

# THE HIV-Negative Gay Man

Developing  
Strategies  
for  
Survival  
and  
Emotional  
Well-Being



Steven Ball, MA, MSW, ACSW  
Editor

# **The HIV-Negative Gay Man: Developing Strategies for Survival and Emotional Well-Being**

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For Michael whose faith in me and ongoing passionate support  
helped nurture this book

And to Ben . . . for everything

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## **ABOUT THE EDITOR**

**Steven Ball, MA, MSW, ACSW** is a social worker and psychotherapist in private practice in New York City. For the past decade he has specialized in developing group interventions for marginalized members of the gay community. He is currently a consultant to the HIV Prevention Department at Gay Men's Health Crisis, the oldest and largest AIDS service organization in the world, where he is supervising the development of time limited groups for gay men who are HIV negative, and is a frequent speaker at national conferences, and the author of numerous articles on working with gay men. He is also a drama therapist with an expertise in working with geriatric and persistently mentally ill populations.

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# Foreword

Today any mental health professional who works with large numbers of gay men hears and must address the variety and complexity of emotional reactions of gay men who are HIV negative to living in a community under assault by AIDS. When Walt Odets (1995) began to alert both the general and mental health communities to the realities that men uninfected with HIV have unique psychosocial issues that must be worked through if their emotional health and well being is to be sustained, his ideas and work were reviled and dismissed by many within the gay men's community. There were public declarations that HIV negative men were "whiners" or merely "worried well." Since they were uninfected they did not really have anything to complain about. Some people living with HIV and AIDS were outraged by the assertion that uninfected men had important struggles that also needed to be addressed in order to insure a good quality of life not just for men like them who are infected, but for all of the gay community.

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Michael Shernoff, MSW, is a therapist in private practice in Manhattan, and adjunct lecturer at Hunter College Graduate School of Social Work. He has edited *The Sourcebook on Lesbian/Gay Health Care, Volumes 1 and 2, Counseling Chemically Dependent People With HIV Illness and Human Services for Gay People: Clinical and Community Practice* and coedited (with Walt Odets) *The Second Decade of AIDS: A Mental Health Practice Handbook*. He is a contributing editor to *In the Family* magazine, and a senior consulting editor at the *Journal of Gay & Lesbian Social Services*. His most recent book, *Gay Widowers: Life After the Death of a Partner*, was published in December 1997 by The Harrington Park Press (E-mail: mshernoff @aol.com or at his home page <http://members.aol.com/therapysvc/index.html>).

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As both a psychotherapist and an HIV positive individual, I have recognized for many years the validity of what Odets described, and am saddened by assertions that providing services to the uninfected dilutes efforts to help people who are living with HIV or AIDS. I am concerned that few if any HIV positive professionals or individuals have rallied to identify and provide services for men who are not infected. Uninfected men have been providing services both in volunteer and professional capacities for people with HIV/AIDS since the onset of the epidemic, and it behooves all of us, infected and uninfected alike, to do everything in our power to ensure that no one else becomes infected.

The current divisions in the gay men's community between men who are negative and those who are infected with HIV or ill with AIDS is not new. This division takes many forms. Some positive men, for example, only want to date other positive men and some negative men refuse to go out with anyone who has not tested HIV negative. Historically there have been many efforts on the part of some gay men to distance themselves from other gay men who were different from them. In the very early days of attempting to get a gay rights bill passed by the New York City council, for instance, opponents of the bill asserted that if the bill were to pass, drag queens would be permitted to teach in the schools. (Heaven forbid!!) Some gay activists felt that as a strategy to try and get the bill passed, it would be acceptable to delete protection for transvestites. This position caused a major uproar and was soon abandoned. People who are not into the leather or s/m scenes are embarrassed by the public displays of the leather sexuality at gay pride marches and voice their concerns that only "normal looking" gay people should be public. On certain levels, the split between infected and uninfected men is often nothing more than a continuation of a pattern of distancing oneself from people whom it is threatening to view as, in fact, quite similar to oneself. Responding to concerns of all members is essential for the survival of a vibrant gay men's community.

Both the successes and failures of the early AIDS prevention efforts must necessarily influence the new efforts for keeping men uninfected. Thirteen years ago when I coauthored the first generation of safer sex interventions for gay and bisexual men beginning

with the “Hot, Horny & Healthy: Eroticizing Safer Sex” workshops, I never dreamed that more than a decade later the AIDS plague would still be decimating the gay men’s community. In the mid 1980s most of us doing prevention work with gay men did not have an inkling that there would still be a dire need for prevention programs to help gay men remain uninfected many years after our initial AIDS prevention efforts. But the tragic reality is that HIV and AIDS have become a permanent part of our emotional, social, and sexual landscapes, requiring that a series of essays like this be written.

In the early days of the AIDS epidemic, I failed to grasp that the behavior changes I was attempting to help gay men adopt would need to become permanent and life long. Ah, if I were only able to recapture some of the naivete of those days! Those initial workshops were designed as an immediate response to a sexually transmitted health crisis. I firmly believed then, and continue to believe now, that only by celebrating the normalcy and healthiness of gay men’s needs for social, emotional, and sexual connections with each other could we begin to help men not place themselves or others at risk of becoming infected. When gay men deeply feel good about themselves, good about what they do sexually, and good about their partners, there is a hope and possibility that they will choose not to behave in ways that will continue to transmit HIV. All AIDS prevention efforts aimed at gay men must be unapologetically sex positive and gay positive. This is critically important to help ameliorate the negative impact that a sexually transmitted epidemic is having on many gay men by reinforcing preexisting internalized homophobia and erotophobia. In addition, the centrality of sex as one of the ordinary and essential expressions of our love for each other must never be minimized or under valued.

We have come a long way since the first excruciatingly frightening days of learning how to live with AIDS as an unwelcome intruder in our lives and community. We now know much more about how HIV is transmitted, and there is probably not a gay man alive who doesn’t know that anal sex without a condom is a high risk activity. Yet thousands of men still choose to engage in this behavior, even with men they know are HIV positive or whose HIV status they do not know. It is important not to simply pathologize