster beneficial judgments of themselves (e.g., to feel honest and responsible). This perspective also applied to situations where a partner inquired about one's HIV status: "If someone asks me, I always tell them... I don't believe in lying" [1149, Mixed race/ethnicity, age 46]. The desire to be truthful and to avoid lying created a personal and

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moral mandate for many men to disclose their serostatus.

From a partner-related standpoint, many men also felt a moral mandate to disclose their serostatus due to feelings of responsibility for protecting their partners from HIV transmission. These men perceived an ethical obligation to inform their partners of their serostatus due to the potential risk of HIV transmission through sexual contact – even when safer sex practices meant that the risk was negligible:

> I believe that it's better to know than not to. You give the person an option also to decide. This is life, you know, it's a person's life. Mine is fucked up already because maybe somebody didn't tell me. [1172, Latino, age 33]

Men felt that serostatus disclosure before sex allowed a partner to make an informed choice about whether or not to have sexual contact, since the contact could present a risk of infection if a condom broke, or if they were to engage in unsafe practices. Besides alerting their partner to any potential risks, men who felt morally obligated to disclose their serostatus also commonly believed that this action would help to ensure that safer sex was practiced:

> I don't want to infect the whole wide world, so I have to tell people. It is like for their safety and my equal sense of people... I sometimes probably wish that I wasn't so moral, so understanding, good and nice. But it is all for the better. [1375, Latino, age 20]

In informing their sexual partners of their serostatus, men sought to protect their partners from HIV, and to protect themselves from the guilt they associated with non-disclosure. In either case, these personal and partner-related moral mandates to disclose represented the third important catalyst for serostatus disclosure.

The Significance of Disclosure. Men commonly described the issue of HIV

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serostatus disclosure as a significant dilemma in their sexual and romantic lives. Men negotiated serostatus disclosure practices in the context of concerns about partner rejection, norms and sexual scripts regarding disclosure, and multiple catalysts for serostatus disclosure – and these overlapping interests frequently stood in contradiction to one another. For example, moral mandates may push a man to disclose his serostatus to a potential sex partner, and this impulse may feel particularly strong if the partner has romantic potential, yet this action may require disrupting norms of initial non-disclosure, in addition to confronting deep-seated fears of potential rejection. The intersection of these varied concerns prompted many men to feel anxious and troubled regarding serostatus disclosure with their sexual and romantic partners:

> I think it changes the dynamic for me in that, you know, up until 1989 if I met somebody I liked, I didn't have to think about telling them, "Excuse me. I have this virus, you know." I didn't have to worry about that and now I do. Or worried might be a strong word. Yeh, worried works. [1017, African American, age 44]

> I usually try and plan in my mind how it will happen, or how I will tell them, which makes me very anxious and very nervous. Usually if it happens when I want it to, I've had plenty of time to think about it during the day; and I'm usually a nervous wreck by that point. [1044, White, age 33]

> You could start being lonely, I shouldn't say lonely, being by yourself and that shit about telling, you, you have to just sit and tell every single man you want to have sex, you have to tell them your darkest secret, like, "Hey, guy, I'm HIV-positive." Expect people's reactions and stuff. It's not easy. [1172, Latino, age 33]

Many men who viewed serostatus disclosure as a significant challenge also reported that they had questions about how to best address this issue. Men made comments such as, "I have the virus and I still don't know how, if I meet somebody, how do I do that, how do I talk, tell them I have the virus" [1079, African American, age 34], and "this is an area that

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I just don't know about too much" [1192, White, age 43]. Questions regarding whether, when, and how to conduct serostatus disclosure with sexual and romantic partners reflected the notable degree of apprehension and uncertainty that surrounded this issue for many men.

The questions and challenges presented by the issue of serostatus disclosure prompted many men to express interest in programs and services that would help them with "learning how to deal with telling people or not telling people" [1373, White, age 28]. Suggestions for such programs included one-on-one counseling, as well as support groups that would allow men to learn from one another about strategies for addressing serostatus disclosure with sexual partners:

> But just talking, rap sessions help. Especially the people that are dealing with the same situation. Because I know there are a lot of people dealing with the same issues, especially dealing with the club scene of picking up somebody for the, trying to get into a relationship, but just picking up somebody. Its very difficult knowing your status. [1288, Latino, age 35]

More broadly, many men sought programs and initiatives that would help seropositive men confront the challenge of serostatus disclosure by promoting the development of resilience and pride in the face of HIV/AIDS stigma and prejudice:

> Q: What type of program would you think would help other HIV positive men you know?
> A: One that advocates the all rightness around it and to accept it. You know and to be proud of it not to run around and brush it under the table. Not to be so paranoid about it. You know what I mean – one that advocates, say, listen, this is what you got, wear it, you know. Get a t-shirt. You know, one of those. I really do. I can't stress that enough. [1262, Latino, age 32]

> And then also, somehow a program where giving or unbrainwashing someone like myself, thinking that it is so bad, that the rejection is so terrible, where it is not a chance of risk. It's like right up front. "I'm positive. And whoop-di-doo. You

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> don't like it? I'm really sorry." [1107, White, age 51]
>
> Well a lot of the HIV positive men I know don't, they have not really come out with their status at all and I think that can be a bad thing. So I think for them some type of program would, would kind of enable them to be more open about their status and more comfortable with sharing their status with other people, including their families I think would be a good thing. [1333, African American, age 45]
>
> I want there to be a HIV positive gay pride festival. Just like an event like that. I was thinking that the other day, a rock concert or you know, promotional events besides the Body Positive Tea [dance] thing. Some kind of big event that would bring people together. The million gay man's march or something. [laughs] The HIV positive gay people's march or something. [1294, White, age 46]

In seeking to promote pride in self-identification as an HIV seropositive person and consequently greater comfort with serostatus disclosure, men sought a degree of self-affirmation that had often been denied to them through repeated experiences with prejudice and rejection. These desires reflected their strong interest in critiquing and combating the HIV/AIDS stigma that endowed the issue of serostatus disclosure with such significance for them.

Although most men viewed serostatus disclosure with sexual and romantic partners as an acute dilemma, some noted that they had become more comfortable with disclosure issues over time. One commented, "It's a learning process in strength for me. Of not caring too much about what their reaction is" [1107, White, age 51]. These men explained that disclosure became easier after developing greater personal acceptance of their HIV seropositive status, and also through the accumulation of experience with the issue. Some men were therefore able to transcend fears of partner rejection and other concerns about serostatus disclosure, effectively arriving at a point where they had the strength to 'reject the rejectors:'

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Q: What makes it hard to tell anybody?
A: What makes it hard?
Q: Yes.
A: I guess as you're used to this, hearing the same thing, it's just the rejection. I don't feel I need to be rejected. I mean, I will consider if I'm already like dying and stuff like that, and I'm in a bag, and maybe because I need people around me, it would really hurt for me to get rejected. But there's times, no way. "That's your problem. That's your ignorance. Fuck you!" I prefer to be with somebody who's HIV who will do things healthier and better and you know what you're going to put yourself through than to not have it at all. So I believe that somebody who you tell and who rejected you is because he just wants to keep the thing about it, having sex without knowing. So my way, at the beginning, it was like, "Oh, well, he rejected me," and call my friend and tell him, "He rejected me." Now it's like, "Excuse me? Fuck you! Goodbye," and just keep walking and, "Next?" [laughter] "Okay, you're next. Come over here." That's it. [1172, Latino, age 33]

Through this perspective, men confronted the dilemma of serostatus disclosure head-on and refused to be cowed by HIV/AIDS stigma and prejudice. The challenge of serostatus disclosure with sexual and romantic partners remained, but these men found that it was not insurmountable.

Strategies and Practices Regarding Serostatus Disclosure

The HIV seropositive gay and bisexual men in this sample responded to the challenges of serostatus disclosure with sexual and romantic partners in many different ways. Because many men experienced disclosure as a recurrent dilemma, most could elaborate specific behavioral strategies and approaches they had developed for addressing disclosure issues with their sexual partners. The strategies represented the men's efforts to negotiate an "uneasy solution" [1044, White, age 33] to the challenge of serostatus disclosure within the context of potential partner rejection, perceived norms regarding disclosure, and moral mandates to disclose. Men therefore commonly described these strategies as both a summation of their past disclosure practices and as 'rules of thumb'

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that guided their ongoing and future disclosure practices.

This section will present the diverse spectrum of general behavioral strategies that men had developed to address serostatus disclosure issues with their sexual and romantic partners. It is important to note that any one individual often employed a combination of different disclosure strategies, and that individuals often shifted strategies over time and across different interpersonal contexts. However, to better elaborate the broad range of disclosure strategies that men had developed, this section will first describe each strategy separately from one another, including counts of the number of men who endorsed or mentioned each strategy. It will then consider the combined and shifting strategies that characterized most men's approach to issues of serostatus disclosure with their sexual and romantic partners.

Tell before Sex. One strategy identified by the men was an emphatic insistence on verbal disclosure of their HIV seropositive status with potential partners prior to any sexual contact ("tell before sex," 9 of 21 men in the sample). One participant summarized this approach succinctly: "If they are going to be a sex partner, they automatically find out – it is that simple" [1375, Latino, age 20]. Men who employed this strategy commonly connected it to strong moral mandates to protect their partners from HIV:

> I do know that I wouldn't, you know, do something with somebody without them knowing, that would be impossible for me to do. I mean I have too much respect for the other person. [1192, White, age 43]

> It has to do with making a person make a decision. The person will make a decision whether he wants to accept you or not. I think that that's a choice that you have to give the person. I wasn't given that choice because maybe, like I said, he didn't know. Or maybe he knew and he was afraid. I wasn't given that choice, so I believe that because I wasn't given that choice, I should give people that

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choice. [1172, Latino, age 33]

In wanting to "give people that choice," men who elected to disclose their serostatus before sex established an "informed consent" with their sexual partners, by alerting them to any possible risk of HIV transmission that may be associated with sex, and allowing them to decide whether or not they were willing to assume that risk. Serostatus disclosure prior to sexual contact therefore became a route for men to share responsibility for any risk of HIV transmission with their partner.

Men who chose to disclose their HIV serostatus before having sex reported doing so with all types of partners, from potential one-night-stands they had just met in a bar or nightclub, to men they had dated (platonically) for months. However, this strategy was often emphasized as a particularly important one with regard to partners who may have romantic potential. Men felt that disclosure before sex was essential to cultivating a trusting relationship:

> You have to – you can't fall in love with a guy unless you establish a trust. You can't establish a trust unless you're honest. And if you're positive and, and you're making an investment with a guy in some of his time and, in terms of a relationship, you have to say it up-front, whether you like it or not. If you don't do it and you, you bond with him, and then he finds out later on, and you weren't, you weren't honest about it, your relationship is down the tubes, and all the time and energy you put into it is for nothing. You have to say it up front. And I've gotten to that point. That's exactly what I'm doing. [1034, Latino, age 38]

This was one of several men who mentioned previous romantic relationships that had been disrupted by disclosure that occurred after sex or late in the relationship. These experiences had further convinced them of the need to conduct disclosure "up-front" – prior to sex and before the relationship deepened. Some men who disclosed before sex

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with romantic partners, however, felt more comfortable with efforts to delay sex, rather than advance disclosure:

> Yes, well before we had sex, we waited, or I made him wait; but I also didn't tell him. When it came time that, you know, sex was inevitable, I wanted it to happen, I told him first. He said he basically had guessed. [1044, White, age 33]

In these cases, men waited for their relationships to develop some measure of intimacy and trust prior to disclosing their serostatus and then subsequently engaging in sexual behavior.

Although men noted that they risked rejection by disclosing their HIV seropositive serostatus before sex with potential partners, they often felt that rejection was preferable to feeling dishonest about their serostatus or prolonging the anxiety of disclosure. Men who disclosed before sex frequently held the perspective that, if rejection was going to occur, it would be better for it to happen sooner than later in the course of the relationship. As such, men noted that disclosure "up-front" served as an important means for screening out undesirable partners:

> I don't want to be a part of anybody's life who can't accept me for who I am. Being HIV is a part of who I am. So if they don't want to be with me because I'm HIV positive, then they don't need to be. Period. [1308, Mixed race/ethnicity, 37]

Some men who chose to disclose their serostatus before sex therefore came to view rejection as a two-way street, feeling that partners who could not accept them were unacceptable as prospective sex partners or boyfriends. This view reinforced their belief that it was important to disclose their serostatus to potential partners prior to sex. Men therefore described verbal disclosure before sex as one important strategy for addressing issues of serostatus disclosure with their partners.

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Play it Safe. Another strategy that men elaborated was to forgo serostatus disclosure with sexual partners as long as they practiced safer sex ("play it safe," 8 of 21 men in the sample). Men who employed this strategy stated that they felt no need to disclose their HIV seropositive status if their sexual practices presented little or no risk of HIV transmission to their partner:

> Especially when you have safe sex with them... there's absolutely no reason to let them know unless they're somehow being in danger of contracting something from you that they shouldn't get. [1212, White, age 34]

> I continue to practice safe sex, and when I do have sex, I will be okay. It [my status] is not really something that everybody needs to know, unless I am just being very careless or whatever. I dedicate myself to trying to be as careful as possible. [1079, African American, age 34]

Men who used this strategy articulated a slight modification of the "informed consent" approach to sexual practices and disclosure. They argued that men who consent to participate in safer sex should already have a clear understanding of the (non-existent or negligible) risks involved, so disclosure should not be necessary if they stayed within the bounds of reduced-risk sexual practices. For example, one man stated, "why should I tell him just because I'm going to jerk off with him, sucking his nipples?", and he added, "if I'm going to have sex, I always use rubbers anyway, so it [disclosure] doesn't matter" [1172, Latino, age 33]. From this perspective, safer sex practices protected partners from HIV transmission, in addition to protecting the men from mandates to disclose their serostatus.

Men reported that they most commonly employed the "play it safe" strategy with casual and anonymous sex partners. The decision to forgo disclosure due to safer sex

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practices matched norms of non-disclosure with these types of partners:

> If I was cruising or if I was meeting someone at a bar, I would never ask someone their status unless he, it didn't happen. You know, because I protected, I had safe sex with him. So why bring that up even if they were. You know make anybody feel bad or put them on the spot. It wasn't necessary. And that still holds true for -- if I'm in a park now, where it's impersonal sex. It's the same tune. There's no reason to ask if I'm protecting myself. You know. [1327, White, age 51]

Men also applied this approach to potential romantic partners if they had sexual contact prior to conducting serostatus disclosure. In these cases, a couple of men noted that practicing safer sex with potential romantic partners helped preserve the option to disclose their serostatus in the future:

> Thank God I made the decision about not having sex without a rubber, because then it will be the time that I have to tell him I'm HIV... [and] he won't have to get upset and I will not get upset because I didn't expose him to anything. [1172, Latino, age 33]

Men felt that adherence to safer sex could help prevent negative reactions from partners if they were to disclose their serostatus later in the relationship. As a result, some believed that it was essential to practice safer sex if they had not yet disclosed to their partner. This notion actually reversed the more common formulation of the "play it safe" strategy: whereas men often felt that safer sex practices made disclosure unnecessary, men also felt that non-disclosure made safer sex a requirement.

The 'play it safe' approach to sex and serostatus disclosure was occasionally paired with the idea that "I treat everybody like they're HIV seropositive" [1327, White, age 51], as well as the injunction that gay and bisexual men should always assume that their sexual partners could be HIV seropositive ("And that's the way it should be, you know" [1327, White, age 51]). Some men were concerned about possible co-infection

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with a different strain of HIV or acquiring other sexually transmitted diseases from their partners. In lieu of verbal serostatus disclosure with their partners, they felt it was best to make the assumption that their partners could have HIV or other sexually transmitted diseases, and to subsequently protect themselves from these risks through safer sex practices: "I try to go around today and assume that everybody's HIV positive. You know, that's the safest way to be" [1212, White, age 34]. The assumption that any partner could be HIV seropositive contributed to the broader perspective that safer sex was essential and serostatus disclosure was irrelevant. The pairing of safer sex and non-disclosure consequently represented another key approach to serostatus disclosure issues with sexual and romantic partners.

It all Depends. Men further evidenced a set of approaches in which they made their disclose practices contingent on particular interpersonal situations or characteristics of their sexual partners ("it all depends"). The most pervasive of these conditional approaches was to reserve serostatus disclosure for romantic partners and men who had the potential to become boyfriends (14 of 21 men). Participants commented, "an important issue would be the prospect for an ongoing relationship, as opposed to if I felt there was no potential for an ongoing, long-term relationship, then I would not necessarily bring up my status" [1333, African American, age 45], and "I feel that that's not really necessary to discuss that, unless you do get intimate with somebody or you want a relationship with someone" [1327, White, age 51]. In this prominent strategy, men either informed partners of their serostatus after making an early determination of whether "you think that you would want to see more of them" [1102, Latino, age 33] or after

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establishing emotional intimacy through a longer period of dating: "Well, most of the time a person has gotten to know me for a good while, you know, and, and they know what type of person I am. And, and I, I usually just tell them, you know, I'll tell them after a while." [1080, African American, age 36]. Whether they conducted disclosure earlier or later with a partner, many men stated that their disclosure practices depended on whether they were involved in a romantic relationship.

Another common conditional approach was to make disclosure contingent on a partner's observed and apparent attitudes toward people with HIV/AIDS (6 of 21 men). Some men who were entering into romantic relationships stated that they would "study the situation, I will study the way the person is" [1172, Latino, age 33] in order to determine whether they may respond to serostatus disclosure with acceptance or rejection. Men therefore described efforts to "test the waters" by monitoring their partners' responses to both general statements and direct references regarding HIV/AIDS:

> When you're with somebody that you like, for instance, I had a guy that I really liked, and you hear them talk about, you just you know, you start conversations, and 'oh man I saw this program on television about this HIV guy that had a lover and he was dying and he was falling apart,' and then the conversation starts and you see their reaction, or what the person says about the person. [1288, Latino, age 35]

Men who took this approach would disclose to partners who appeared accepting, but would avoid disclosure with partners who appeared prejudiced: "I didn't want to get into it with him because I saw he was like really close-minded about the subject, so I didn't tell him" [1327, White, age 51]. If it seemed that their partner may not accept their HIV seropositive status, men said that they would often seek to end the relationship without

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disclosing their serostatus.

Another conditional disclosure strategy centered on the place in which men met their sex partners or the location where they had sex with each other (6 of 21 men). The most important distinction in this approach was a contrast between partners encountered within public sex environments and partners who were met in other locations. Men commented that disclosure was typically reserved for men they encountered outside of bath houses and sex clubs:

> The guys I've told are guys I usually meet in like a bar, like there's a little bar up the street and, and the guys who I've told are guys who I usually meet there. 'Cause I figure, there they're there, you know, having a drink and they're going to come home and have sex with me. I, I generally give them the option to change their minds... but you know, the sex clubs, no... not with the guys I've met there. [1149, Mixed race/ethnicity, age 46]

> It depends on where I meet them, whether or not I'm even revealing that I'm HIV positive. Because if I'm meeting somebody at on-line or I'm meeting somebody at a bath house, I don't say anything... the main thing I do with people who are not 'bath house buddies' is to tell them that I am HIV positive and let them make up their own mind. [1294, White, age 46]

This approach allowed men to collude with perceived norms of non-disclosure in the context of public sex environments. The avoidance of serostatus disclosure in such places was frequently buttressed with the assumption or expectation that most men who visit such locales are highly likely to be seropositive, and that the issue of disclosure in such contexts was consequently moot:

> I think anybody who looks at anybody and just doesn't assume that everyone already has it is, you know, not being realistic... you know, especially guys that go to sex clubs. I mean, you figure, Jesus, it'd be a miracle if these guys haven't been exposed. [1149, Mixed race/ethnicity, age 46]

Generally speaking, assumptions of seropositivity were less likely to be applied to partners

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who were met outside of public sex environments. Men also may have been more likely to reserve disclosure for these types of partners because they were more likely to cue moral mandates, offer romantic potential, and apprehend the material 'embodiment' of their serostatus. These combined catalysts led one man to state, "if it's going to be somebody that I'm going to bring home, or I'm going to that persons' home, I have to tell him. I find that I have to tell him. [1172, Latino, age 33]. Men therefore described a strategy that made disclosure dependent on the context in which they met and had sex with their partners.

A few men also voiced another conditional strategy regarding serostatus disclosure, in which they would choose to disclose their serostatus if they encountered undesirable sexual partners (3 of 21 men). In this approach, men used disclosure (in concert with HIV/AIDS stigma) "to scare them away, to push them away" [1102, Latino, age 33]. One man explained, "quite often I've brought up my status with people with whom were, who were attracted to me but with whom I was not attracted and in the hopes that it would turn them off" [1333, African American, age 45]. Another man reported using his serostatus as an "excuse" to avoid sex with such partners:

> That's people who usually I didn't want to sleep with... who was just hitting on me and then I try to give them every excuse in the world and they just won't back off. And I say look, I'm HIV positive. I say I don't want the responsibility of sleeping – "oh, we'll wear a condom," blah, blah – I say I don't care. I said, I can't be responsible for breaks or anything like that. I just can't handle it. And that was the only way I could tell them nicely that I didn't want to sleep with them, ha, ha, you know. [1212, White, age 34]

The men who practiced serostatus disclosure with the aim of deflecting and discouraging unwanted sexual partners discovered a route by which HIV/AIDS stigma and partner

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rejection could be employed to their benefit. This practice provided an interesting counterpoint to the strategy of disclosure to potential romantic partners – in these two conditional approaches, men suggested that they were likely to disclose their serostatus to the partners they liked the most, as well as those they liked the least.

One final conditional strategy that men elaborated was disclosing their serostatus if their partner asked about it, or if the partner disclosed his own serostatus (9 of 21 men). Men often commented that they felt a moral mandate to respond truthfully to partner inquiries regarding serostatus, and they therefore incorporated a general policy which was summarized with the statement, "if I'm asked, I'll answer" [1107, White, age 51]. In addition to responding to partner questions regarding serostatus, men were highly likely to reciprocate serostatus disclosure from their sexual partners: "I'm not letting nobody know about it unless I just happen to feel comfortable because they told me first" [1212, White, age 34]. Indeed, men generally described the disclosure process as a mutual one, where serostatus disclosure by either partner led to disclosure from the other partner. Men also underscored that the inverse of this proposition frequently held true, in that "if they don't ask, I won't tell" [1017, African American, age 44], and "if they don't bring it up, I don't bring it up" [1149, Mixed race/ethnicity, age 46]. The idea of making disclosure dependent on partner inquiries or partner disclosure therefore represented one of several conditional strategies for addressing these issues.

Stay Positive. Men described efforts to meet, date, and have sex with HIV seropositive peers as another strategy for dealing with the challenges of serostatus disclosure ("stay positive," 10 of 21 men). Partnering with HIV seropositive peers helped

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men to circumvent the difficulties associated with disclosing their status to HIV seronegative partners. The principal advantage of this strategy was that it eliminated fears of partner rejection due to one's HIV seropositive serostatus: "you don't have to worry about how they're gonna react to what you have, because they have it as well" [1034, Latino, age 38]. Other men elaborated:

> I originally stated that I wanted to be in the HIV community. I would only date in the HIV. I didn't want to have to deal with the question of, telling someone that I'm HIV, for the rejection of, I'm sorry, I can't handle that. I felt that in the HIV community... It was easier. It's like a comrade, a camaraderie. So I, in the HIV community there was no problem. [1107, White, age 51]

> Casual sex is also a lot of shit that fucks with my head, me being status, me knowing my status and me not knowing their's, and feeling that if I disclose my status right away, I might lose an opportunity to be with that person, that I might find attractive, so its really, its been hard, you know, so that's why I go, you know, I like going to the positive dance [sponsored by a local HIV/AIDS group]... you just feel free. [1288, Latino, age 35]

In addition to defusing disclosure dilemmas, men noted that having HIV seropositive partners would eliminate concerns about potential HIV transmission to HIV seronegative partners: "it's also easier, um, being that, you know, you can't infect a guy because he's already infected – you don't, you don't have to have that on your mind and always wonder" [1034, Latino, age 34]. Several men reported that concerns about HIV transmission had resulted in the disruption of their previous HIV serodiscordant relationships:

> I mean I've been with people who have said it's alright, I mean, "I'm negative but we can still date, we just have to be extra careful." I mean I, "it's not going to be a problem," and twice it's become a problem. So I mean it's there. So I just want to find somebody who can relate to a lot of the stuff that I'm going through as well. [1373, White, age 28]

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Besides reducing fears of HIV transmission, men felt that seroconcordant relationships had the potential to be more fruitful because "the person and I would have more in common if we are both HIV positive" [1333, African American, age 45]. Dating an HIV seropositive partner was not a panacea for relationship difficulties, however, because seroconcordant relationships could also include their own unique challenges:

> I think it would probably make things a little easier. But then again a little more difficult as well because of, you know, the other person's emotional needs and feelings about being positive, because you know, when you are in a relationship with someone with HIV, I would take it you both have to be understanding of each other's feelings, be respectable. [1375, Latino, age 20]

The pursuit of HIV seropositive sexual and romantic partners to circumvent disclosure concerns raised the new challenge of finding avenues for meeting HIV seropositive men. Some men tried to meet seropositive partners in the context of services, programs, and events that were targeted to people living with HIV/AIDS, which consequently removed the need for them to conduct serostatus disclosure with their partners:

> I met this person at this [AIDS] residence and we knew right off the bat. And it wasn't like, it wasn't like where, where, where I had to sit down and have to actually disclose, you know, our, our status because we both knew, because we were both in that residence so we both knew we were HIV positive. [1080, African American, age 36]

Another man discussed his discovery of Internet chat rooms as a means to connect with other seropositive partners, as well as how this method helped him to skirt the challenges he associated with disclosure and dating HIV seronegative men:

> I think that I've not been able to find a boyfriend. That there is a much smaller market for what it is that I want. That when people who are not positive find out that, they probably don't want me, I think. And I don't really know how to meet

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> other HIV positive guys until recently, now there's always this new room on AOL. But it just seems to, and this is part of the awakening that happened [inaudible] of thinking maybe now I can find a boyfriend. [1294, White, age 46]

This man reported that he had recently decided to include his HIV seropositive status within his on-line profile, so that potential partners that he encountered in that context would be aware of his status in advance. Although the Internet and existing programs for people with HIV/AIDS provided opportunities to meet HIV seropositive partners, many men voiced a strong desire for more venues and programs where seropositive men could meet one another and socialize:

> I think it would be helpful to have some type of networking, if you want to call it that, system in place where, a database or something where HIV positive men can meet other HIV positive men for friendship and perhaps more. [1333, African American, age 45]

The desire for more HIV seropositive events and venues was often connected to fears of disclosure and possible rejection from HIV seronegative men. Men therefore described their efforts to meet and partner with seropositive peers as another general strategy for addressing the challenge of serostatus disclosure with sexual and romantic partners.

Avoid Intimacy. One of the most striking themes to emerge from the interviews was the resolve with which some men in the sample stated that they chose to avoid romantic relationships that may foster expectations or desires to disclose one's HIV seropositive status ("avoid intimacy," 6 of 21 men). By avoiding romantic relationships, men divorced themselves from interpersonal contexts of emotional intimacy and close contact that invited disclosure, and they consequently sidestepped the potential for partner rejection. Some spoke of how disclosure concerns and rejection fears had led them to

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withdraw from dating:

> I really don't go out all that often. I mean I'm not looking for anybody. Because you always have to deal with that, telling them that your HIV. You don't want to develop feelings for somebody and then have to tell them that you're positive. It's very hard to come right out with it and say it... I mean, I've been sort of like hibernating or, I don't want to go out or, just afraid to, because I don't want to have to deal with having to tell or not tell someone. Because either way it seems to always hurt and you get screwed, so. [1373, White, age 28]

> Well, like I said, it, it has cut down my social life immensely. I guess because of the fact that, you know, once you do get involved with someone and, and things like progress to another stage, and then all of a sudden you've got to remember, oh, you have to sit down and talk with the person about the situation. And run the, the risk of being rejected. So it's, it's not, it, it's, it's not easy to, to actually, you know, sit down and meet someone and, and actually think about having a, a long-term relationship, relationship. [1080, African American, age 36]

Overall, only 7 of the 21 men in the sample were presently in an ongoing relationship, and the other two-thirds of the sample identified themselves as "single." Many of the single men were not single by choice, but some pursued a strategy of relationship avoidance. In addition to avoiding the initiation of romantic relationships, a few men mentioned that they would occasionally enter into relationships, but they would choose to withdraw from them before the level of emotional intimacy deepened to the point where they would feel compelled to disclose their serostatus. Efforts to avoid the initiation and development of romantic relationships (and to consequently skirt disclosure and rejection) seemed to mirror a larger pattern of social withdrawal on the part of some of the men:

> Well, you know, I, I tend not to get close to people as much as I used to. So, ah, I kind of protect myself, you know, now. I never used to feel like I had to protect myself or hide anything from anybody until this happened, you know, and I live with that every day, you know, where I, I know I'm hiding something, you know, again. [1149, Mixed race/ethnicity, age 46]

> I was always very creative and artistic and go getting person. I was somebody

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> who is not afraid to go out and do anything. And what happened was that it ended up making me fearful of starting any kind of relationships. Fearful of having people know about your condition, especially back ten, eleven years ago. When this was, you know, social climate of hysteria. [1212, White, age 34]

> Since I found out though about my status, I kind of distance myself. It's like, I don't know, it is some type of reaction that I have you know, it's an internalization that I haven't really figured out too much about it. [1375, Latino, age 20]

Some men therefore isolated themselves from potential romantic partners and others in an effort to insulate themselves from stigma and the potential for rejection. It should be noted that several men in this sample had mentioned that they had abstained from sex and relationships for a period of time after first testing HIV seropositive, due to concerns about their newfound serostatus and fears of transmitting HIV to others. Most of the men cited above, however, tested seropositive many years prior to their interview. Their reluctance to enter relationships therefore grew from their ongoing fears and experiences of partner rejection, rather than an initial reaction to a recent seropositive test result.

Men who chose to avoid romantic relationships and intimacy described multiple ways that they tried to realize this goal. One man described his reliance on masturbation toward that end:

> I also, you know, as far as, as far as maybe like a serious type relationship is concerned, it, masturbation helps to, I guess, to, I guess to prolong that, that having to go out there and meet somebody or, or, because I haven't thought about having a, you know, as far as like a relationship, relationship in at least around like four or five months now, you know. [1080, African American, age 36]

More commonly, men who shunned romantic relationships paired this approach with a strong preference for anonymous and casual sexual partners. Reliance on these types of partners allowed the men to participate in norms of non-disclosure and consequently avoid

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rejection:

> It [being HIV seropositive] makes me not want or not consider looking for, it steers me away from looking for a serious relationship, you know, it makes me feel like I just want to go and have sex real quick, get it over with and not deal with all that trauma that goes along with like, you know, revealing your status, and talking about it, and then the rejection that comes along with it and all that kind of crap. [1102, Latino, age 33]

A number of men in the sample stated that sex clubs, bath houses, and other commercial and public sex environments provided the ideal context for meeting sexual partners without the entanglements of disclosure and intimacy:

> Experiences like that [partner rejection] make you tend to not want to pursue anything anymore. And since I discovered these sex clubs, you know, sexually I can go and take care of, you know, that, without getting emotionally involved with anybody. I've been going through a lot of, so much crap, you know, emotionally that, you know, I'm – I just can't deal with any more shit....
>
> I, like I said, I, I, I hardly ever go anywhere now where I put myself in a position where I'm going to meet someone and develop a serious relationship. I've kind of fallen into, I feel secure with not having to deal with those issues by going to these sex clubs. I mean, there, you can go there, and for one thing and, and one thing only, and, you know, guys who go to these things basically don't want to know anything about you personally. You know, so it's sort of become like a -- a sexual little refuge for me. I can go and have sex, be with men and, and, and be sexual with men and, and not discuss any of the problems, any of us have. You know? So it's one thing I, I like about those, the sex club things. It's just anonymous sex. [1149, Mixed race/ethnicity, age 46]

In addition to visiting these locales, men mentioned other ways that they could avoid emotionally intimate relationships that may invite disclosure. One participant mentioned his use of two regular sex partners, with whom he maintains strictly sexual and emotionally-uninvolved relationships [1107, White, age 51]. Another participant stated that he preferred "taking the easy way out. Which is to just go ahead and, and, and go to a hustler and pay for what I want. Instead of going through all that" [1080, African

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American, age 36]. Although this practice may be an extreme one, it represented one of many avenues that men pursued to avoid close relationships. These efforts to avoid romance, serious relationships, and intimacy served as another broad approach towards circumventing the challenges of serostatus disclosure with sexual partners.

Be Indirect. A final strategy for addressing serostatus disclosure was to "be indirect" about the manner in which one conveyed one's serostatus to sexual partners (5 of 21 men). This approach replaced direct, verbal acknowledgments of one's seropositive status with a reliance on partner assumptions, non-verbal communication, and even obfuscation. The most common formulation of this approach centered on public sex environments, unprotected sex, and the interaction of the two. Some men felt that their participation in bath houses, sex clubs, and other public sex environments should signify their seropositive status to partners that they met in those contexts:

> If it's in a sex house, I don't feel that it's necessary that I tell them. I'm just assuming they are and that that's why they're there. And I'm assuming that they know I am or I wouldn't end up there. [1294, White, age 46]

In addition to participation in public sex environments, a few men who avoided verbal serostatus disclosures felt that their willingness to have unprotected sex signified their HIV seropositive status. Men who took this perspective believed that unprotected sex reflected a lack of concern about acquiring HIV, and that this lack of concern should convey to others that they were HIV seropositive. One participant therefore explained, "the willingness for me to have sex without a condom – that's how I try and tell my sex partner" [1102, Latino, age 33]. Men also applied this calculus to their sex partners who sought to have unprotected sex: "I make the assumption that if people don't want the

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condom they are HIV positive, and if they do want the condom they are HIV negative" [1294, White, age 46]. This association between unprotected sex and being seropositive was further magnified within the context of public sex environments:

> I look at is as though I'm in San Francisco or New York and you're in the bath house, something like that, and somebody drags you into a room and they're having sex and they don't even ask or pull out a condom or ask you about anything. But I'm assuming that that's their willing consent to contract anything that they might get from you. That they're already HIV positive or worse. And, you know, you don't go to a place like that and exhibit that behavior and not be that way. [1212, White, age 34]

Under this perspective, men suggested that their willingness to have unprotected sex (and/or their partner's willingness) effectively served as an indirect form of serostatus disclosure, particularly if this willingness was evidenced within public sex environments.

A few men noted other indirect ways that they tried to indicate their serostatus to their sex partners while withholding direct, verbal disclosure. One man discussed his belief that he had conveyed his seropositive status to his partner through various "hints," such as his former work with HIV/AIDS services in Puerto Rico:

> I think he knows mine. The only thing, he don't care. He doesn't ask. He doesn't. I guess he doesn't care. He likes me a lot and he doesn't care. Maybe I'll be like very close to telling him and I'll give him hints about it. He knows I was involved in Puerto Rico with AIDS [services], very active with AIDS... he's not a kid either, so I don't know why he doesn't ask me. Maybe it's my responsibility to tell him but I feel, I felt that he, I felt very strongly that he knew and I know he knew. [1172, Latino, age 33]

Another man who worked as a male prostitute believed that verbal disclosures of his serostatus were not necessary because his clients should assume that he was seropositive:

> I mean, if you're calling an escort or a hustler or you're going to a porno star or somebody who's working on Times Square and expecting them not to be [positive] then I think there's something wrong with your intellect. You know, there's

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> something wrong with your brain. I mean, you should have your head examined, not me. So I shouldn't have to say that to somebody but, you know, I play it as safe as I can... And I'm going to assume that they must think that I am. [1212, White, age 34]

Apart from these examples and the assumptions surrounding public sex environments and unsafe sex, men very rarely cited an intentional or regular reliance on indirect and non-verbal cues as a means to convey their serostatus to sexual partners. It was slightly more common for men to use particular embodiments of their serostatus, such as medication doses or doctor's appointments, as catalysts for conducting verbal serostatus disclosure with their partners. However, if men sought to convey their serostatus to a partner, the most prevalent strategy was to simply conduct direct verbal disclosure.

A couple of men discussed ways that they obfuscated the fact that they were HIV seropositive (2 of 21 men). In these cases, men created ambiguity about their HIV serostatus by stating that they were in the process of being tested for HIV, or that they were unsure of their serostatus. One seropositive man reported that he sometimes responded to partner queries about his serostatus by stating that he just took an HIV test and was still waiting to receive the result:

> Or you give him, you know, the whole story: "I just went for the test. I'm waiting, oh, my God, what day is today? I'm supposed to be getting, I'm supposed to go for the test results [laughter] and I'm afraid because I did things," and you start telling him you're HIV-positive if you see him another day. "Hey, guy, I'm sorry. The test came out positive. [laughter] I'm HIV-positive," and you just like wait. [1172, Latino, age 33]

This approach allowed him to skirt initial acknowledgments of his HIV seropositive status while preserving the option of future disclosure with the partner. Another man commented that he once replied to partner inquiries about his serostatus by simply stating

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that he "didn't know:"

> I mean, once in a while people will say, "are you positive," you know, and I'm sorry, but you don't ask somebody who's a stranger "are you positive" when you're just about to go down on them in some back room or something, you know, or in a sauna, in a bath house, it just doesn't make sense to me, so I always said I didn't know. I didn't want to say "no, I'm not positive," and maybe let them think that. I always said "I don't know" because I didn't want to deal directly with the issue. [1102, Latino, age 33]

These obfuscation practices appeared to grow from powerful and conflicting desires to neither lie, nor to tell. It should be noted that no man in the sample reported that they had lied to sexual and romantic partners by claiming that they were HIV seronegative when they were in fact HIV seropositive. Several men mentioned experiences before they tested HIV seropositive in which they learned (or believed) that one of their sexual or romantic partners had lied to them by stating that he was HIV seronegative – and some attributed their own HIV infection to those circumstances. Among this sample, however, "obfuscation" was the farthest that men went to intentionally cloud the issue of their serostatus.

Combined, Shifting, and 'Unplanned' Strategies. In the interviews, men not only articulated the disclosure strategies of "tell before sex," "play it safe," "it all depends," "stay positive," "avoid intimacy," and "be indirect," but they also described how they may simultaneously employ multiple strategies, or may shift strategies across different contexts and times. It was uncommon for any one man to use a single approach for addressing issues of serostatus disclosure. More often, participants described a synthesis of approaches, such as the following combination of "play it safe," "it all depends" and "tell before sex:"

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> I think I've come up with an uneasy solution for myself which is that, if it's going to be casual sex, which I know is going to be safe sex, I mean I'll make it safe sex. I don't feel I need to tell. If it's going to be a relationship. If it's somebody I have a feeling that it's going to be a relationship with, then I'll hold off on sex, and I'll tell them before we have sex. [1044, White, age 33]

It was also common for men to rely on one or more disclosure strategies at the same time that they professed a preference for HIV seropositive partners for sex and dating ("staying positive"). Many men additionally indicated that, regardless of their approaches to disclosure, they would honor partner inquiries about their serostatus ("it all depends – if they ask").

Men further discussed how they made ongoing shifts in their disclosure strategies over time, as they grew in their personal acceptance of their illness and began to acquire greater experience with issues of disclosure:

> I decided, well because it was a problem in 'not telling' someone like a year or two ago, I guess it was, and ever since then I've been opting to either tell them or just disregard it and walk away and avoid it. So, but I think I, I'm better at telling people now than I was then say a couple of years ago. [1373, White, age 28]

It was rare for men to state that they did not have a strategy for addressing serostatus disclosure issues with sexual and romantic partners. However, even when this was the case, the disclosure practices that men described usually fit into one of the identified strategies (e.g., "play it safe" or forms of "it all depends"). The relative lack of spontaneity in men's approaches belied the great significance and forethought that many men invested in the issue of serostatus disclosure.

Disclosure and Sexual Risk Behavior

In addition to the important ways that concerns about serostatus disclosure

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contributed to the broad contours of the men's sexual and romantic lives, men also elaborated connections between their disclosure practices and sexual risk behavior. Generally speaking, men described an indirect relationship between serostatus disclosure practices and sexual risk-taking, which was strongly moderated by knowledge or assumptions regarding partner serostatus. This relationship contained two important elements. First, serostatus disclosure practices typically determined whether or not a man was aware of his partner's serostatus. Disclosure practices were usually mutual, in that verbal disclosure (or an inquiry) from one partner was often reciprocated through disclosure (or a corresponding inquiry) from the other partner. Conversely, if neither partner raised the issue of HIV serostatus, then mutual non-disclosure typically occurred between them. These reflexive relationships meant that serostatus disclosure practices were strongly connected to knowledge or lack of knowledge about partner serostatus. Second, men described knowledge (or assumptions) about partner serostatus as an important influence on their sexual risk practices. The HIV seropositive men in this sample were very cautious about practicing safer sex with identified HIV seronegative partners, whereas many were more amendable to having unprotected sex with partners who were (or who were assumed to be) HIV seropositive. Sexual risk behavior was consequently influenced by serostatus disclosure practices to the extent that these practices helped to shape awareness of partner serostatus (although it is important to note that, for each relationship outlined above, men mentioned key exceptions). This section will therefore explore the connections and disjunctures between serostatus disclosure practices and sexual risk behavior with three types of sexual and romantic partners: those

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identified as HIV seronegative, those identified as HIV seropositive, and those met in the context of mutual non-disclosure.

Disclosure, Risk Behavior, and Seronegative Partners. In cases where mutual serostatus disclosure established that the two partners were HIV serodiscordant, the seropositive men felt a strong mandate to protect their seronegative partners from HIV transmission through safer sex practices. Men described how the knowledge that a partner was HIV seronegative created a powerful impulse to practice safer sex:

> If you're negative and I'm positive I prefer using condoms. In fact I will only use condoms because I do not want to put anybody else here at the risk of being infected by HIV. [1308, Mixed race/ethnicity, age 37]

> You won't -- because you don't want to infect somebody. You would hope that most people think that way, anyway. You know -- I mean I know I do. That's the last thing I want to do somebody. If you're negative, you should stay negative. [1262, Latino, age 32]

Men's insistence on safer sex with known HIV seronegative partners was therefore rooted in desires to protect their partners from the virus, and to protect themselves from the personal guilt they would associate with a partner who became infected. This compulsion to practice safer sex was one outcome of mutual serostatus disclosure with seronegative partners.

Concerns about preventing HIV transmission to men who were known to be seronegative, however, did not always preclude episodes of unprotected sex. Beliefs that particular sex acts presented a relatively low risk of HIV transmission sometimes allowed unprotected or high-risk sex to occur between serodiscordant partners. For example, one man described his willingness to let HIV seronegative men be the insertive partner during

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unprotected anal sex:

> If there was a guy who was negative and fucking me, I would be like, they could cum in my butt. And I'm not thinking so much that he's going to get something from me because it's my perception some HIV negative guy who's fucking me without a condom isn't going to have much of a chance of getting HIV. That's my perception. [1294, White, age 46]

Several men also discussed occasional or even regular episodes of sexual risk-taking that occurred with seronegative partners in the context of long-term, romantic relationships:

> Because I sometimes get cocky, because I like getting fucked. And its, sometimes I don't like it with a condom. I like, you know, that's the thing that it was like imbedded to me with my last lover. You know, and that's the way he did it, and he's still negative, that's why its like proven to me that it didn't infect him. But I says it could infect someone down the line, but he liked it that way. He liked the feel of the flesh at the beginning and then put the condom on, you know, but it could still could affect him in the long run, but, we broke up because of that, you know. [1288, Latino, age 35]

By allowing known seronegative partners to be the insertive partner during unprotected anal sex (rather than the receptive partner), these men continued to apply a form of risk-reduction calculus to their sexual interactions. Their primary concern was to avoid activities that, in their viewpoint, presented a high-risk of HIV transmission to seronegative partners. Knowledge that a partner was HIV seronegative therefore generally pushed men toward practices that were safer and/or that they believed would be unlikely to result in transmission.

Men additionally elaborated how an awareness of a partner's HIV seronegative status could raise feelings of anxiety about HIV transmission within both partners, even if they strictly practiced safer sex. Men commented that seronegative partners sometimes presented fears of potential HIV transmission regardless of their safer sex practices:

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> But it's funny because when you do it verbally, this one guy he came to the house and I was putting off, putting off, putting off, trying to figure out when to tell him, and we got our clothes off, right, and we're laying in bed and I said, "Listen, I have something I want to tell you," I said "I'm positive," and he said, "Well, I'm really happy too." So I said, "No, no, no, no, no. I'm positive." "Positive, positive about what?" And I said, "I'm HIV positive," and he goes, "h, oh, oh, oh, oh, oh, okay, okay, okay." He kept saying okay, so I said, "Listen, if you don't want to do anything that's okay." He said, "No, no, no, it's all right, it's all right, it's all right, it's all right." He kept saying it's all right. And we had like, this kind of half-assed sex, and then when I was going to cum, I was getting ready to cum and he said, "Don't cum in me, don't cum in me, don't cum in me." It's like toxic sperm, don't, don't, don't, don't. He was like, so scared. [1294, White, age 46]

In this case, serostatus disclosure did not result in rejection, but instead, it produced "half-assed" sex and a "scared" partner. Men also discussed how seronegative partners sometimes evidenced ongoing concerns about HIV transmission in the context of long-term relationships:

> When they know that they are negative and they still find you attractive, knowing that you are positive, then having sex with you, then fearing that something happened wrong that they need to get themselves tested every six months. That's what happen with Lance and it flipped me out. When we practiced everything was safe, there was still a little question in his mind that this might not have been safe enough. You know, so he kept on testing himself every six months, and find himself negative, negative, but after a year of that crazy shit, I said I couldn't deal with it no more, you know. [1288, Latino, age 35]

Concerns about HIV transmission in serodiscordant relationships were not limited to seronegative partners, however. Seropositive men in this sample also discussed their own deep-seated anxiety over the potential for HIV transmission with partners who were seronegative:

> It would freak me out me knowing that I give it, knowing my status, me giving it someone that is negative and they turn out to be positive. It would blow my mind. That's when I would, said I would become suicidal. Because I wouldn't be able to face that person again. [1288, Latino, age 35]

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> But I get scared and I withdraw. I don't want to risk, you know, or, or, you know, I don't want to be, you know, because that's, it weighs heavy on the mind to risk somebody else's life about, you know, with this. It does. And, and, and I still don't, haven't gotten over the feelings of feeling toxic or, or poisonous. And I guess those take time. [1080, African American, age 36]

These powerful concerns meant that mutual serostatus disclosure between HIV serodiscordant partners frequently promoted fears about the risk of HIV transmission, in addition to impulses to engage in safer sex practices and sexual risk-reduction. These concerns led a few men to dislike having sex with known seronegative men or to avoid relationships with seronegative men. Men commented, "If I knew that they were negative and they knew I was positive, I don't think I would enjoy that" [1212, White, age 34], "a person that is negative sometimes wants to take risks, and I can't afford to take no risks" [1288, Latino, age 35], and "I just try to avoid having any sexual activity with unknowns or negatives" [1308, Mixed race/ethnicity, age 37]. The knowledge that a partner was HIV seronegative, as derived through mutual serostatus disclosure, therefore had a potentially strong impact on the sexual risk behavior and conduct of these types of relationships.

Disclosure, Risk Behavior, and Seropositive Partners. In cases where mutual HIV serostatus disclosure established that two men were both seropositive, participants were more split about their sexual risk behavior. Some men stated that they were more open to having unprotected or high-risk sex with partners who were known to be HIV seropositive. This intention flowed from the knowledge that their partner was already infected with HIV, as well as from a distaste for condom use:

> I prefer the men that I'm with sexually to be HIV positive. I don't like to use

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> condoms, so I feel like I don't have to use a condom with another HIV positive man if he feels that he doesn't have to use a condom. I offer the option. I'll say "You know, I'm positive, you're positive, they're not sure of the reinfection of being positive with positive right now, I mean there are other things that we have to watch out for, but I'm not carrying hepatitis, A or B or whatever, I've been vaccinated for that. I don't have syphilis, I don't have this you know. If you're sure you're clean from that." I try not to use condoms you know. So yes, I prefer HIV positive healthy men. And even men that are HIV positive that have some symptoms you know. And even men who are HIV positive and have an AIDS diagnosis. Doesn't matter. You know. I just you know, if I'm attracted to you and I find you sexy and vice versa, then we'll get busy. It's as simple as that. [1308, Mixed race/ethnicity, age 37]

As evidenced by this comment, men were often aware that unprotected sex with seropositive partners could present a risk of acquiring other STDs or different strains of HIV. Some therefore made efforts to help reduce risks associated with unprotected sex, such as discussing these issues with their partner, or avoiding ejaculation during penetration. However, these men often felt that some level of risk was acceptable in order to maintain a certain quality of life:

> But being HIV positive, you know, when the T-cell count is about two hundred, I mean what, I'm going to get infected with one more different strain of the virus? Big deal, you know. That's no more unsafe than walking around New York risking your life. You get a mugger or robber. Inhaling four packs of carcinogens a day from the pollution. I guess technically it would be deemed as an unsafe encounter. But I think for people who are both HIV positive or have AIDS and HIV positive, there is no unsafe anymore... It [unprotected sex] allows you to feel normal. Allows you to be normal, to be like everybody else. So there's a safety in that. Even though the actual transmitting of a virus was at a high percentage. We already had the virus probably many times over. So I mean what's one more strain of it or one more encounter with it? I mean, is it two more days off my life or is it a month or is it nothing? Who knows? [1212, White, age 34]

Although a number of men indicated that the knowledge that their partner was seropositive would encourage participation in unprotected or high-risk sexual practices, others described how this awareness would instead push them to practice safer sex. In

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these cases, men stated that they preferred safer sex with seropositive partners due to concerns about protecting the health of both their partner and themselves:

> My, my ex-boyfriend always, always insisted on being safe. Always. Always. And like I said, him being the, being that we both knew each other's HIV status and I knew that I was more healthy than he was, you know, I wouldn't, didn't want to risk getting him, you know, having his virus change into something else. And vice versa. [1080, African American, age 36]

> If it's somebody that's positive, there are different strains of the virus. So I don't want what they have, and I don't want to give them what I have. [1044, White, age 33]

In these comments and others, men cited their concerns that unprotected sex between seropositive partners could lead to co-infection with another strain of HIV:

> I believe that people, they go out and they meet and they will confess they're HIV positive and stuff like that, and they think that everything is okay and they will have sex, unprotected sex, and I think that's the worst thing you can do because he will be giving you a form of AIDS and you are giving him a form of AIDS. [1172, Latino, age 33]

Although it represented an unusual case, this particular participant went on to state that he aimed to avoid relationships with HIV seropositive partners due to the strong temptation they presented for having unprotected sex:

> I will not get involved with a person who is HIV positive, because my stories and what I heard in my experiences with being, I had boyfriends who were HIV positive. I had a boyfriend for two years who we both were HIV positive and I believe that 75% we didn't use condoms. I was more pushy about it, about using them, but him, it wasn't. He said, "Well, we both have HIV," and I'd say, "Yes, but you don't know. You're from Canada. I don't know what the hell you're going to give me. I'm from Puerto Rico and I know what I'm bringing you." I believe that I will not get involved with an HIV positive person. This is one of the reasons: You, I think you lose control and you forget about the condom because, "Oh, we're both going through the same thing," and you will not use a condom. You will not use a condom. [1172, Latino, age 33]

Men therefore elaborated how the knowledge that their partner was HIV seropositive

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could provide the temptation to have unprotected sex. Some men chose to act on that impulse due to desires for sex without condoms, while others resisted it due to concerns about co-infection and other STDs.

Whether or not safer sex was practiced, an awareness of HIV seroconcordance through mutual HIV serostatus disclosure generally afforded men a sense of comfort and reduced anxiety regarding their sexual behavior. Sexual contact with seropositive partners removed the concerns about HIV transmission that were almost omnipresent in sexual encounters and relationships with seronegative men:

> It's not on the brain -- the way it is with someone who is negative. Because when you're with someone who is negative, you're conscious of the fact that they're negative. When somebody is positive, you kind of like, it removes itself from the picture. Because they're positive. So that's where the change is. You know what I mean. [1262, Latino, age 32]

Even when men practiced safer sex with both seronegative and seropositive partners, they often felt more at ease with seropositive partners due to residual fears that seronegative partners could become infected through an accident or through extremely low-risk activities:

> I actually prefer someone HIV positive... I feel more comfortable. I think we have more; a lot more in common. Ah, and like I feel more comfortable kissing them as opposed to kissing someone who is negative. You know? Because I really don't think you can catch it but I don't know... Like I don't want to give anything to anybody. You know. But if somebody's positive and they're kissing each other it was okay. Because I don't think you can catch it from kissing. [1327, White, age 51]

Concerns about potentially contributing to the infection of an HIV seronegative partner were eliminated by maintaining seropositive partners. These concerns created a general preference for HIV seropositive sexual and romantic partners among many men. Men

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commented, "I'm much more comfortable if I know that the other person is also HIV positive" [1294, White, age 46], and "HIV status, it has to be both ways. I can't feel comfortable with someone that is negative. I have to feel comfortable with someone that is positive. Because it's less stress that I have to deal with, you know, because we both know each other" [1288, Latino, age 33]. The knowledge that a partner was seropositive, as determined through mutual serostatus disclosure, therefore became a potentially important influence on men's sexual risk behavior and their relative comfort with their sexual practices.

Non-disclosure and Risk Behavior. Men elaborated several different associations between sexual risk behavior and contexts in which there was mutual non-disclosure of HIV serostatus between two partners. On one hand, non-disclosure was frequently linked to the need for safer sex practices. Some men stated that, if they were unaware of their partner's HIV status, then they would always intend to practice safer sex to prevent the possible transmission of HIV:

> My mind comes into it no matter how much I want to forget it. If I was going to have unsafe sex with somebody that I didn't know their status, no matter how drunk I may have been, or what kind of state of mind I was in, sooner or later it would pop into my mind that this is risky; and it would ruin it for me. So I wouldn't do it. [1044, White, age 33]

Although some felt that mutual non-disclosure mandated safer sex practices, it was more typical for men to express the idea that safer sex practices invalidated the need for disclosure. This was consistent with the general disclosure strategy of "play it safe:"

> Q: Okay. Did the issue of HIV status come up at all?
> A: It rarely does. It rarely does.
> Q: And that is because?

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A: Number one, them asking for condoms. You know for him basically. And we respecting each other's safe sex, and since that's basically covered you're going to say, well it's time to get physical you know, so it doesn't; it rarely comes up. [1169, Mixed race/ethnicity, age 41]

Many men therefore saw a reflexive relationship between safer sex and serostatus non-disclosure, in which each practice had the potential to reinforce the other. This association between safer sex and mutual non-disclosure was sometimes reinforced by assumptions regarding partner serostatus. Some men had adopted a policy of assuming that all of their sex partners could be HIV seropositive, and they felt that this perspective rendered serostatus disclosure moot, and safer sex essential:

I treat everybody like they're HIV positive. To me everybody's HIV positive. I don't believe it. If they wanted to talk about it, why would they even want to talk about it in the middle of the park or, you know what I'm saying? So I'm going to do it -- they're all positive to me. Whether they're not or whether they are or not. And that's to protect me as well as them. I mean, I know me. I know I'm not going to give it to anybody. But I don't know, you know, what they want to do. You know, and oh, if I protect me, I protect them too. [1327, White, age 51]

The assumption that any partner could be seropositive encouraged some men to practice safer sex with partners of unidentified-serostatus. However, some men flipped around this connection between serostatus assumptions and safer sex. They made the assumption that their partner was HIV seronegative if he insisted on having safer sex:

Q: With this Italian man, did the issue of HIV status come up?
A: No. It didn't come up.
Q: And did you make any assumptions?
A: I assumed he was negative.
Q: Why is that?
A: Because he is married with a child. And also the condom. He also wore a condom. Also wanted the condom. So just like I make the assumption that if people don't want the condom they are HIV positive, and if they do want the condom they are HIV negative.

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In these situations, men viewed a partner's interest in condom use as an indication that he may be HIV seronegative and wished to protected himself from HIV. Some men therefore assumed that partners of unknown HIV serostatus who sought safer sex were HIV seronegative. In these many varied ways, men drew complex connections between the context of mutual serostatus non-disclosure and the practice of safer sex.

On the other hand, some men connected a lack of serostatus disclosure between two partners to unprotected sex and sexual risk-taking. This relationship was most pronounced in the context of public sex environments. Men ascribed a very specific meaning to the transactions that occurred in these places, which included the recognition that "everybody's there to get off" [1149, Mixed race/ethnicity, age 46], that the sex partners would be anonymous, and that these transactions would (typically) not lead to repeated contact. This 'behavioral setting' fostered norms of non-disclosure and assumptions of seropositivity among the men within these contexts – and this combination of factors facilitated the practice of unprotected sex for some:

> Well, where I'm at, to the point I've gotten to now that I assume everyone I get who's positive. And I've gone with the point where automatically I'll fuck them without a condom and I don't say anything. And if they reach for a condom I still don't say anything, I'll put the condom on and try it. If they don't say anything I just fuck them. [1294, White, age 46]

This participant assumed that non-disclosing men in public sex environments are likely to be seropositive, and he was consequently willing to have unprotected sex with them unless they suggest or insist on condom use. In this case, non-disclosure combined with assumptions that a partner is seropositive to facilitate unprotected sex. However, men also cited the reverse case – where unprotected sex could also facilitate assumptions that a

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partner is seropositive in the context of non-disclosure. Some men assumed that partners who were willing to have unprotected sex were likely to be HIV seropositive:

> Q: That evening with this gentleman, did the issue of HIV status come up? Sounds like there was no conversation, so.
> A: No. The issue didn't come up at all.
> Q: Did the issue of status influence your behaviors, if at all, during the interaction?
> A: Honestly no, it didn't. Because I assumed that by his actions, that he was positive. You know what I mean.
> Q: Which actions –
> A: His readiness, because honestly if I did not initiate the condom, I don't think he would have even questioned me fucking him without it. And that happens a lot. [1262, Latino, age 32]

Absent serostatus disclosure, partner willingness for unprotected sex became a cue for some men to assume that their partner was seropositive. Another participant described how a complex combination of where one meets a sex partner, mutual non-disclosure of serostatus, serostatus assumptions, and partner intentions led him to feel empowered to have unprotected sex:

> Or at places like a bath house or in a bar, you meet people that don't suggest using condoms or ask if you have them. That they don't divulge their status. But again, one would have to assume that they were [positive]. And I don't care if that's a big assumption. Is it still my responsibility? No it's not. It's their responsibility just as much as it is mine to make that; I mean if you're not going to ask me to wear a condom and you're not going to suggest wearing a condom and you just picked me up in a bar or I picked you up in a bar, especially one like the Eagle or something. You know, I'm not talking about some uptown supper club. You know, where the one main intent was to go there to find somebody to have sex with, it's just as much your responsibility as it is mine. If you don't say a word to me then I'm not saying a word to you and we're just going; I'm just going to assume; I'm assuming that you're assuming the same thing. And if I'm wrong then it's your life. I'm sorry about that, you know. It's my responsibility to go that far. Not to protect the whole world. [1212, Latino, age 34]

Some men therefore felt that contexts of mutual serostatus non-disclosure could facilitate unprotected sex, particularly if these contexts were combined with factors such as

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assumptions about partner serostatus and the location where one meets a sex partner. As a result, situations where neither partner disclosed his serostatus held a very complicated relationship with sexual risk behavior. Men found that these contexts could help reinforce reduced risk practices, or they could help enable men to pursue unprotected sex.

The relationship between HIV serostatus disclosure practices and sexual risk behavior was indirect and highly nuanced. Men commonly described serostatus disclosure and non-disclosure as a reciprocal social interaction, which led to situations where they either knew that their partner was seronegative or seropositive, or situations where neither partner disclosed their serostatus. While men were often compelled to practice safer sex with known seronegative partners, they were less likely to feel such compunction with seropositive partners. Situations in which neither partner disclosed their serostatus could result in either safer or unprotected sex, depending on a complex alchemy of serostatus assumptions and additional considerations. These relationships demonstrated that serostatus disclosure could potentially have an important impact on sexual risk behavior, but many other concerns may be more influential in determining whether seropositive men practice safer or high-risk sex.

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Chapter V

Reading Disclosures within Disclosure Research: A Discursive Approach

This study aims to deepen understandings of HIV serostatus disclosure practices by seropositive gay and bisexual men with their sexual and romantic partners. However, at least one critical influence on participant discourses about sex and disclosure has been largely absent from the analysis so far: the research context itself. One method that is uniquely suited for "disclosing" the impact of the research context on the production of data is discursive analysis. Discursive analysis has been embraced by researchers working within feminist and critical psychology, but it has been rarely employed within social psychological and public health literature (Wilkinson, 2000). Discursive analysis centers on the particular words and phrases that are used to construct queries and responses, and it closely examines the interactive dialogue between interviewer and participant. As such, discursive analysis can offer insight into the structure of the research context, the agency of the participant, and the interplay of the two.

A discursive analysis could be applied to any facet of the interview or discussions about sex and serostatus disclosure, but this chapter will focus on three points that help highlight the *process* of self disclosure. The chapter will first examine the process of "making data" – how the interplay of the interviewer and the participant constructs the substance of the interview transcript – which highlights the importance of context in determining personal expression and self-disclosure. It will then note how the discussion

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of sensitive and highly-contested issues within the interviews prompted some participant responses to be informed or tempered by a discourse of shame – as was often the case with serostatus disclosure to others. Finally, the chapter will discuss how disclosure and reflection within the context of the research interview demonstrated the capacity to transform the participant, and it will conclude with a personal note of disclosure.

Making Data

All of the interview data analyzed for this project and collected for the larger, parent study emerged from the social transaction between interviewer and participant within a particular research context. From this perspective, the interview transcripts do not represent a 'reality' that has been 'observed' or 'collected' through the study protocols, but rather, they reflect a creation of the (powered, raced, classed, etc.) conversational interaction between the researcher and the researched. Every part of the interview transcripts could be deconstructed in this way, but moments when there is a disjuncture between discourse of the interviewer and the discourse of the participant are highly instructive for illustrating this concept. The following dialogue is one such case of negotiation between interviewer and participant. In this example, the interviewer pushes the idea that serostatus disclosure can occur in non-verbal ways, and the participant, Ben [1017, African American, age 44], initially resists but ultimately accedes to this agenda:

> Q: Yeah. When you want someone to know about your HIV status, what are some of the ways you let them know? You mentioned verbally and that you leave some literature around?
> A: Well I -- happen to understand I don't leave literature but I have it, it's there.
> Q: Okay. If they see it, they see it?
> A: Right.

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The interviewer begins by cuing Ben to a previous response in which he had represented verbal statements and HIV/AIDS literature as possible modes of serostatus disclosure to sex partners. Ben's answer is somewhat cryptic (perhaps due to poor transcription), but in stating that "...I don't leave literature but I have it, it's there," he distances himself from the insinuation that he may purposefully use HIV/AIDS literature as a route for disclosing his serostatus to sexual and romantic partners. The interviewer picks up on this meaning by translating Ben's comment as "if they see it, they see it." The dialogue then continues:

> Q: And is there any other way you let people know?
> A: No. What other ways are there? I'm just curious now. What other ways are there if you don't tell them?
> Q: I want to make sure that --
> A: I'm saying I tell them. If I don't tell them?
> Q: Well you said that sometimes you leave the conversation to -- just telling them.
> A: Oh yeah. Right.
> Q: Sometimes you say --
> A: Or if it comes up and --
> Q: If it comes up.
> A: -- and I have been known -- well I'm HIV positive, you know. Something like that.
> Q: I think that's still verbal.
> A: Well actually I have AIDS. I'm HIV positive. Saying I have AIDS or something is the, still working with –

When the interviewer probes for "any other way" that Ben discloses his serostatus, Ben rejects this line of questioning ("no") and underlines his point by making a query of his own ("What other ways are there if you don't tell them?"). He then elaborates the notion that disclosures of HIV serostatus must be verbal by reframing his argument in a more emphatic, affirmative form: "I'm saying I tell them." Some back-and-forth between the two occurs next, suggesting that each man is trying to articulate his own point over the other. Ben reinforces his verbal approach to disclosure by offering examples of multiple

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phrases that could identify his serostatus ("Well actually I have AIDS. I'm HIV positive. Saying I have AIDS or something..."), while the interviewer continues his protestations ("I think that's still verbal"). This transaction then concludes:

> Q: Some other ways. Maybe if you take your medication. If you get sick. The other non-verbal ways.
> A: Oh, yeah now that you mentioned it. I was going to a party Saturday and standing at the train station and my beeper went off. My thing went off and it was time for me to take my medication. Then it occurred to me, I said to myself I'm standing here taking this medication, nobody said anything but if they were to ask, I would tell them. Plain and simple. Plus you know I have -- want to get people in my life. I'm thinking of one person in particular right now who's like -- he would be there. He's just one of those kind of people, is it time to take your medication? You didn't forget your medication now, did you? He's that kind of great person.

The interviewer makes one final drive for the response he seeks by referencing potential non-verbal ways to disclose one's serostatus. At this point, Ben relents ("Oh yeah, now that you mentioned it") and offers the conjecture that his medication could serve as a catalyst for serostatus disclosure. He does not represent medication as a non-verbal form of disclosure, but rather as an embodiment of his serostatus that could subsequently spark a verbal disclosure ("if they were to ask, I would tell them"). His formulation is that medications contain an ambiguous meaning, but an inquiry about them could lead to disclosure and thus clarity about his serostatus. Ben ends his comment by citing a supportive friend who reminds him to take his medications – an example that advances the idea that medications are an acceptable medium through which others can acknowledge his seropositive status. When Ben meets the interviewer's press through this, his closest connection to non-verbal communication regarding his serostatus, it is clear that their dialogue is constructing the data.

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In most research settings, participants are well aware that their primary role is to respond to research protocols and provide study data. This situation can present powerful incentives to comply with study procedures, due to interest in helping the researcher and being a 'good participant.' This can extend to efforts to discern the 'correct responses' to research questions, and to subsequently provide them. This becomes apparent in the following example with Arthur [1169, Mixed race/ethnicity, age 41]:

> Q: Thinking about while you're having sex with a boyfriend or someone your dating or you're in a relationship and having sex with a casual partner, somebody you just pick up for one night or whatever, how do they compare? What would you say what the difference is between having sex with somebody you're in a relationship with and someone as just a casual friend?
> A: Someone who's a casual friend, I don't expect much after the orgasm. Let's just say that --
> Q: No I'm talking about the sex itself, the act. The sexual act. What's the difference between having sex with one and having sex with the other?
> A: The difference is I guess the intimacy and the little extra love that you may put into it.

Here, the interviewer rejects (and cuts off) Arthur's initial line of response, which expresses the sentiment that what happens *after* sex is an important difference between causal and romantic partners. The interviewer redirects Arthur to consider whether there is a difference in the sex itself, and he complies accordingly by underscoring the added feeling he may invest in sexual behavior with a romantic partner. They then elaborate:

> Q: Into what? Into which one?
> A: Into; first it's my friend who comes by. You know I've known him for a while so I'm a little bit more intimate with the dinner and taking time and the little gifts, you know what I'm saying. I get clothes donated and you know caught up in Momentum [a program] and organizations and so there's a couple shirts. I give him things and stuff and say things like you know isn't it about time you settle down and shouldn't we make a life together. You know let's get us a two bedroom apartment. I was thinking about that last night since he's gotten this job situation very well and I can still with my income help, you know what I'm saying.

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> As opposed to maybe going to a bar, picking up someone or cruising through Central Park every now and then or you know every now and then go into the bath house and pick up; you know it's just the act. It's a cold act that you do and when it's finished you take a shower and you leave. No intimacy. No future looking relationships, you know what I'm saying. No too much passing of numbers. Something to get my physical needs off and go on. Is that what they're looking for?
> Q: Oh no, I'm just asking the questions. We are just looking for answers and that's it.
> A: Yes, okay.

Arthur continues his explanation of the difference between sex with casual and romantic partners, which apparently does not center on the sex itself as much as the context prior to the sexual encounter ("I'm a little bit more intimate with the dinner and taking time and the little gifts") and the intentions afterward ("isn't it about time you settle down and shouldn't we make a life together"). He then contrasts the emotional intimacy of a romantic partner with the "cold act" of casual and anonymous sex. Recognizing that his previous response had been judged as inadequate by the interviewer, Arthur then asks, "Is that what they're looking for?" This request for validation positions the interviewer as a guide to the investigator's intentions and the participant as a seeker of this understanding. The statement also carefully defuses the potential for further personal rejection from the interviewer by asking what "they" are looking for, rather than what "you" are looking for. Recognizing Arthur's request for validation of his response, the interviewer relinquishes his position as a judge and restores his role as an inquirer: "Oh no, I'm just asking the questions. We are just looking for answers and that's it." The two tacitly agree to move beyond this topic (and dynamic), and they proceed with the interview protocol. In this transaction, we again see the construction of data through the dialectic of researcher and

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researched.

Sometimes, the discourse of the participant conflicts with the discourse of the interviewer. In the following example, Seth [1308, Mixed race/ethnicity, age 37] is asked about a narrative he provided which included unprotected anal sex with a seropositive partner. The rough interaction between him and the interviewer signifies a rift between their conceptions of "safer sex:"

> Q: In thinking about the sexual behaviors you did, how safe or unsafe, with respect to you and his health do you consider those behaviors to be?
> A: Well, I know that his, you know, health is good and my health is excellent and you know, we both know we don't have any other STDs. So yes, I think it was pretty safe. As far as reinfecting each other with HIV I don't believe it happens. Vancouver [a World AIDS Conference] last year taught me that you can't reinfect someone with HIV. That used to be what they thought was true.

The interviewer initially grounds his question in the language of public health, asking "how safe or unsafe" "the sexual behaviors" were in terms of "you and his health." Seth then responds appropriately by discussing considerations about STDs and possible re-infection with HIV, as they have been informed by his understanding of existing research on HIV transmission. However, Seth quickly moves to shift this discourse:

> Q: What do you feel made the interaction safe?
> A: Trust and the lack of abuse.

Here, Seth chooses to re-define the concept of "safe" in terms of emotional intimacy and personal security, although the earlier question (and the entire interview) had been framed from a public health perspective. These two standpoints proceed to clash:

> Q: Did you do anything to ensure the interaction would be safe?
> A: What do you mean safe, using a condom?
> Q: No, the question I asked you before was how safe did you consider it to be?
> A: Yes, I knew the guy and we knew each other. We trust each other. He's not

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going to stab me and slit my throat in the middle of having sex. This is not a Jeffery Dahmer routine and this is not a [Andrew] Cunanan thing going on here, this is someone, boy next door meets boy next door in the park, they have sex, they keep in touch, they have sex again, they keep in touch, they have sex again, they become friends and they have sex occasionally, intermingled into the friendship.
Q: Safe, and --
A: It's emotionally safe.
Q: Safe determined how?
A: What do you mean by that?
Q: Just, as you understand,
A: You think I can catch like gonorrhea in the throat or something like that? No, I don't understand, you have to be much more explicit or graphic.

Seth clearly recognizes the public health definition of "safe," but he disrupts this discourse by answering questions about his engagement with unprotected sex in terms of intimacy ("we knew each other") and security ("he's not going to stab me"). This switch creates interactional difficulties for Seth and the interviewer. As a result, the interviewer seemingly wrestles with a decision regarding whether to reinstate a public health discourse, or to explore Seth's perspective on sexual safety. They continue:

Q: Okay. A couple of questions ago I had asked you if thinking about the behaviors that you did, um, with respect to your health, your health and his health, how safe did you consider those behaviors to be? Safe in that context?
A: What behaviors?
Q: The sexual behaviors.
A: Well we didn't use condoms and we came inside each other. That's not safe, that's not what people would consider safe sex.
Q: No, I'm asking what you consider safe sex.
A: I consider safe sex using condoms. So we were not using safe sex.
Q: Okay, so then you didn't consider the interaction to be safe?
A: No, because safe to me also means a bunch of other things. So sexually in terms of HIV transmission, since we both have HIV I guess it was safe, well since you can't transmit it again, so yes it was safe. Yes.
Q: Okay, and so in the context in the other questions about did you do anything to insure it being safe, I'm still talking about safe in that context?
A: We talked about it. I mean we've talked about the past. We both agreed that we don't want to use condoms.

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After the interviewer re-frames and reiterates his question in terms of "health," Seth acknowledges that the content of his sexual narrative was "not what people would consider safe sex." When Seth is asked to elaborate on his own definition of safe sex, he explains that this includes "using condoms," but "it also means a bunch of other things." His view is that sex is safe if there is no risk of HIV transmission – a situation that could be achieved through condom use, or via the understanding that it is not possible to be re-infected with HIV through unprotected sex with a seropositive partner. Consonant with his earlier references to trust and intimacy, Seth also identifies communication as a key component of his safer sex practices ("we talked about it"). He underscores the mutual and informed decision that he and his partner made when they jointly "agreed that we don't want to use condoms." This transaction concludes on a defiant note:

> Q: Can you think of anything that helps you to have safer sex?
> A: What do you mean safe sex, you mean with a condom? What do you mean safer sex? You put your hands out like I'm supposed to know what you're talking about. Safe sex as defined in terms of HIV transmission or safe sex as defined in terms of being with someone you trust and you are comfortable with?
> Q: In terms of HIV transmission.
> A: Okay, that's what you're talking about. What's going to help me have safe sex?
> Q: Well, yes.
> A: Talking about each other's status prior to the sexual activity and, um, agreeing to, um, either to use or not to use condoms. Unless the AMA and the CDC comes out with new findings that yes you definitely are reinfecting someone without a condom. Then, you know, unless I hear that, then I'm not going to use condoms with other HIV positive people, if the other person agrees to it. Right now they say it doesn't happen, so why should I wear a fucking condom if it's not hurting anybody or myself? Fuck, I hate condoms anyhow.

In this last passage, Seth voices frustration with the disparate discourses of sexual safety – "Safe sex as defined in terms of HIV transmission or safe sex as defined in terms of being with someone you trust and you are comfortable with." However, he ultimately (and

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angrily) submits to the interviewer's insistence on speaking from a public health discourse that is centered on the prevention of HIV transmission. From this frame, Seth states that safe sex can be fostered through mutual serostatus disclosure and negotiation of condom use. He represents his practice of unprotected sex with seropositive men as an informed position by citing the authority of the AMA and the CDC – although he inserts a caveat in case future studies produce "new findings that yes you definitely are reinfecting someone without a condom" (which has subsequently been the case). "Unless I hear that," Seth maintains that he will feel safe having unprotected sex with a willing seropositive partner.

These competing discourses of safer sex, along with the previous examples regarding non-verbal serostatus disclosure and sexual variation across partner types, illustrate how interview data are constructed through a dynamic conversational process. Most researchers will agree that an interviewer's conduct and skill has a strong impact on the data collected – which is why they often provide thorough training and supervision for the conduct of research interviews (and that certainly was the case in the multi-site study that collected this data). However, while many researchers understand the important role that the interviewer plays in eliciting participant responses, most research analyses ignore and obscure this role through a strict focus on the comments of the participant alone. A discursive approach reinstates the voice of the interviewer in this transaction, and recognizes the powerful context it provides for shaping participant comments.

Speaking of Shame

When the participants in this study spoke with interviewers about issues such as living with HIV/AIDS, having sexual desires for other men, engaging in unprotected sex,

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and negotiating serostatus disclosure with sex partners, a discourse of shame sometimes accompanied them into the room. Society has brought significant moral judgment to bear on each of these topics. Social and institutional heterosexism join with facets of racism and sexism to help silence and denigrate expressions of gay desire and identity. Many religious and moral discourses associate sex (and particularly sex between men) with the concept of sin, and represent HIV/AIDS as the wages of an immoral lifestyle. HIV/AIDS prejudice and stigma work to marginalize and silence seropositive men, in addition to labeling them as infectious, dirty, and even toxic. These powerful discourses mix with a broad reluctance on a societal level to permit frank and open discussions about sexual desire and practices (something that Jocelyn Elders well knows). It is impossible to avoid the reproduction of these varied forces of moral judgment and evaluation within the context of the research interview, as they may be internalized or invoked by either the participant or the interviewer. As a result, men sometimes found that they had to negotiate notions of shame in order to give voice to their concerns and experiences within the research context.

For the purposes of this analysis, shame will be defined very broadly as expressions of regret, remorse, or embarrassment that can reflect the moral judgment or disapproval of others regarding one's personal conduct, beliefs, or feelings. The 'others' need not be present in order for shame to be expressed, since the normalizing judgments of others may be previously incorporated or internalized within one's worldview, and also because particular topics are saturated with moral discourse (e.g., sex and sexuality).

One example of how shame potentially shaped participant responses occurred in a

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transaction with Jaime [1288, Latino, age 35]. During a discussion about sex with seropositive men, Jaime voiced discomfort in reporting the explicit details of his sexual practices. The transaction began:

> Q: So how does the HIV status of your partner affect your sexual behaviors?
> A: I'm cautious.
> Q: How are you cautious?
> A: When I know that he's positive also, I look out for certain things that could be affecting him at the moment. Like if he has diarrhea, I won't go into that back area for, you know, just comes in, if he has bleeding gums, I do not kiss him at the time that he has bleeding gums, but we let each other know. Its more informative that he tells me what his medical wise, what is happening on a daily basis, and I tell him the same, and we respect each others space when comes sometime, when your not feeling well, you know, okay.

Jaime articulates a need for two seropositive partners to have close communication about the potential intersection between their medical conditions and sexual practices. His phrases are somewhat jagged, which could reflect his use of English as a second language, imprecise transcription, the sensitivity of the topic for him, or a combination of these matters. When Jaime discusses his specific sexual behavior, he makes a guarded reference to avoiding "that back area" if his partner has diarrhea – which renders his practices through a fairly delicate choice of words. Then he elaborates further:

> Q: Anything else? How else are your cautious?
> A: I double check.
> Q: Double check what?
> A: Certain things that we do, that might say it's unsafe the way we are having sex sometimes.
> Q: Okay.
> A: Like sometimes condoms bother me, okay, so I like friction and I like sometimes we have each other checking to make a phone call to find out if sperm at the entrance of the rectum can cause an infection, but I like coming there. I like to come between the cheeks. [laughter] I'm getting embarrassed. [laughter]
> Q: No, don't worry about it. Oh my god, don't worry about it.

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Jaime's talk does not founder until it intersects with a discourse of desire: "I like to come between the cheeks." His disclosure of this practice results in an expression of shame (broadly conceived, in this case as "I'm getting embarrassed"), and this sponsors some nervous laughter to help negotiate the situation. Jaime also continues to describe his sexual practices through relatively innocuous references ("the cheeks") and clinical terms ("rectum") that suggest discomfort with open acknowledgment of explicit sexual practices. The interviewer hears Jaime's discomfort and offers reassurance that he and his conduct will not be judged ("don't worry about it" – followed by the ironic exclamation, "oh my god"). Their dialogue then continues:

> A: But that we have to question and see if it was safe or what now. But it was not inside [the ejaculation], it was on the outside, so I, no one knows if it's actually would anything be affected, you know. Also, the worry of infecting each other. You know, like saying I have Thrush, he doesn't, so the possibility of him getting Thrush by me kissing him, you know, while I have Thrush is scary. But the thing is that once I feel it, I don't, what you call it, I don't kiss him on the mouth. I kiss him all over other parts of his body.
> Q: Okay.
> A: Okay.
> Q: Don't let me cut me off if you want to say something else. [laughter]
> A: No, no, no. I'm okay, I'm okay, I'm okay.
> Q: All right. Don't get bashful either.
> A: Okay.
> Q: I won't be shocked by anything you say.
> A: Okay.
> Q: All right. I've done like, like a hundred of these already. [laughter]
> A: Yes, so I've heard.
> Q: Maybe like the first time I was maybe shocked, but ever since then it's just like, just regular stories.
> A: Cool.

The interviewer repeatedly tries to put Jaime at ease, through statements of admonishment ("don't get bashful") and normalization ("I've done like, like a hundred of these already").

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For his part, Jaime tries to reassure the interviewer (and likely himself) that "I'm okay, I'm okay, I'm okay" with sexually explicit discussions. The interviewer admits that these topics and disclosures can leave one "shocked," but he works to reposition them as "just regular stories." In these ways, the interviewer and the participant make joint efforts to calm the anxiety that may be associated with disclosing detailed and explicit sexual practices in the context of research.

Despite the application of reassurance from interviewers, the presence of shame can make it difficult or even troubling for some participants to address issues of sexuality in the context of the research interview. One example was found in Ben [1017, African American, age 44], who earlier negotiated issues of non-verbal serostatus disclosure with his interviewer. In the course of the interview, Ben identifies himself as "sexually compulsive," and explains that he has been in a period of abstinence from sex for three or four months. He subsequently has difficulty relating the precise details of his most recent sexual encounter during the sexual narrative portion of the interview:

> Q: We've been talking about generally regarding sex and relations and now I would like to talk specific encounters that you have had?
> A: Okay.
> Q: First I would like to focus on your most recent sexual experience. When did you last have sex with a man? Using the same definition --
> A: Yeah. I'm thinking that had to be in March. I'm thinking February or March.
> Q: What I need for you to do now is think back and try to remember that sexual experience as vividly as you can. What we're interested in is how sexual interactions of gay men happen. Tell me the story of how it happened? Try to remember.
> A: I really don't remember. I could just tell you how it probably happened, I don't know. All things considered. It was probably somebody I met in the park. You know probably.

Ben begins by representing his memory of his last sexual experience as hazy, and he has

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difficulty recalling when it specifically occurred. He proceeds to frame his sexual narrative as a conjecture, rather than as a representation of a personal experience: "I could just tell you how it probably happened, I don't know... It was probably somebody I met in the park. You know probably." This approach allows him to maintain some distance between himself and his personal conduct. The transaction resumes:

> Q: Oh, I need you to just focus in on you know, try to think of who the person was? What you were thinking? What you were doing? What the person looked like? Who your partner was? How you were feeling? Where it occurred? When it occurred?
> A: Okay. Um. It was in the park. It definitely was at the park.
> Q: Daytime or nighttime?
> A: Nighttime. We cruised each other. Did the little introduction thing. It was -- how you doing la, la, la.
> Q: So you just talked to each other?
> A: The usual. Bullshit. Bullshit. Nice night for a murder, right? You know.

In response to the interviewer's demand for details about a specific sexual encounter, Ben settles on a 'story' to tell, deciding that this experience "definitely was at the park." However, he continues to blur the details of the event with phrases like "la, la, la" and blanket declarations such as, "The usual. Bullshit. Bullshit." Ben then adds a touch of humor ("Nice night for a murder, right?"), which could serve to lighten the tension he feels in meeting men in the park, as well as in his telling of these experiences in the research context. The passage continues:

> Q: Now tell me a little bit about the partner?
> A: What about him?
> Q: If you can give his age, his race, his -- maybe build? What you liked about him? What you didn't like about him?
> A: He was cute. Nice face. I was horny. He gave me all the criteria and that was okay because I wasn't going to marry him. You know, I guess the idea that for whatever reason they also found me attractive. I liked that. That they were as -- we use terms like highly sexed or sexually charged or whatever. But the bottom

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line was they were as willing as I was.

Ben will not describe his partner in detail – just that he was "cute" and had a "nice face." He then begins an interesting practice of referring to his partner as "they," rather than "he." Besides masking the gender of his partner, the plural pronoun reflects his apparent aim to relate a general, master narrative of a park encounter that is one step removed from a specific and detailed personal experience. Ben also underscores that the event he is describing was not purely of his own design – he shares responsibility for the experience by stating that his partner was "sexually charged" and "as willing as I was." The story then proceeds with a "friendly" invitation from the interviewer:

> Q: Tell me the story like you were explaining it to a friend in details and everything?
> A: I was in the park. I met him in the park. We did the howdy thing. We did the little touchy, feely, groping each other and kissing.
> Q: Groping where?
> A: Oh ah, you know feeling each other up, you know. Feeling the crotch and what have you. Pulling down the zipper and whipping it out.
> Q: Who whipped what out?
> A: Oh ah... [laughing]
> Q: I wasn't there so I have no clue. No picture.
> A: You know pulling out the penis.
> Q: Yours or his?
> A: Both, you know. Mine and his.
> Q: Where was this? It was in the park but where?
> A: Behind a tree. A semi-secluded area. You don't get so secluded in the park. If you want privacy, get a room. And um usually um, you know I give him some head or something. See what's up, you know. They might give me some head as well.
> Q: What in this one encounter?
> A: Oh, this yeah.
> Q: What happened?
> A: He gave me head too. You know, it was pretty cool.

Although Ben would prefer to relate this experience through euphemisms (e.g., "touchy,

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feely, groping" and "whipping it out"), the interviewer cajoles him into describing the explicit details of the encounter ("you know, pulling out the penis"). Ben subsequently retreats into his use of 'plurals' and 'conjecture:' "And um *usually* um, you know I give him some head or something... *They might* give me some head as well" [emphasis added]. Recognizing this pattern, the interviewer keeps pulling him back into the details of a single encounter. Eventually, Ben reveals that this encounter in the park was not even his most recent sexual experience:

> Q: He decided he wanted to go back to his house and he asked you to go?
> A: Yeah.
> Q: You went.
> A: Right.
> Q: You said you got naked, you got into bed.
> A: Yeah. There was more you know sucking and stuff but that was it. But it wasn't until after that maybe a week or two after that that I came back to his house that we -- that we engaged in anal sex. In so many words he fucked me.
> Q: I'm just a little confused because I need to know the last time that you had sex, which was -- it wasn't when you were in the park having oral sex. It was when you went to his house and had anal sex?
> A: Right.
> Q: So I need to know that experience?
> A: That was it. When I went to his house.
> Q: So this was the same person.
> A: Yeah.

In these transactions, the interviewer had to persistently push Ben to recall and report a detailed sexual narrative that he may not have wanted to remember or describe. Indeed, when the interviewer later asks him to provide a second sexual narrative, his initial response is simply, "Oh, God." It is not entirely clear why Ben was reluctant to discuss details of his sexual life, but it is tempting to connect that hesitation to his stated sexual compulsivity and ongoing abstinence from sex. This case illustrates how certain men had

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great difficulty discussing their sexual lives and practices in the context of the research interview, since doing so sometimes required breaking through the fortifications of secrecy and shame that often surrounded these topics.

The interview also invited participants to elaborate and reflect on issues that they may not have closely attended to in the past, which could sometimes foster expressions of surprise, shock, or shame over their disclosures in the research context. An example of this was found in the interview with Rick [1149, Mixed race/ethnicity, age 46]. Like many men, Rick showed little difficulty in describing his sexual practices, including his regular attendance at sex clubs. He even joked about some of these sexual encounters:

> A: Yeah. You know, I, like I told you, I, you know, I won't fuck anyone. That's one thing I won't do. You know, and, and it's one thing I finally, I really can't do; I've developed some sort of mental block. You know, I just, I just can't get myself to expose anybody to anything. But I don't mind being exposed. [laughs] You know. It's like if somebody wants to fuck me without a rubber, I mean, I prefer they have a rubber on but if they don't, it, I don't really -- you know, I don't really stop it.
> Q: Yes. Do you, do you have that same mental block with positive guys, when it, when it comes to fucking guys? Does that happen for the guys you know that are positive too?
> A: Yes. It, you know, like my friend I was telling you about that we both told each other the first night, you know, he, you know, he didn't have the need for me to put my penis in, and it's like he, you know, he was into toys and things like that, so -- you know, and, and my equipment certainly couldn't match his toys, So [laughs]
> Q: [laughs]
> A: So -- so you know, we -- there was a lot of anal-stuff, but virtually we were, basically we, as, as much as we got in, into it, you know, I don't think we exposed each other to anything. And-

-- then, this transaction, which had proceeded smoothly through this point, gets disrupted by a spark of shame. The next question in the interview protocol is the only quantitative one, in which the participant is asked to estimate the number of sex partners he has had

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over the past six months. The interviewer begins with an awkward transition to this question:

> Q: Well, it sounds like you're pretty sexually active.
> A: Well-
> Q: Can you, well maybe I shouldn't use that label. [laughs]
> A: Sorry, what?
> Q: Maybe I shouldn't use that label.

The interviewer identifies Rick as "pretty sexually active" – pronouncing judgment on the quantity (and perhaps quality) of his sex life. The introduction of this evaluation threatens to disrupt the interview as a safe space for intimate discussions. Sensing that the comment was inappropriate, the interviewer backtracks, expressing his own shame for the statement ("maybe I shouldn't use that label" – a statement which Rick has the interviewer repeat). The result of this interaction is some backtracking on the part of Rick:

> A: No, that's all right. Its just-you know, [pause] you know, I don't go to the [sex] clubs every weekend, you know. You know, there, there's like, this last year there was probably about a four-month period where I didn't go at all. And now I go maybe every other weekend. And for some reason last year, I was meeting a lot of guys at one point, and there was like three, four different guys that I was seeing off and on. And now a couple of them I don't hear from 'cause they moved and the other two we stay in touch sort of, you know, they give in, you know, we call each other once in a while. But right now I'm not seeing anyone. And, like I said, the clubs I am, you know, I went once last week, Saturday, or Sunday it was, and I hadn't been for a few months before that.
> Q: Was, was there a reason that you were away from the clubs for a while?
> A: Yeah, I get sick once in a while. I, I had a couple of bouts of real severe diarrhea this year. And, you know, if I'm sick or not feeling good, there's no way I'm going to go and have sex. But, so that's, you know, a big reason why I don't go, if, if I'm having trouble like diarrhea or thrush or something like that, I-I just-you know, I prefer to go when I feel good and I feel healthy. But-

Here, Rick and the interviewer work together to undermine the label of "pretty sexually active" by exploring how "I don't go to the clubs every weekend, you know." But the

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quantitative question still looms:

> Q: Well, if you think about like the last, the last six months, so maybe since, you know, the middle of January, how many sex partners do you think you've had? You know, if you were to estimate that and-
> A: In the last six months?
> Q: Yes, and, and this would be thinking, the way we're defining sex is physical contact that could lead to orgasm but doesn't necessarily.
> A: The last six months?
> Q: Yes.
> A: [pause] Oh God.
> [laughter]
> A: I'd just be guessing, you know.
> Q: Yes, just estimate.
> A: [pause] 'Cause, you know, it's like one night at one of these sex clubs, just in one night I probably-[pause] will suck about diff--ten different guys off. Oh, [pause] I don't know, I, I'd say the number would be rather high.
> Q: Well, if it's, like how many do you think it may be in a weekend?
> A: You know, in a weekend, you know, maybe one of these things, you know, you know, [pause] maybe a dozen.
> Q: Yes, yes. So if like, so in a month then it might be-
> A: You know, I'll go to one of these things, you know, and I'll, I show up anywhere from midnight to two in the morning and stay anywhere from-anywhere from five to-to seven, you know, so I'm there all night. And-
> Q: So it's, it's probably-
> A: You know, it's-
> [cross-talk]
> Q: It's maybe like-
> [cross-talk]
> A: Outright orgy, I mean-
> Q: Oh yeah.
> A: [laughs]

At this point, Rick has become reluctant to estimate the number of sexual partners he has had in the last six months. This seems to grow from the difficult logistics of deriving such a number, as well as his own discomfort with the process, which was possibly accented by the interviewer's preceding characterization of his degree of sexual activity. Rick also makes an effort to justify his "rather high" number of sex partners, pointing out that he

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will usually stay "all night" at sex club, during which time it can be an "outright orgy." As such, he suggest an alternative form of sexual calculus, which would assess his behavior in terms of each "night" at a sex club, rather than the number of his sex partners over time. However, the interviewer resumes the press for concrete numbers of partners through some imposed estimation:

> Q: Yeah. So maybe like 40 or 50 guys a month. Except for that period when you weren't going.
> A: Yeah. That would be a fair, kind of weird to think of it that way.
> Q: Yes [laughs]. Yes. So would that be-let's see, if you were going for a while then, what, do you think it's-I guess like 200 or more or-what kind of number do you think you'd assign?
> A: [pause] Since January?
> Q: Yeah.
> A: No, I-[pause] I don't want to admit that it would be that much, that many. I, you know, and I have no way of-no, I [pause], yes. [laughs]
> Q: Yes, it's a-
> A: I never thought of it in terms of how many.
> Q: Yeah, yeah.
> A: But-
> Q: Well, in a-
> A: That's scary to think about it-

Rick had no difficulty discussing the rich details of his sex life until it came to the question of quantifying his partners in front of the interviewer. Then he realizes that it is "kind of weird to think of it that way," "I don't want to admit that it would be that much, that many," "I never thought of it in terms of how many," and "that's scary to think about it." These expressions of surprise and shame indicate that Rick is neither accustomed nor comfortable with considering some of the quantitative dimensions of his sex life. The research interview has therefore coaxed Rick to view his sexual practices from a new frame, and this shift of perspective taps a discourse of shame.

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The moral undertones that often accompany HIV prevention efforts can also cause discussions about participation in unprotected sex to become infused with shame. In his interview, Connor [1294, White, age 46] narrates a night in a bath house which includes multiple instances of unprotected anal sex with him as both the receptive and insertive partner. Following a detailed description of this evening and these acts, Connor expresses pain when considering whether his sexual conduct may present risks of further HIV transmission to himself or others:

> Q: And thinking about the sexual behaviors in general that you had last night, how safe or unsafe [interposing]
> A: Ouch, I hate that question.

Shortly after this quip, Connor proceeds to describe his involvement with unprotected sex through interweaving discourses of shame and desire:

> Q: Thinking about the interaction, would you do anything differently?
> A: Yes. Yes, probably. Well, I'm getting less this way, but I'm still feeling like I shouldn't be having sex without condoms. I shouldn't be getting fucked without a condom certainly. I shouldn't be fucking without a condom. And that I would do that differently. Part of me says I should do that differently, but part of me is like, that's the attraction of it. I mean, that's what makes it possible for me to fuck. And it gets me turned on. So it's like, really mixed feelings about it. Feeling guilty and crazy after the fact. It is just so enjoyable and thrilling when it goes on, but is that like putting a needle in my arm with heroin too, you know, is that what the heroin addict says when they're getting high that, "Oh, it just feels so good. It get's me so high."

Connor's talk of unprotected sex contains a significant degree of moral self-judgment and regret ("I'm still feeling like I shouldn't be having sex without condoms," and him "feeling guilty and crazy after the fact"). However, his "mixed feelings" about unprotected sex are also clearly evident, in that the social taboo of unprotected sex "gets me turned on" and "makes it possible for me to fuck." In this elaboration, Connor positions 'desire' as the

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counterpoint to 'shame,' in that the pervasive prohibitions against unprotected sex foster both lust and regret for this practice. He then embodies these dual discourses within the metaphor of a heroin addict. This comparison represents his unprotected sex as an activity that is deeply self-destructive, but which is also "so enjoyable and thrilling" that his desire for it has become addictive and beyond his control. In this light, Connor balances feelings of guilt regarding his sexual practices with the recognition that there is also a rationale for his actions.

Finally, it is important to note that participants expressed shame not just through their voices, but also through their silences. This can be illustrated by recalling a dynamic that occurred during the interview with Manny [1034, Latino, age 38], who was the first man profiled in the biographical analysis chapter. In his interview, Manny explains that he is strongly committed to safer sex practices because of his belief that he was responsible for his previous boyfriend becoming infected. As his biography noted, "his feelings of shame and guilt over that event have been integral in shaping his present behavior:"

> I don't want it on my conscience that I infected anyone. I already -- I infected one person already, which I regret, and that was prior to knowing that I was positive. And I don't want, ah, another person -- ah, I don't want to be able to say that I infected anyone else.

Although Manny expresses guilt over his ex-boyfriend's HIV infection, he minimizes some responsibility for the situation by underscoring that the act of transmission occurred "prior to knowing that I was positive." He reinforces this position by adamantly insisting throughout his interview that he has not had any unprotected sex since he tested HIV seropositive ("I haven't done it since – I have not"). However, a close reading of the

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events he narrates in the interview transcript indicates that Manny most likely tested HIV seropositive *before* his then-boyfriend tested HIV seropositive. Manny notes a period of time during which he was in denial about his HIV status, and this appears to overlap with a period where he was regularly having unprotected sex with the boyfriend who became infected. If Manny knew that he was seropositive and continued to have unprotected sex with his (uninformed) partner, which led to his partner becoming infected, then this would be a very difficult scenario to acknowledge to either the interviewer or himself. In this case, powerful feelings of shame may have edited the narrative that Manny provides in his interview.

These varied examples – Jaime's embarrassment, Ben's fuzzy recollection, Rick's difficult sexual arithmetic, Connor's regretful desire, and Manny's silences – illustrate how participants in this study often filtered their responses through a gauze of shame. This again demonstrates how the interview transcripts do not reflect objective pictures of "reality," but rather, highly malleable representations of "realities" which have been influenced, tempered, and constructed by larger social forces. Shame could be imported into the research context through its deeply braided relationship with the issues addressed in the interview, the internalization of ambient moral strictures within the participants, and the invocation of the interviewers in their delivery of the questions. In negotiating shame in order to give voice to personal concerns, feelings, and practices within the interview, participants found themselves reproducing a dynamic that often surrounded issues of serostatus disclosure to sexual and romantic partners. In either situation, the men found disclosures about the aspects of their lives could be informed or tempered by a discourse

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of shame.

Transformative Talk

While participants may encounter barriers to their discussions of sex and disclosure in the context of the research interview, they may also find that the interview offers an all-too-rare opportunity for the frank expression and exploration of these issues. Many men reported great interest in discussing matters of sex and intimacy, but the effects of stigma, shame, and secrecy in their lives limited the contexts in which they could give expression to these concerns. As a result, many men regarded the research interview as a safe space and a valued outlet for giving voice to these facets of their lives. Some even found that the process of speaking about things that were previously left unsaid had the power to alter their perspectives and practices – and in this way, their talk became transformative.

The opportunity to describe the most intimate details of one's sex life to a stranger was a novel and even fun experience for some participants. This was the case with Felix [1172, Latino, age 33]. Like all participants, Felix was asked to narrate his most recent sexual encounter during the course of the interview:

> Q: We've been talking about general issues regarding sex and relationships and now I'd like to talk about specific sexual encounters that you've had starting with the most recent. When was the last time you had sex with a man, using the same definition of sex that I gave you a minute ago?
> A: Friday. No, wait, Thursday. Thursday, Friday morning because they stay with me. Bad sex, yes, Thursday.
> Q: We're interested in how the sexual interactions with gay men happen. Could you think back now and try to remember as vividly as you can, even though it was bad sex...
> A: [laughter]
> Q: As vividly as you can and tell me the story of how it happened. Try to remember when it happened, what you were doing.
> A: Oh, I remember everything, everything.

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> Q: Tell me the whole story as if you're telling one of your friends.

In labeling his most recent encounter as "bad sex," Felix inspires some joking from the interviewer ("try to remember... even though it was bad sex"), which leads to laughter. Felix adds to this easy-going dynamic with a humorous complaint: "Oh, I remember everything, everything." The interviewer then invites Felix to relate that story, and in doing so, the interviewer represents the vivid description of a recent sexual encounter as an activity that might be undertaken with a close friend. Although not quoted at length here, Felix proceeds to discuss that encounter, which he views as "bad" because his partner could not maintain an erection. We join that story, already in progress:

> Q: What were you doing or what was he doing to try to get a hard-on?
> A: [laughter] What he was doing, I was just rubbing his penis like I wanted to break his penis. [laughter] I don't know, I don't remember but I know we were just trying to play around, you know, trying to play. I did things that I don't think I'd done before to get this penis hard. I don't know. It was just regular stuff.
> Q: Was it basically with your hands or with your mouth?
> A: With my hand, with my mouth later but I got tired of sucking his dick, man, because it was like, "This kid, there's something wrong with his penis," and like I said, he was pretty large [laughter] maybe he wasn't getting enough blood in his penis, but oh, my God, actually I didn't tell any of this to my friend, so that's why I'm enjoying this. [laughter]

Felix had been encouraged by the interviewer to share this sexual narrative "as if you're telling one of your friends," but Felix makes the point that he does not have such candid discussions of sex, even with friends. The research interview becomes a rare opportunity for discussing the details of his sexual encounters and practices – and Felix subsequently explains "that's why I'm enjoying this." Felix carried this sentiment with him throughout the interview, conducting an amiable dialogue with the interviewer. At the end of the interview, Felix is asked, "Do you have any questions or comments?", and he replies, "No.

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This was fun. This was really fun." For participants like Felix, the research interview provided an exciting and uncommon space for some frank talk about sex.

In addition to providing some "fun," some men viewed the research interview as beneficial because it provided a confessional for their previously-unvoiced concerns and practices. This was evident in the comments of Marcus [1080, African American, age 36]. Marcus began his interview by noting the reason he was interested in participating in the study:

> Q: Okay. And what made you decide to participate?
> A: Well, anything that's going to help to develop a new type of services for people in the situation that I'm in, I'm, and, you know, even though right now I'm pretty much healthy...
> Q: [affirmative].
> A: I'm, you know, I'll do anything I can to help.
> Q: Okay.
> A: Even though it might not benefit me. But in the long run it will benefit someone who is in the same situation as I am.

Marcus recognizes that his study participation "might not benefit me," but he plants the hope that his participation may help others – especially "someone who is in the same situation I am." As the interview proceeds, Marcus finds himself sharing intimate personal information with the interviewer. He eventually comes to express a dual sense of disbelief and relief over the depth and form of his disclosures:

> Q: How, how does your HIV status affect how you feel about dating or having a boyfriend?
> A: Well, like I said, it, it has cut down my social life immensely.
> Q: Okay.
> A: I guess because of the fact that, you know, once you do get involved with someone and, and things like progress to another stage, and then all of a sudden you've got to remember, oh, you have to sit down and talk with the person about the situation. And run the, the risk of being rejected. So it's, it's not, it, it's, it's not easy to, to actually, you know, sit down and meet someone and, and actually think

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about having a, a long-term relationship, relationship.
Q: In what other ways has it affected it?
A: What other ways?
Q: Yes.
A: Well, that's about the best. That's about it. That's the main way. Other, other than that, other than that, my, as far as work is concerned, and, you know, I've, I've started going back to school and everything. So I'm trying to live a normal life, so to speak.
Q: So, so when, when you, you're thinking about maybe dating, of, the thought of dating or having a boyfriend, you know, a person like, does that feel of rejection the same?
A: [affirmative].
Q: Right.
A: That's a...
Q: Right. So what other thoughts come to mind, you know, that either tells you not to proceed with even considering it, dating, or to let's give it a try? What are, how, how do you feel?
A: Well, I feel, I feel a, a lot of times like taking the easy way out.
Q: Right.
A: Which is to just go ahead and, and, and go to a hustler and pay for what I want.
Q: Right.
A: Instead of going through all that.
Q: Right. Right. Okay. How is having...
A: I never thought I'd talk about this. [laughs] It's like, [laughs] it's private, that's some personal stuff. [laughs] Oo-wee.
Q: Are you okay with that?
A: Yes, you know.
Q: Yes?
A: But like I, I, you know, I guess, because all this runs through my mind all, all, all the, and I guess if I don't talk about it I'll go crazy.
Q: Okay. Right.
A: [interposing] You know, so crazy.
Q: [interposing] Right, this might be a good...
A: Yes, yes.
Q: Okay.
A: Yes, a good outlet.
Q: Well, there's more to come.
A: Okay.

In verbalizing his use of street hustlers as a means to circumvent concerns about serostatus disclosure with other sexual and romantic partners, Marcus expresses a sense of surprise at

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his actions. He explains that "I never thought I'd talk about this," and he identifies his practice as "private, that's some personal stuff." He consequently shows discomfort with sharing this information, as evidenced by his nervous laughter and emphatic "oo-wee." Despite this interactional difficulty, Marcus feels that having the opportunity to divulge these intimate practices is a very valuable one. He explains how "all this runs through my mind all, all, all the, and I guess if I don't talk about it I'll go crazy." In this comment, Marcus proposes a hydraulic model of disclosure, in which the pressure of secrets can build to dangerous levels unless one can find an avenue for their release – in this case, through the interview. He repeats this understanding at the very end of his interview:

> Q: Well, those are all the questions I have. Do you have any comments or anything else you'd like to add to what you said so far?
> A: Well, well, I've, I'd just like to say that, that I've, I haven't talked like about all, I haven't talked about none of this or, you know, even though these thoughts have run through my mind, I haven't had the chance to actually go through it and hear myself talk about it.
> Q: Okay.
> A: And I think that it was beneficial for me.

Marcus remarks on how the interview became a vehicle for voicing "thoughts [that] have run through my mind" but that he has always left unspoken in the past. He emphasizes the particular importance of being able to verbalize his concerns by noting that "I haven't had the chance to actually go through it and hear myself talk about it... and I think that it was beneficial for me." For Marcus, the significance of the interview is not just that it provides a context for speaking about these matters – it is that it provides a context for *hearing* himself speak about these matters. This underscores that the interviewer is not the only person in the room who is engaged in a process of observation and query. Although

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Marcus began his interview with the intention of helping others, in the end he finds that he may have additionally helped himself.

Marcus was not the only participant to note how his discussions in the research interview could foster new degrees of self-awareness and insight. Earlier in this chapter, we examined how Connor [1294, White, age 46] had expressed mixed feelings about his regular practice of unprotected sex at bath houses. In the following passage, he reiterates these practices with both seronegative and seropositive partners:

> Q: So if you are a bottom and a person was negative then you are not necessarily going to make them cum?
> A: No. In fact that would be great. That to me would be like the ideal thing. If there was a guy who was negative and fucking me I would be like, they could cum in my butt. And I'm not thinking so much that he's going to get something from me because it's my perception some HIV negative guy who's fucking me without a condom isn't going to have much of a chance of getting HIV. That's my perception.
> Q: What about somebody who's positive?
> A: Somebody who's positive fucking me, then I would think that they're also probably not going to, that I'm going to be the one that's more at risk of getting an alternative strain of the virus with them fucking me then them getting exposed to my strain of the virus from fucking them. So I still probably would let them fuck me without a condom. I'm doing this and I regret doing this but I would still let them fuck me without a condom and just not cum in me.

Having just described these explicit and ongoing practices of unprotected sex in front of the interviewer, Connor then articulates a sense of disbelief over his actions:

> Q: You don't believe it because you're saying it, or because, I mean, because you're saying it here in the interview or because you're doing it?
> A: Well, it's, it's, it's I can't believe that I'm doing this actually. I mean, I can't believe that I'm saying this, but what I'm saying is what I'm actually doing. And It's really me who's saying it, so it's so different from what I was thinking. From what I was thinking and saying and doing before. From 'no way never' to 'sometimes, maybe,' to 'why not always' is what I've moved. It's been the direction of where I moved.

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Like Marcus, Connor accords a special significance to the reflexive process of hearing his practices verbalized aloud: "I can't believe that I'm saying this, but what I'm saying is what I'm actually doing." He finds that the process of naming his sexual practices produces a newfound acknowledgment of their reality. The scrutiny of the interview permits him to become a critical observer of his own actions, as evidenced in his deep surprise that "it's really me who's saying it." Connor consequently finds himself contrasting his present practices with those of his past, expressing astonishment in his progression from "'no way never' to 'sometimes, maybe,' to 'why not always'" regarding unprotected sex. His self-reflection in the context of the research interview has therefore afforded him a degree of insight into his sexual practices that he had not previously possessed.

A similar sentiment was voiced by Vic [1102, Latino, age 33], who was the second of the three biographies presented earlier. Vic brought a great degree of openness to his interview, which he had underscored from the very beginning:

> Q: So, my second question is, what made you want to participate?
> A: Because I am sexually active and because I'm very, I can be very verbal about it, honest about it; as where I think a lot of people wouldn't be. I'm doing it because I think maybe it would do some service, plus I'm interested in like what kind of questions you have to ask me, you know, as to like what the school's perceptions or people's perceptions are of what issues gay men are dealing with on a sexual level.

Right from the start, Vic identifies himself as someone who can be "very verbal" about his "sexually active" life. He also points to the power of shame to shut down discussions of sexual practices, in that he feels he can be "honest about it; as where I think a lot of people wouldn't be." Over the course of his interview, Vic does indeed provide an explicit and rich narrative of his ongoing practice of non-disclosure and unprotected sex within public

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sex environments. Towards the end of the interview, he comes to discuss the power of this talk to transform himself:

> Q: Okay. Based on the issues you've told me during this interview, what type of program do you think would help you to always have safe sex?
> A: Some kind of like therapy to help me realize who I am or where I'm coming from, or understand what my actions are, something like that, something to help me understand why I would have unsafe sex, something that would tell me why I'm having safe sex, or why I would put on a condom, or why I would spare somebody this disease and not like give it out or contract it or you know. I think a program that would like make me realize why I would commit acts like unsafe sex acts.
> Q: Okay.
> A: Something that would clarify that in my mind, because once that's clear in my mind, which is getting clearer, you know, with talking about it and going to therapy and realizing, you know, that I was doing this shit for some really fucked up reasons (laughter) you know, and that's made me think about it and that's made me feel – granted, I'm not there yet and, yes, I'm still having unsafe sex and now that I've talked about it more now and in depth and in detail like I am now, I'm really, I think that like say even this interview and just talking about it is going to make me realize why I was having unsafe sex because you have unsafe sex and you deny it and you don't admit it. You don't admit that you're going to a bath house and you don't admit that you go to the video stores or the book stores and have sex. You don't do that, you don't admit it, you don't think about it, you just like do it, it happens, you never really wrestle with the issue of why you did it.
> Q: Right.
> A: And then it's swept under the carpet and that's it. You can't really think that somebody's going to come out in some group and start telling you oh, well, you know, I had unsafe sex and I thought blah-blah-blah. No! They're going to feel guilty. They're going to feel irresponsible, they're going to feel just like I'm feeling, totally irresponsible for themselves, for the other people, society, whatever. You know, these are issues I always talk about-- you know, that people just don't deal with and I know because, you know, I always talk about sex, you know, I always talk about all these issues and it's just not something that people talk about.

In seeking to fathom his practice of unprotected sex, Vic assigns a particular importance to talking about his behavior. He explains that it "is getting clearer, you know, with talking about it and going to therapy," and "even this interview and just talking about it is going to make me realize why I was having unsafe sex." Whereas Marcus had positioned

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the interview as a confessional, Vic likens it to therapy – but through either metaphor, the power of speaking with another offers the potential for redemption and change. Vic finds that the problem is how sex is "just not something that people talk about," and how shame and guilt interfere with the ability of men to "come out in some group and start telling you, oh, well, you know, I had unsafe sex." He emphasizes the idea that if one does not give voice to these practices, then "you don't admit it, you don't think about it, you just like do it, it happens, you never really wrestle with the issue of why you did it." Like Marcus and Connor, Vic therefore identifies a special significance to the reflexive process of being able to listen to oneself discuss matters of sex and intimacy, and he suggests that this talk can help transform his perspectives and practices. At the very end of his (three hour) interview, Vic reflects on this process and summarizes what it meant to him to be able to participate in the study: "It was draining, you know, you're realizing all this shit, but it was good. It was good to like talk about it, get it out on the floor."

Disclosing the Research and Researching the Disclosure

So what exactly does all of this have to do with issues of HIV serostatus disclosure to sexual and romantic partners? This discursive analysis uncovers the tangled process of self-disclosure as it is enacted within the context of the interview. That is a very valuable enterprise in it's own right, but each of the themes pursued here – making data, speaking of shame, and transformative talk – carry parallels to the process of serostatus disclosure to sexual and romantic partners.

First, this discursive analysis highlights the interview as a dyadic interaction, much like acts of sex or serostatus disclosure. Just as these analyses showed the power of the

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interviewer to invite, discourage, and shape participant responses within the research, men similarly elaborated how their sexual partners often held the power to invite, discourage, and shape their serostatus disclosure practices. Whether we are discussing disclosure in the context of the research interview or disclosure in the context of sexual partners, we are underlining the critical importance of the interpersonal context to disclosure processes.

Second, this discursive analysis reveals how the personal disclosures and self-expression of the men within the research interview was sometimes informed by their experience of shame. Just as giving voice to personal concerns and experiences in the interview could require men to speak through and against sentiments of shame, men also described how serostatus disclosure with sexual partners could require them to speak through and against sentiments of shame. Disclosures to both interviewers and sex partners presented the risk of being judged by another, and as such, each demanded a certain measure of candor and self-assurance from the men.

Finally, this analysis shows how some men attributed a transformative quality to the self-disclosure and personal expression that constituted their research participation. This echoed multiple examples of the transformative power of disclosure in this project. There are the often important transformations that occurred in the men's specific sexual and romantic relationships following serostatus disclosure. There is the transformation in the men's approaches to sex and romance that grew from their ongoing concerns and cumulative experiences regarding serostatus disclosure. There is the transformation in HIV/AIDS services and behavioral research that many men sought to achieve by voicing their concerns and opinions in the study. And then there is also a transformation of

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myself, as I cultivate my own voice as a researcher through this thesis and work to transform my professional status into that of a Ph.D. It would seem that every form of disclosure and self expression – whether in a personal or research context – carries the potential for opening new windows of insight, opportunity, and risk.

A Personal Note on Disclosure

And now, let's break through the final wall of disclosure in this research enterprise by bringing me, the HIV seronegative author, into this process (there – I said it). In a delicious irony, I can report that my dissertation has become an invitation for serostatus assumptions and even a catalyst for disclosure with my own sexual and romantic partners. When I am asked what I do ("behavioral research in HIV prevention") or especially what I am writing about ("the serostatus disclosure practices of seropositive men"), my sense is that some men (although certainly not all) arrive at the conclusion, "I bet he's positive." Now, this is not the only information that men are going on – there is also the important context of me living as a gay man in New York City for a decade (and also, in very rare – but multiple – cases, I've had people state that they wondered if the scar on my forehead was some form of Kaposi's sarcoma or AIDS-related lesion). But, aside from these other factors, the capacity for gay men (or anyone) to use one's work as a cue for serostatus assumptions is an interesting one. Did you make the assumption that I was seropositive? Why or why not? If you did, then I have something in common with the way people perceive Paul, the male escort and sex worker who was interviewed in this sample.

There is no shame whatsoever in being seropositive, and this knowledge has actually led me to studiously avoid disclosures of my serostatus after I mention my work.

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In avoiding disclosure in those moments, I try NOT to distance myself from the possibility that I might be seropositive (which, frankly, seems like something for which there is always the "potential" as long as one is a sexually active gay man living in The City). Although disclosure might disrupt potential assumptions about my serostatus, I feel that conducting disclosure after discussing my work would tacitly reinforce an association between seropositivity and shame (i.e., "Oh yeah, sure, I do this work, but you don't have to worry about me – I'm negative, really!"). I also worry that this is the precise dynamic that I am creating right now, by disclosing my serostatus at this point, in this context.

Now, my experience cannot be the same as that of the men in this sample, but like many of these men, I have developed my own disclosure strategy over time. Unless someone asks about my serostatus or discloses their own, I avoid serostatus disclosure with casual sexual partners, but will breach this topic if they become regular or romantic partners (and in one instance, I did invoke my dissertation topic to preface a conversation about serostatus disclosure with someone I was dating). Between myself, my friends, and the research participants, this general approach to issues of serostatus disclosure would seem to be a fairly common formulation that is consonant with the ambient norms and scripts regarding sex and disclosure among urban gay men. It is interesting – the safety accorded by practices perceived as normative – it suddenly occurs to me that the risks associated with disclosure would seem to come in violating those norms (e.g., disclosing to a partner you just met, or failing to disclose to a serious romantic partner). Hmm... it seems that the process of examining and elaborating these issues contains the power to transform your perspective on them.

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Now, about my sex life – well, sorry – my disclosure practices are the most that I will disclose about myself at this time. Although I am not ashamed to discuss my sex, you must understand that disclosure is highly sensitive to context – and my mom is going to read this.

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Chapter VI

Discussion and Conclusions

This study demonstrates the significance and complexity of HIV serostatus disclosure practices among seropositive gay and bisexual men, as well as the power of qualitative methods to discern this significance and complexity. This chapter will discuss six key findings that emerged across the biographical, content analytic, and discursive analyses conducted for this project: 1) the close integration of serostatus disclosure practices with sexual practices, 2) the highly contextual and dyadic nature of serostatus disclosure practices, 3) understanding disclosure as more than a singular act of telling or not telling, 4) the key theoretical factors underlying disclosure decision-making, 5) the varied and indirect relationship between disclosure and sexual risk behavior, and 6) the humanity of the men who are dealing with these issues. The chapter will also compare and contrast the three analytic methods employed in the study, and it will discuss their strengths and limitations. The chapter will then consider the study's implications for the research literature and prevention programs serving seropositive men, and it will conclude with an agenda for future research and advocacy in this area.

Key Findings

Disclosure practices are closely integrated with sexual practices

The results of this study show that the HIV serostatus disclosure practices of seropositive gay and bisexual men are intimately connected with their sexual practices, and that disclosure-related concerns serve as the foundation from which some men build their

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entire approach to sex and dating. Complex and competing personal, situational, and ethical considerations prompted many men to view serostatus disclosure as a recurrent challenge in their sexual and romantic lives. The regularity with which men found themselves at the difficult intersection of these issues led many to adopt specific strategies to guide their ongoing serostatus disclosure practices. These strategies were deeply braided with the men's conduct of their sexual and romantic lives, in that disclosure strategies contained the power to:

- *Determine whether or not men pursued emotionally-intimate, romantic relationships* (e.g., some avoided these relationships to help minimize the prospects of disclosure and potential rejection)

- *Affect the course of men's romantic relationships* (e.g., some sought to develop emotional intimacy and delay sex until they disclosed to their partner, and some "tested the waters" regarding partner attitudes toward HIV/AIDS to determine whether they would either disclose or simply end the relationship)

- *Dictate the partners with whom the men had sex* (e.g., some sought only seropositive partners to avoid rejection, and some found that disclosure before sex often determined whether or not their partners would consent to sex)

- *Guide where and how men met their partners* (e.g., some preferred public sex environments where norms of non-disclosure prevailed, or meeting partners in locations that provide services to seropositive men)

- *Shape men's sexual risk practices* (e.g, insist on safer sex if there is to be no disclosure, follow a partner's wishes regarding risk-taking after disclosure, or seek to

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convey one's seropositive status through a willingness to participate in unprotected sex)

In these multiple and varied ways, concerns and practices regarding serostatus disclosure exerted a powerful influence over the substance of men's sexual and romantic lives. These relationships were also reflexive, in the sense that sexual practices also guided serostatus disclosure strategies (e.g., safer sex reduced pressure to disclose to casual sex partners, and norms of communication in bath houses discouraged disclosure). As a result of these intertwined connections, it is very difficult to speak of the men's disclosure practices without discussing their sexual practices.

Disclosure is a context-sensitive, dyadic process

The results of this study underscore how HIV serostatus disclosure practices are highly sensitive to the immediate interpersonal and situational environment. Consider three important facets of this contextual relationship. First, there is the critical importance of partner type that was elaborated by the men. Men described a strong split in their practices between casual partners with whom they did not have an emotional investment, and romantic partners with whom they shared or sought emotional intimacy. In general, men were much more likely to disclose to romantic partners than to casual partners. Second, there is the powerful significance assigned to the situational context. Men who visited public sex environments consistently described how the purpose and meaning of those locations (essentially, "sex without obligations") inspired powerful situational norms against extensive personal communication and serostatus disclosure with sex partners. Finally, there is the highly reciprocal nature of disclosure. Men often commented that they would respond to a partner's question about serostatus honestly, and they described a

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process where disclosure from one partner typically led to disclosure from the other. These contingencies mix with many others (e.g., if the partner is unwanted; if the partner appears accepting; if he's coming home; if we stay safe, etc.) to underscore how serostatus disclosure practices consist of dyadic transactions that are highly sensitive to the interpersonal and situational context.

Disclosure is more complex than telling or not telling

This study indicates that HIV serostatus disclosure must be understood as a set of practices that are more complicated than a simple dichotomous formulation of whether or not one verbally discloses one's serostatus to a sexual or romantic partner. Men pursued broad behavioral strategies that specified not only whether to disclose their serostatus, but also when, where, how, and to whom they would disclose. Furthermore, some men pursued broad behavioral strategies were purposely designed to circumvent situations that would require or encourage decisions about whether or not to disclose, such as meeting seropositive peers in the context of services for people living with HIV/AIDS, or avoiding close romantic relationships entirely. Men also employed a set of indirect disclosure strategies which contained a strong reliance on non-verbal communication and partner assumptions as a route toward serostatus disclosure, such as the belief that seeking unprotected sex in a bath house served to convey one's seropositive status. A few men also discussed ways that they obfuscated their serostatus, which clouded issues of disclosure and effectively represented their serostatus as ambiguous to their partners. These examples demonstrated that serostatus disclosure with sexual and romantic partners is best understood as encompassing a set of complex and varied practices, rather than a

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singular act of telling or not telling.

Theorizing serostatus disclosure decision-making

This study identified key factors that contributed to men's decision-making processes and practices regarding disclosure – including fears of rejection from partners, perceived norms and sexual scripts regarding disclosure, and catalysts for disclosure such as emotional intimacy, the embodiment of serostatus, and personal and partner moral mandates. If one tried to read these ideas through current theory in psychology and health science, then some of these concerns are similar to aspects of social cognitive theory (Bandura, 1986; Mischel, 1986) and the theory of reasoned action (Azjen & Fishbein, 1980; Fishbein, 1980). For example, men's considerations about the anticipated reaction of their partner and the potential impact of disclosure on their sexual and/or romantic relationship could be considered "outcome expectancies" in social cognitive theory or "behavioral beliefs" in the theory of reasoned action. Men's ideas about normative disclosure behavior and sexual scripts in particular contexts (e.g., with casual partners, in sex clubs, etc.) show the importance assigned to "perceived norms," which is a component of the theory of reasoned action. Moral mandates to disclose that centered on personal concerns (e.g., feelings of honesty and dishonesty) and partner issues (e.g., obligations to inform and protect him) could be viewed as "subjective values" in social cognitive theory or "attitudes" within the theory of reasoned action. Men also noted the development of greater ease with disclosure issues over the course of time and experience, suggesting that social cognitive theory's "perceived self-efficacy" for disclosure may play a role, as well. These issues – outcome expectancies, perceived norms, subjective values, and perceived

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self-efficacy – would represent key elements within a theoretical model of disclosure. And in some respects, the purposive aims of various disclosure strategies are similar to a "behavioral intention" (reasoned action) or "self-regulatory plan" (social cognitive) which may subsequently guide specific acts of serostatus disclosure. However, due the great significance of interpersonal and situational contexts to disclosure processes, uses of social learning or reasoned action models would only carry predictive power if the precise behavior (verbal disclosure) was defined in terms of a specific target (e.g., anonymous sex partners) within a particular context (e.g., in a bath house). Furthermore, this study indicates that theoretical models of disclosure must make room for the raw emotion within disclosure processes, such as powerful notions of shame and the fear (rather than just the expectation) of partner rejection. Existing theoretical models would also need to be amended to better allow for environmental catalysts for disclosure, such as medication doses and other embodiments of serostatus, as well as inquiring partners.

Varied connections between disclosure and sexual risk behavior

The results of this study pointed to an indirect and variable connection between serostatus disclosure practices and sexual risk behavior, and as such, this study did not find broad support for the popular notion that serostatus disclosure is associated with safer sex. Although disclosure held the capacity to influence sexual risk practices, men reported that this relationship was strongly related to knowledge of partner serostatus. Serostatus disclosure (or non-disclosure) was usually reciprocated between two men, producing mutual knowledge of each other's serostatus (of the lack thereof). Seropositive men were strongly motivated to practice safer sex with known seronegative partners, although there

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were important exceptions to this rule due to beliefs about the relative risks of certain sexual practices (e.g., the negative partner being the insertive partner during unprotected anal sex). Seropositive men were often (although not always) more open to having unprotected sex with partners who they knew to be seropositive. In these multiple ways, mutual serostatus disclosure did not guarantee the practice of safer sex, and it even had the potential to facilitate the practice of unprotected sex. Furthermore, men elaborated important ways that *non-disclosure* could promote safer sex. Though the "play it safe" disclosure strategy, men discounted the need for serostatus disclosure so long as safer sex was practiced. The relationship between sexual risk behavior and disclosure practices was therefore highly complex.

The humanity of the men

Finally, in a landscape that too often marginalizes, silences, and denigrates people living with HIV/AIDS, this study is significant for helping to give expression to the resilient voices of HIV seropositive gay and bisexual men. The discourse of public health has not always been a comfortable one for seropositive individuals (as was evident in Seth's transaction regarding conceptions of safer sex in the discursive chapter), and recent efforts by many states to criminalize unprotected sex without serostatus disclosure carry a hostile tone. Indeed, public attention to date regarding issues of seropositive persons, HIV transmission, and serostatus disclosure has centered largely on the arrests of NuShawn Williams, Nikko Briteramos, and others for having unprotected sex without disclosure – and perhaps the urban legend of "AIDS Mary" remains not far from memory, either. However, the exploration of men's perspectives, concerns, and practices in this

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study showed that issues of responsibility are usually at the forefront of the their sexual deliberations and activity. We also see the great degree to which emotions are infused in these issues of disclosure and sexual practices – shame and pride, fear and hope, love and anger, concern and detachment, loneliness and belonging. By allowing seropositive men to speak for themselves the use of qualitative interview data, this research study helps to humanize and complicate issues that can often be viewed in cold and starkly judgmental terms.

Methodological Considerations

This study explored serostatus disclosure practices through the qualitative methodology of a semi-structured interview and a grounded theory approach to multiple forms of data analysis. Although quantitative methods (e.g., the traditional pencil-and-paper survey) contain great value and significance for behavioral research, they are not appropriate for every research question or purpose. Qualitative methods presented several key advantages over a quantitative approach for addressing the core research questions on this particular study. First, the qualitative interview was uniquely suited for apprehending (and thus comprehending) the complex dynamics and practices that characterize approaches to serostatus disclosure with sexual partners. Men's decision-making regarding disclosure issues often contained conflicting concerns, and their disclosure practices frequently encompassed multiple, broad behavioral strategies that were highly sensitive to context. Many of these dynamics would be very difficult to identify and elaborate through fixed, quantitative methods. Second, qualitative methods and a grounded theoretical approach were well suited the study's aim to develop theory, rather

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than verify it. Although behavioral research to date has produced some important findings regarding disclosure processes in general and serostatus disclosure in particular, psychology has really only just begun to conceptualize and understand these issues as they pertain to seropositive populations such as gay and bisexual men. This points to a third advantage of the use of qualitative methods for this study, which is to help explore inconsistencies identified in previous quantitative research. For example, this study helps to understand mixed quantitative data regarding the relationship between serostatus disclosure and sexual risk behavior, in that some men paired disclosure with the promotion of safer sex practices, whereas others paired safer sex practices with the idea that there was no need to disclose. Finally, the use of qualitative methods and grounded theory allowed the study findings to emerge directly from the voices of the men themselves. This approach helps to humanize issues that are often addressed through rigid moral or public health discourses, and it allows men to address a highly-contested issue that held great significance to their lives.

This study's use of multiple approaches toward the analysis of the qualitative data – biographical, content analytic, and discursive – is also instructive. Although some behavioral research may employ a mix of qualitative and quantitative methods to help "triangulate" the phenomenon of interest, it is extremely rare for a study to apply multiple analytic methods to the same qualitative research data (Wilkinson, 2000). Although such an approach can be highly labor intensive, it demonstrates the nuances of each particular method in drawing conclusions about the phenomenon at hand. For example, consider how the three methods traced the role of medications in serostatus disclosure practices. In

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the biographies, Manny hid his pills in a box and felt that the use of medications as a non-verbal way to communicate one's serostatus were "stupid," although both Vic and Warren reported finding that their medication doses prompted them to verbally disclose their serostatus to others. The biographies thus suggested that medications may play a role in serostatus disclosure, depending on the temperament of the individual. In the content analysis, a review of the full sample found that medications were only one of many ways in which serostatus was "embodied" within men's lives. The content analysis indicated that some men indeed used these tools to help catalyze verbal disclosure to others. In the first transaction dissected within the discursive analysis, Ben's comments reflected the notion that medications were an uncommon and acceptable medium through which others can apprehend and acknowledge his HIV serostatus – that they provided a language through which his serostatus could be discussed. Each of these methods arrives at a similar conclusion, but through a slightly different frame.

The use of multiple analytic methods also draws attention to the various strengths and weaknesses of the analytic approaches themselves. The biographical analysis offered the distinct advantage of reading disclosure concerns and practices through individual lives. In focusing on the particular stories of Manny, Vic, and Warren, their disclosure practices could be seen as embedded within the context of their general personalities and particular approaches to sex and romance. The biographies also uniquely permitted a sense of how one man could engage multiple and shifting disclosure practices across different contexts and partners, as well as how their concerns and practices may unfold and change over time. Telling the men's 'stories' further restored elements of emotion

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and humanity to these processes, which can often be drained from psychological research reports. The power of the biographies to examine the unique cases and idiosyncrasies of the three men was also the primary limitation of this method. Unlike the content analytic approach, the biographies could not canvass a wider group of men to identify broad trends that may characterize this population, and not just individuals.

The content analysis offered the unique advantage of being able to survey the comments of all of the men in this sample to examine common and emergent themes regarding serostatus concerns, practices, and connections to sexual behavior. Content analysis is perhaps the most prevalent form of analysis conducted with qualitative data (Wilkinson, 2000). The method offers the ability to build theory and concepts from emergent patterns in the data itself, such as the typology of disclosure strategies elaborated in this work. However, in "chopping up" the data to digest patterns and commonalities, content analysis also can serve to strip the context out of many highly-contextual practices. Further, content analysis has greater difficulty in discerning multiple and overlapping practices, such as the men's use of multiple, rather than individual disclosure strategies. Content analysis discerns multiple strategies within the typology, but not so easily within the individual.

The discursive analysis grounded the participant comments within the context of the research itself, rather than in the context of their personalities and lives (biography) or other social forces (content analysis) (Wilkinson, 2000). This approach is therefore highly distinctive for it's ability to discern the dyadic transaction that produced the data used in this study. The discursive analysis allowed us to witness important aspects of personal

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disclosure that were embodied within this disclosure research, such as the notions of shame that some men attached to certain practices, or the power of their disclosures to effect transformation not only of the research enterprise, but also of themselves. One drawback associated with discursive analysis is the difficulty can present for drawing broad conclusions about the research topic across participants. In locating the principal context for participant's comments within the research enterprise, it can be challenging to then relate those comments back to the larger social context surrounding the men.

Study Implications

Implications for the Literature

This study replicated and extended a number of findings from previous research studies regarding HIV serostatus disclosure. At with past studies, this project found that men often viewed serostatus disclosure as a recurrent dilemma in their sexual and romantic lives (Hays et al., 1993; Holt et al., 1998; Klitzman, 1999; Siegel & Krauss, 1991; Siegel, et al., 1998). Men also reported that they were generally much more likely to conduct verbal serostatus disclosure with emotionally-intimate romantic partners, rather than non-intimate casual or anonymous partners (Hays et al., 1993; Mansergh et al., 1995; Marks, Bundek, et al., 1992; Mason et al., 1995; Mason et al., 1997; Stempel et al., 1995; Wolitski et al., 1998). Men sometimes used 'embodiments' of their serostatus (such as medication doses) to either conduct non-verbal disclosure or to catalyze verbal disclosures of their serostatus (Klitzman, 1999).

This study also adds important new findings and theory to the existing literature. One innovation is the identification of a set of broad behavioral strategies that characterize

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men's approach to issues of serostatus disclosure with sexual partners – strategies that are highly bound-up with the men's sexual practices. To date, this conception of serostatus disclosure practices with sexual partners has not been described in detail within the published literature – a fact that speaks to the power and importance of qualitative methods for developing rich understandings of highly complex and dynamic processes. Existing studies tend to conceptualize serostatus disclosure as a singular act of telling or signification – either men disclose (or signify) their serostatus to their sexual partners, or they don't. This notion is evident within quantitative studies of serostatus disclosure, but also many of the limited qualitative studies of disclosure. Most previous studies have therefore been concerned with factors that predict whether or not men verbally disclose to their partners, reasons to tell or not to tell, or the differential impact of disclosure and non-disclosure on sexual practices. The closest example to the conception of serostatus disclosure practices offered by the present study is that of Siegel et al. (1998), who developed a typology of strategies that HIV seropositive gay men used to manage HIV/AIDS stigma and prejudice in their lives. Their research also identified behavioral practices such as gradual disclosure after "testing the waters" with others, and choosing to primarily affiliate with seropositive peers or other supportive individuals, but they grounded their work in the broader context of men's lives and their negotiation of HIV/AIDS stigma. It must also be noted that Marks & Crepaz (2001) speculated that some men may pursue a strategy of "uninformed protection," in which the men practice safer sex but forgo serostatus disclosure, but their data could not speak to this practice. A key implication of this study for the research literature is therefore the importance of

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conducting further exploration of factors related to men's complex serostatus disclosure practices, rather than just dichotomous disclosure behavior.

Another innovation represented within this work lies in its identification of multiple and varied connections between men's disclosure practices and their sexual risk behavior. Existing research has produced mixed results regarding this relationship, although some previous research echoed the understanding in this study that partner serostatus moderated the relationship between serostatus disclosure and sexual practices (Dawson et al., 1994; DeRosa & Marks, 1998; Marks et al., 1991). However, this study underscores how research questions about whether serostatus disclosure is associated with sexual risk-taking can obscure the larger and more fundamental ways that issues of serostatus disclosure may structure men's sexual lives. Concerns and practices regarding serostatus disclosure informed some men's entire approach to sex, dating, and romance. In fact, the question, "is disclosure associated with sexual risk-taking?" presupposes that we are discussing two separate phenomena – yet, some men in this sample overtly stated their ardent belief that sexual-risk taking *is* a disclosure practice. It will be important for future research to recognize the great degree to which serostatus disclosure practices are intertwined with sexual practices. Additional directions for future research will be considered at the end of this chapter.

Implications for Prevention Initiatives and Services

This study contains three important implications for secondary HIV prevention initiatives and services for seropositive gay and bisexual men. First, these programs will need to recognize that the promotion of verbal serostatus disclosure by seropositive men

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will not necessarily be a panacea for HIV prevention efforts. Disclosure with seronegative partners may encourage but will not guarantee the practice of safer sex, and disclosure with seropositive partners may even help facilitate unprotected sex. Further, efforts to promote or encourage serostatus disclosure may tamper with the pervasive serostatus disclosure strategy of "play it safe," in which non-disclosure and safer sex reflexively reinforce one another for some men. These relationships argue against blanket efforts to promote verbal serostatus disclosure as a tool for HIV prevention. At the same time, it is also important to recognize that for many men, the powerful moral mandates that underlie their disclosure strategy of "telling before sex" also underlie their insistence on safer sex practices. Secondary prevention programs and services therefore need to handle issues of serostatus disclosure with great sensitivity and care, so that they can enhance (rather than disrupt) men's *varied* disclosure practices in the name of fostering reduced-risk sexual behavior.

Second, secondary prevention programs should offer HIV seropositive men information to make informed choices about their serostatus disclosure practices, and then provide them with the necessary skills to implement the strategies with which they feel comfortable. The disclosure strategies evidenced by the men in this sample – "tell before sex," "play it safe," "it all depends," "stay positive," "avoid intimacy," and "be indirect" – suggest a diverse set of approaches which men may use to address disclosure issues with sexual partners. Understanding disclosure as a range of practices, rather than as a singular act of telling or not telling, can offer an important point of discussion for men enrolled in prevention programs or support groups. One could conduct a support group or

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behavioral intervention session where participating men are asked to describe and discuss their varied approaches to issues of serostatus disclosure with sexual and romantic partners (such a discussion could also occur in a one-on-one session between a seropositive individual and a therapist or social worker). That discussion could likely elicit many of the strategies identified here, but these strategies could also be offered as points for further discussion if the men themselves do not elaborate them. This discussion and review of the varied serostatus disclosure strategies would demonstrate a range of options for addressing serostatus disclosure issues, and it would also permit a group facilitator or counselor to the ask questions of men such as, "What are the advantages and disadvantages of each strategy?," "What approaches are you using now?", "What approaches would you like *your* sexual partners to use?", "Are there approaches you would like to move towards in the future?", and "If you do want to disclose to a partner, how will you do it?" Appropriate discussion and skills training can then be provided to reinforce men's existing strategies or to assist them in adopting new ones. These discussions move beyond the singular promotion of verbal serostatus disclosure with prospective partners prior to sexual contact.

A third and final implication for secondary prevention programs and is that discussions of HIV serostatus disclosure issues could represent an significant "hook" for drawing seropositive men into secondary prevention activities, as well as an important "door" to addressing broader issues of relevance to their lives and to prevention initiatives. Men in the sample viewed disclosure as a recurrent challenge for which they sought assistance from peers and professionals, and many expressed an interested in learning

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information about the disclosure practices of other men. As a result, the incorporation of discussions of serostatus disclosure within service or prevention programs may help to pique men's interest in participation. Disclosure additionally offers a potentially important route to bring men into a wider conversation about the complex situations regarding sex and intimacy that many men face. Serostatus disclosure practices raise issues of prejudice and rejection, partner selection, handling emotional intimacy, relationship formation, and ethical obligations in disclosure and risk prevention. These types of conversations could be very rich and highly relevant to many seropositive men. Efforts to encourage verbal serostatus disclosure may not guarantee safer sex, but discussions of serostatus disclosure practices do represent a magnet to draw gay and bisexual men into prevention initiatives, as well as a tool for helping address the complex concerns that lie at the juncture of sex, intimacy, and risk reduction.

Limitations of the Study

The results of this study must be read through three primary limitations associated with the methods and research data it employed: the age of the interviews, the scope of the interviews, and the nature of the study sample. First, the broad historical and social context surrounding HIV/AIDS has shifted since the interviews were conducted in 1997. The data was collected at the dawn of a seminal shift in the course of the HIV/AIDS epidemic: the advent of combination therapy with protease inhibitors. The new treatment regimens caused AIDS-related morality to drop dramatically at the end of the 1990s and through the first years of the new millennium, and these treatments greatly improved the health and well-being of many seropositive individuals. This sparked a sea-change in

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perspectives on HIV/AIDS, as many began to view the illness as more of a chronic condition than a terminal disease. Other important and related societal changes have also been evident in recent years, such as the rise of almost-omnipresent advertisements for HIV/AIDS medications within urban areas, the "barebacking" phenomenon among some gay men, and the growth of the Internet as a route for meeting sexual and dating partners.

The importance of the shifting social and historical context for HIV/AIDS has been evident in recent epidemiological data regarding HIV/AIDS and sexually transmitted diseases among men who have sex with men. Increases in syphilis and HIV infections have recently been documented among gay men living in metropolitan areas throughout the nation (CDC, 1999a, 1999b, 2001c, 2002b). These trends appear to be related in part to the availability of more effective HIV/AIDS treatments, which may convey a false sense of security to both HIV seropositive and seronegative individuals regarding the likelihood of HIV transmission and the seriousness of infection (Kalichman et al., 1998; Kelly et al., 1998; Ostrow et al., 2002; Remien et al., 1998; Suarez et al., 2001). Such perceptions are also overlaid with an important cohort effect, in that today's younger gay men never witnessed firsthand the devastating effects of AIDS, with its accompanying opportunistic infections and many deaths in their communities. This almost certainly impacts upon the seriousness that these men accord to HIV/AIDS illness.

The shifting social context for HIV/AIDS may have also changed the landscape regarding stigma and serostatus disclosure. This study found that medications already factored into the disclosure practices of some men, who used their pill doses as vehicles for disclosure with others. It may also be that the development of more effective

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treatments for HIV/AIDS has helped to reduce the stigma associated with the illness, as it is now considered a more manageable, rather than fatal, disease. On one hand, potential reductions in stigma could make it easier or more likely for seropositive men to disclose their status to sexual partners. On the other hand, effective medications could actually reduce interest in serostatus disclosure among gay men, since many may feel that HIV is no longer a serious illness to worry about or take precautions against. In addition to these issues, men who use increasingly-proliferating Internet chat rooms or on-line services to meet partners have a new means to address issues of disclosure "up-front," by being able to identify themselves on-line as seropositive (or not), or participating in forums for strictly for seropositive men. Because the interview data in this study were collected at the very beginning of these social trends, they may not capture some of the dynamics that have unfolded since that time.

The age of the interviews, however, does not completely invalidate the results of the study. It is notable that many of the study results mirror previous (and even recent) findings within the published research literature. It was also instructive to review the results of the study with the two seropositive men who served as an "interpretive community" for this project, as they reported that they shared many of the same concerns in 2003 that participants had expressed back in 1997. One of these men even expressed surprise over learning that the data had been collected earlier, although he noted in retrospect that this fact helped him to understand why a participant like Manny would use a phone service to meet men, rather than the Internet. The perspectives of the study's small interpretive community cannot assure that the results are fully valid and relevant to

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the concerns of today. However, they do indicate that at least some men found present-day relevance within the study data, despite the limitations presented by its age.

A second limitation to the study lies in the use of existing research data. Although the SUMS data provided an exceptional window into the sexual and disclosure practices of HIV seropositive men, questions regarding serostatus disclosure practices formed only one small part of the larger interview protocol. This situation conferred the benefit of understanding disclosure in the broader context of the men's sex lives (indeed, participants related concerns and practices regarding serostatus disclosure throughout all elements of the interview, and not just within the section devoted to disclosure), but it also meant that limited time and effort was expended on specifically exploring men's disclosure practices in great detail within the interviews. The interview protocol also did not ask extensive questions regarding the general lifestyle, personality, or background of study participants, which limited the utility of the interview data for the biographical analysis conducted for this study. Furthermore, the transcription of the study interviews was often conducted at a level of detail that did not include the subtle details of interviewer and participant speech (e.g., pauses, 'ums,' 'ahs', and 'uh-huhs,' etc.), which would have been highly desirable for the conduct of this study's discursive analysis. Finally, the 'static' portraits provided by the interviews did not permit the opportunity to return to the participants to further explore issues of disclosure, or to solicit their feedback on the emerging study results.

A third limitation to the study lies in the sample of interviews selected for this project. A small set of 21 SUMS interviews was purposely selected to assist with the extensive forms of data analysis that were conducted in this study. That number of

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interviews was sufficient to answer the study questions, develop new insights, and draw important lessons regarding serostatus disclosure practices. However, it is important to recognize that the set of interviews selected for this study was neither representative of the full group of SUMS participants, nor the larger population of HIV seropositive men who have sex with men. The small number of interviews selected for this study do not reflect the larger sample of SUMS participants because they are derived solely from New York City participants (a decision which was made to heighten the author's connection to the data collection efforts). It is therefore possible that SUMS participants from San Francisco may have experiences and perspectives on disclosure that diverge from those reported here. There is also the potential that the interviews in this sample are not fully representative of the SUMS interviews from New York. Although the interviews were selected in a manner designed to emulate the ethnic diversity of the parent SUMS sample, the inclusion of five interviews conducted personally by the study author could have introduced some form of bias.

One must also use caution in applying the findings of this study to the general population of HIV seropositive men who have sex with men, and more particularly to the general population of seropositive men who identify as gay. The sampling strategy for the SUMS aimed to diversify the sample by recruiting participants from a variety of venues and locations, including AIDS service organizations, gay bars, nightclubs, community groups, bath houses, and cruising areas of public parks. As such, the SUMS sampling approach was never designed to guarantee that it's participants were representative of the general population of HIV seropositive men who have sex with men – a limitation which

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the present study necessarily shares. Furthermore, the sampling strategy for the SUMS (and thus the present study) included men who were not strictly gay-identified, and who may not have been well integrated into gay communities or HIV/AIDS services. This is a powerful advantage of the sample – it's ability to have reached deeply marginalized men who may not typically be represented within research studies – but this fact must also be recognized when interpreting the study findings and attempting to relate them to the population of HIV seropositive men who identify as gay.

Future Research

This research opens up a wide variety of questions that should be addressed through future research studies. For example:

- What are the demographic and social-cognitive correlates of men who engage in different types of disclosure strategies?
- What roles do the length of time since testing seropositive and personal adjustment or acceptance of one's serostatus play in disclosure practices?
- How are disclosure practices with sexual and romantic partners related to and/or distinct from disclosure practices with other types of individuals (e.g., friends, family, etc.)?

Studies of serostatus disclosure practices also may be highly informed by investigations of these dynamics across different seropositive populations:

- What disclosure practices are evidenced among other groups of seropositive individuals, such as injection drug users, heterosexual women, adolescents, etc., and how to they compare with those of gay and bisexual men?

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- How do HIV negative men approach issues of disclosure with themselves and their partners?

Shifts in the social context of HIV/AIDS since the study's data was collected additionally argue for further research:

- How has the development of new and more effective treatments for HIV/AIDS affected perceptions of stigma and disclosure practices?
- How do men use the Internet to negotiate issues of serostatus disclosure?

It will also be important to ask questions about how to help men address issues of serostatus disclosure:

- Could brief interventions be developed that would help men develop approaches to serostatus disclosure with which they feel comfortable?
- How would HIV seronegative men prefer to have seropositive men address issues of serostatus disclosure? How would HIV seropositive men prefer seronegative men to approach these issues?

And some larger, contextual questions:

- What are men's attitudes toward dating seroconcordant vs. serodiscordant partners, and what implications do these attitudes hold for partner selection and relationship formation among gay men?
- How does HIV/AIDS stigma shape the sexual lives of seropositive men (including their disclosure practices), and does perceived stigma relate to sexual risk practices?

Indeed, this work generally highlights the importance of addressing the other HIV/AIDS

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epidemic – the "epidemic of stigma" (Herek & Glunt, 1988). The stigma and prejudice that accompany HIV/AIDS provide the primary context that can endow HIV serostatus disclosure issues with such significance and thorniness for seropositive men. Since prejudice and rejection inform disclosure practices, and disclosure practices are closely related to sexual practices, it becomes clear that stigma is a powerful factor in men's sexual lives and relationships. In addition to helping men address the challenge of disclosure, we must not lose sight of the broader goal of challenging societal prejudice and fighting HIV/AIDS stigma.

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Appendix

Seropositive Urban Men's Study (SUMS) Interview Protocol

Introduction

We are interviewing gay and bisexual men who have HIV to get a better understanding of how HIV has impacted their lives and in particular their sexual behaviors. Your comments will be helpful in developing services for HIV-positive men. There are no right or wrong answers to any of the questions we ask; we just want to hear your thoughts and your experiences. All information that you tell me during this interview will be treated confidentially, to the extent provided by law. Your name will not be attached to your responses and only members of the research team will have access to the interview tape and transcript. Do you have any questions?

A. Introductory Questions

A1. How did you hear about this study?

A2. What made you decide to participate in this study?

A3. How would you describe your sexual identity-- gay, bisexual, straight, or in some other way? (Use whatever term respondent uses to describe himself in wording subsequent questions)

A4. When did you first find out you were HIV+?

A5. How has your life been affected by being HIV+? What have been the biggest changes in your life since finding out you were HIV+?

A6. How supported or accepted do you feel as an HIV+ gay or bisexual man in your

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community? (Probe for what he defines as his community/communities and how much he feels a part of particular communities he mentions)

A7. What is your current situation in terms of relationships-- are you single, do you have a boyfriend, are you seeing several people, whatever? [Probe depending on what his situation is] How long has this been the case? i.e., How long have you been in this relationship?, etc.

B. Choosing Partners

B1. People meet their sex partners in all sorts of ways, at bars, through friends, personal ads, sex clubs, on the street, etc. Could you tell me where you met your sex partners in the past 6 months?

B2. What do you look for in a sex partner? Probe: Is HIV status a factor? Why or why not?

C. Relationship Issues

C1. How does your HIV status affect how you feel about dating or having a boyfriend?

C2. How is having sex with a boyfriend (or whatever term respondent uses) different from having sex with others, such as casual partners or one-night stands?

D. Roles/Meanings of Sex

D1. Sex can serve a variety of purposes or roles in a person's life, and having sex can mean different things to different people. Even for the same person, sex can have different meanings at different times. What roles would you say sex plays in your life? What meanings does sex have for you? (Clarification probe: What needs or desires does having sex satisfy for you?) (Probe for as many meanings as possible:

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Are there any other roles or meanings?)

D2. How has your cultural, ethnic or religious background contributed to this?

E. Changes Since Becoming HIV Positive

E1. How has being HIV-positive affected your sex life? (Clarification probe: Please tell me about any changes in your sex life that may have occurred since you learned that you had HIV?)

E2. How does the HIV status of your partner affect your sexual behaviors? Why?

F. Sexual Activity

F1. About how many different people have you had sex with in the past 6 months? (If necessary: By "sex", we mean any kind of activity where you touch your partner and become sexually aroused to the point where you or your partner could ejaculate).

- About how many of these partners were male?

- About how many of these partners were female?

- About how many of these partners were transgenders?

G. Specific Sexual Interactions

We've been talking about general issues regarding sex and relationships. Now I'd like to talk about specific sexual encounters you've had. First, I'd like to focus on your most recent sexual experience. When did you last have sex with a man? (If necessary: By "sex", we mean any kind of activity where you touch your partner and become sexually aroused to the point where you or your partner could ejaculate).

We are interested in how the sexual interactions of gay men happen. Could you

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think back now and try to remember that sexual experience as vividly as you can, and tell me the story of how it happened? Try to remember when it happened, what you were doing, what you were thinking and tell me the story of how it happened.

(Let interviewee describe the episode. Listen for answers to each of the following questions. Once interviewee's story is told, probe for any questions not answered).

Probes for Sexual Interactions

Time:

When did it occur?

Place/Context:

Where did you meet your partner (that day)?

What were you doing at the time?

How were you feeling emotionally at that time (earlier that day prior to the sexual encounter)? What kind of mood were you in?

Were you expecting to have sex?

Where did the sex occur?

Partner:

Tell me more about your partner. I don't need to know his name, just something about who he was (Probe for age and race).

How long had you known him?

How would you describe your relationship with him?

What was your past sexual experience with him?

What attracted you to him?

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Sexual Behavior:

How did the sexual behavior happen?

What kinds of sexual behaviors did you do? (Probe for details!)

How did it happen you ended up doing that?

Thoughts during sex:

What was going through your mind while you were having sex? What were you thinking about while you were having sex?

Emotions after sex:

How did you feel after having sex?

(If not obvious) How do you feel about it now?

Alcohol/Drugs:

Did you or your partner use alcohol or recreational drugs prior to or during the encounter? (Probe: What drugs were used?)

How drunk or high were you?

After he tells his story, ask these questions about the encounter:

What needs or desires would you say were satisfied from that sexual encounter? What did you like about the experience?

What needs or desires would you say were not satisfied from that sexual encounter? Was there anything about the experience you felt was missing that you would have wanted, or was there anything that you didn't like?

Was that interaction typical of most of your sexual interactions--or was it unusual for you? In what ways?

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Was this someone that you wanted to see again? Why or why not?

HIV-related questions:

Did the issue of HIV status come up? If so, how? (Probe: Your status? His?)

If not, did you make any assumptions about it?

How did you or your partner's HIV status influence your behaviors, if at all, during the interaction?

Thinking about the sexual behaviors you did, how safe or unsafe with respect to your or your partner's health would you consider them to be?

If considered safe:

What do you feel made the interaction safe?

Did you do anything to insure that the interaction would be safe (verbally, nonverbally, etc.)? What?

Thinking back over the interaction, would you do anything differently, if you could?

If considered unsafe:

What do you feel made the interaction unsafe?

At the time, did you think what you were doing was unsafe? Why do you think that happened? (If alcohol/drugs were involved, but not mentioned, probe: Do you think the drugs or alcohol may have influenced the encounter? In what way?)

What was going through your mind as it was happening?

Thinking back over the interaction, would you do anything differently, if you

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could?

TO ELICIT SECOND SEXUAL INTERACTION:

(*The goal is to get one description of a "safe" interaction and one description of an "unsafe" unprotected anal intercourse with an HIV-negative or unknown partner from each interviewee*)

I'd now like to find out about another sexual interaction.

<u>A. If the first sexual interaction did not include unprotected anal sex:</u>

Since the time you found out you were HIV-positive, did you ever have anal sex without using condoms with someone who was HIV-negative or whose HIV status you did not know?

(*If not*) Since the time you found out you were HIV-positive, have you ever had anal sex without using condoms with someone who was HIV-positive?

(*If yes to either*) As I mentioned with regard to the first experience you told me about, we are interested in how the sexual interactions of gay men happen. Could you think back now and try to remember the last time since you found out you were HIV-positive that you had anal sex without using condoms, and tell me the story of how it happened? Try to remember when it happened, what you were doing, what you were thinking and tell me the story of what happened. (*Listen to story. Use same probes to get details of the encounter.*)

<u>B. If the first sexual interaction did include unprotected anal sex with an unknown or HIV-negative partner:</u>

In the past year, can you think of a time when you had anal sex and used condoms

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with a man who was HIV-negative or whose HIV status you did not know?

(*If not*) In the past year, have you ever had anal sex without using condoms with someone who was HIV-positive?

(*If yes to either*) As I mentioned with regard to the first experience you told me about, we are interested in how sexual interactions happen. Could you think back now and try to remember the most recent time since you found out you were HIV-positive that you had anal sex with condoms, and tell me the story of how it happened? Try to remember when it happened, what you were doing, what you were thinking and tell me the story of what happened. (*Listen to story. Use same probes to get details of the encounter.*)

C. If he had sex with women in past 6 months

You mentioned that you have had sex with a woman in the past six months. Could you think back now and try to remember the most recent time you had sex with a woman, and tell me the story of how it happened? Try to remember when it happened, what you were doing, what you were thinking and tell me the story of how it happened. (*Listen to story. Use same probes to get details of the encounter.*)

H. After the sexual interaction descriptions

H1. What was different for you about the two (or however many) sexual experiences you described? What influenced one to be safe compared to the other which you felt was unsafe? or What influenced you to use condoms in one but not in the other?

If respondent has difficulty comparing the two experiences:

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How is having sex with condoms different for you compared to having sex without condoms?

H2. (If he had sex with a woman:) With regard to your HIV status, how would you compare having sex with a woman with having sex with a man?

I. Maintenance & Temptation

I1. You've told me about one experience where you had safe sex. Thinking about your sexual experiences in general, can you think of anything that helps you to have safer sex? What factors or strategies help you to have safer sex?

I2a. Thinking about the sexual experiences of other HIV+ men, what do you feel are some of the reasons HIV+ men have unprotected sex?

I2b. You've told me about one experience where you had unprotected sex. Thinking about the time since you found out you were HIV-positive, if there were other times you've had unprotected sex, what have been some of the reasons for your having unprotected sex? (If appropriate, probe for unprotected sex with men who were not known to be HIV+. Particularly, probe for examples of unprotected insertive intercourse)

I3. Can you recall any situations in which you have been tempted to have unprotected sex, particularly with men who were HIV-negative or whose HIV status you didn't know?

(If not) Can you recall any situations when you were tempted to have unprotected sex with other HIV-positive men?

I4. (If so) Can you tell me more about those situations? What was going on? Why

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were you tempted?

I5. How have you handled situations in which you've been tempted to have unprotected sex? (Clarification: Do you have any strategies for dealing with those situations?)

I6. How effective have those strategies been for you?

J. Disclosure & Communication

J1. What kinds of issues come up in deciding about whether or not to let a sex partner know about your HIV status? (Clarification probes: What are some of the reasons not to let a sexual partner know about your HIV status? What are some of the reasons to let a sexual partner know about your HIV status?)

J2. Can you describe any strategy or approach you have adopted in dealing with this issue?

J3. When you want a sex partner to know about your HIV status, what are some of the ways you let them know?

J4. How much do you talk about safer sex with your current or most recent boyfriend (or whatever term respondent uses)? What do you talk about?

J5. What has been the impact of these conversations?

K. Treatment Advances for HIV/AIDS

K1. As you may have heard lately, there has been a lot of progress recently in developing new drugs for treating HIV and methods for monitoring HIV. Have you heard about some of the new advances for HIV treatment, such as protease inhibitors and viral load testing?

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K2. Do you have access to any of these new developments?

K3. Are you getting them?

K4. How much do you feel you are/will benefit from them?

K5. Do you feel these new advances are having any effect on your sexual behavior? Could you say more about that?

L. Intervention Ideas

L1. As I mentioned earlier, an important part of what we are trying to do in this study is develop programs that would be helpful for HIV+ gay and bisexual men. Can you tell me what needs you have as an HIV+ man?

L2. Have you ever participated in any programs or activities for gay or bisexual men? Can you tell me about them?

Probes: HIV-related programs? Non HIV-related programs?

- If has not taken part in any such program:

L3. Are there particular reasons why you've never attended such programs? (What kept you from attending?)

L4. Of those programs that were focused on HIV issues, what did you think of it/them?

Probes: What did you like? What did you dislike?

L5. What would you think about a program that was focused on sexual behavior among gay and bisexual men (including HIV risk behavior)?

L6. What about a program that was specifically for HIV+ gay men? What would you want from such a program? (Probe for specific content of interventions. Only if

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necessary, provide examples of potential program content.)

L7. What would make a program like that appealing to you? (Probe for specific incentives)

L8. Based on the issues you told me about during this interview, what type of program do you think would help you to always have safe sex?

L9. What type of program do you think would help other HIV+ men you know?

L10. Do you have any suggestions for what the program should look like in terms of format (e.g., group or individual), structure, set-up, etc.?

L11. What about other factors, such as:

- race or ethnicity (of participants, facilitators)?
- gay-identification (of the program)?
- language(s) used?

Anything else we haven't mentioned?

M. Wrap Up

M1. Those are all the questions I have. Do you have any questions or any additional comments you'd like to make?

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