Black Gay & Bisexual Men Coping with More Than Just A Disease

Vickie M. Mays, PhD and Susan D. Cochran, PhD

In the press to help those coping with the many demands of the AIDS epidemic, it is sometimes difficult to be cognizant of the ways in which ethnic, cultural, or class differences lend their own nuances to this disease. Like others, Blacks, when affected by AIDS, struggle with profound psychosocial disruption. But they may also experience the pervasive burdens of discrimination in their everyday living, more limited financial resources, inadequate health insurance and access to state-of-the-art health care, and family and community responsibilities present before the disease.

The negative effects of these stressors along with the occurrence of AIDS can be subtle. For example, it is not uncommon for people to assume that problems of ill health, suffering, pain, worry or anxiety will benefit from a smile, a pat on the back or words of encouragement. Yet, if these very gestures are experienced as patronizing or perceived as offered in the place of real efforts to ameliorate the individual’s suffering, they are not comforting. Rather, they serve to remind the individual of the pervasive nature of social inequalities, even at times when there is little reserve to overcome them.

For Black gay and bisexual men, HIV disease presents not only a serious health threat, but also highlights existing sociocultural factors that shape their experiences in the world. 

In some of our intervention efforts, Black gay and bisexual men who use I.V. drugs, may fall between the cracks. Their treatment needs are often not well met in gay-oriented programs that do not understand or focus on issues associated with intravenous drug use or that are not ethnically sensitive. On the other hand, drug treatment programs have in some cities been reluctant to take HIV seropositive individuals. Also, some drug programs embrace philosophies that are perceived by potential clients as homophobic.

Similarly, Black men who do not self-identify as gay, but who do have sex with men, may be especially reluctant to seek AIDS-related services from organizations that do not share their ethnic or cultural perspectives, or understand their sexual activities. Requesting services from such organizations may force the individual to label his behavior as reflecting a group identification that he does not feel. It is important to remember that risk-related behavior is not always associated with a person’s self-identification. Black men may engage in same-sex sexual behavior either as a function of membership in the gay or bisexual community, or in response to situational circumstances, for instance experimenting with sex, hustling to support a drug habit or being imprisoned.

Today, nearly 36 percent of all newly reported AIDS cases in the United States are among Blacks. And the future does not look promising, as the deceleration of syphilis rates noted among White gay men has not occurred among Black gay men.

Psychosocial and Sociocultural Risk Factors

Although statistics suggest that there is reason to be seriously concerned about the HIV threat to Black gay and bisexual men,

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we know very little empirically about their responses to HIV infection or AIDS. What we do know is that some Black gay and bisexual men, as a result of the various risks to which they are exposed because of the multiple social and behavioral community boundaries they may cross, are positioned at the crossroads of HIV transmission. This occurs in several ways.

As men who have sex with other men, Black gay and bisexual men are often participants in the broader gay community in which ethnicity probably reflects the general U.S. population (approximately 84 percent White). In some communities, their contact with White men may more often be in the form of easier access to sex, since racism and classism may preclude other forms of socializing. This limited social interaction may reduce opportunities to share experiences that could lead to behavior change.

On the other hand, for those Black gay and bisexual men who are participants in the overall Black community, in which HIV infection occurs in more diverse segments than in the White community, there may be a greater chance of encountering HIV depending upon their pattern of I.V. drug use and heterosexual sexual behavior.

Finally, as a social grouping itself, Black gay and bisexual men may be more diverse than the White gay community. Some men may identify more closely with the Black community than the gay community; others find their primary emotional affinity with the gay community and not the Black community; and yet another group may identify with a growing Black gay men's community. To the extent that this diversity is reflected in behavioral diversity as well, the chances of potential HIV exposure may be increased.

For Black gay and bisexual men, multiple social groups may make it more likely that risk behavior, whether sexual or needle-sharing, may occur in the presence of HIV. These multiple social groups also have implications for the nature of their social support networks. Black gay and bisexual men may be nested within complex social support networks, which for some may be organized along ethnic, as opposed to gender or sexual orientation, dimensions. Advising some of these men to seek support primarily from other gay men at times of stress can underestimate the diversity of their support resources.

When AIDS Strikes

AIDS gravely taxes the social support network of anyone affected by the disease. For Black gay and bisexual men, the stresses to their support can be influenced by pre-existing sociocultural factors. For example, many AIDS service organizations are located primarily in White neighborhoods and run by Whites. For some Black gay and bisexual men, the burden of coping with AIDS must be shouldered along with the burden of exposing themselves to possible racism. In other words, racist behavior does not have to occur in order for stress to occur. The act alone of putting oneself in a situation where such behavior may happen can be stressful.

Special issues may also arise for Black gay men who are in interracial relationships. For example, healing behaviors, or those things that we do for ourselves and others when someone is sick in order to reduce the physical and emotional distress associated with illness, are often socioculturally based and drawn from our childhood experiences. In one case known to us, a Black gay man with HIV-related illness found that advice from his lover, who had been raised in a traditional White Protestant home, did not jibe with his own expectations of proper care. From the patient's perspective, his lover should have encouraged him to rest, eat traditional Southern food, and withdraw from the demands of the world. In contrast, his lover's advice was to keep active, maintain normal life habits, talk to friends, and minimize expression of distress. Obviously, discrepancies between partners' expectations about healing behaviors do not arise only in interracial relationships, but they are perhaps more likely to occur here because of cultural and sometimes class backgrounds.

For some, the desire to reach out to family may generate a range of emotions related to the conflict between acquired and family ways of living. For example, a Black gay man, whose gay brother died of AIDS, described to the first author his mother's style of caring for her ill son. This included getting rid of her son's vegetarian diet and chasing away his gay friends, whom she did not know, since she perceived them as tiring her son. In their place, she invited friends from his early childhood over to visit. And, seeking redemption for her son, she sought assistance from the minister of her church, who also asked the women of the church to help provide respite care to the mother. As these women cared for the son, they prayed for him. Although the son, at times, was relieved that he was receiving care and was comforted by its cultural familiarity, he was also angry and sad about the loss of his gay lifestyle and friends.

For Black men who turn to Black social networks, such as family, friends and community for assistance, there are other issues as well. One Black gay man with ARC, being seen in therapy by the second author, complained about the stress and fear he felt when he exhibited obvious signs of HIV infection—swearing profusely or frequently using the bathroom—during long community meetings where he was accepted as a presumably heterosexual single male. He was certain that these behaviors would identify him as HIV infected and, therefore, gay. Homophobia might then result in ostracism, undermining his years of efforts in community activism.

Still, not all Black gay or bisexual men in their interface with the overall Black community face the conflicts described above. Many have experiences of acceptance and strong support from family and community members. Poignant in the mind of the first author is a telephone call from a Black mother who wanted to meet the friends of her son who was dying of AIDS, friends whom she did not know. She took comfort in knowing how loved her son was by his friends. Equally comforting was the respite care and emotional resources his friends provided to her and her family both during his illness and after his death. Where there are so few bereavement and family counseling services for Blacks, the support of her son's diverse friends and caretakers was an important intervention for this woman's family.

It is critical that in planning and designing counseling, care and prevention efforts that the role of culture, class and ethnicity is understood well enough to provide effective services to meet the unique and diverse needs of Black gay and bisexual men. Cultural sensitivity means both listening to the diversity in these

The Black C.A.R.E. Project

As part of an effort to document the experiences of Black gay and bisexual men in coping with the threat of HIV infection, the authors have designed a national study of AIDS risk reduction in this segment of the Black community. They are striving to reach a diverse group of Black gay and bisexual men throughout the United States: men who are living in rural or urban areas, men who identify as gay, bisexual or heterosexual (if they engage in same-sex activities), men whose occupations range from never-employed to professionals, and men from the full age spectrum over 18 years old.

Information will be gathered using anonymous questionnaires. The success of reaching this diverse group depends on the participation of not only the Black community but also of both gays and heterosexuals from diverse communities and backgrounds. If you are interested in either participating in the study or disseminating questionnaires, contact Vickie M. Mays, C/o Black Community AIDS Research and Education (Black C.A.R.E.) Project, 1283 Franz Hall, Los Angeles, CA 90024-1563; (213) 825-9858.
men's experiences and becoming aware of how one's own cultural norms shape an understanding of others.

For those involved or interested in providing help to Black gay or bisexual men who are coping with HIV-related issues, effective support must embody an understanding of the realities of these men's everyday lives. The assistance should flow from an understanding of how race, ethnicity, culture, and class function on a daily basis for these men. For those not familiar with Black gay and bisexual men's lives, this is a complex task that may require an inner searching and specialized training, such as supervision or consultation.

Vickie M. Mays, PhD is Director of Black C.A.R.E. and Associate Professor of Clinical Psychology at U.C.L.A. Susan D. Cochran, PhD is Co-Director of Black C.A.R.E. and Associate Professor of Clinical Psychology at California State University, Northridge.

REFERENCES

A complete list of references is available from the authors: Vickie M. Mays, c/o Black C.A.R.E. Project, 1283 Franz Hall, Los Angeles, CA 90024-1563.

Diagnosis/Treatment/Prevention

The Risk of AIDS in Young Gay and Bisexual Males

Paul Gibson, LCSW

Young gay and bisexual males in the United States are becoming aware of and open about their sexuality at an earlier age than ever before. Yet, American society has refused to recognize the existence of homosexuality in the young and has failed to target this group for AIDS prevention efforts. The risk of HIV infection among these young people is directly related to difficulties they face in understanding their sexuality and in gaining acceptance and support from others.

AIDS is an accident waiting to happen to young people. Youth ages 15 to 24 currently account for 5 percent of AIDS cases in the United States, and young adults ages 25 to 29, most of whom were probably infected as youth, comprise another 16 percent of cases. Male homosexual behavior was the route of transmission for two-thirds of cases among youth, ages 15 to 24, according to the Centers for Disease Control (CDC).

Although 75 percent of adolescents engage in sexual intercourse by age 20, the sex-negative attitudes of earlier generations remain: sex is bad, dirty, hidden, and not to be discussed, planned for or desired. One result of these attitudes is "unconscious" sexual behavior, in which young people have sex without taking precautions, and without considering the consequences of these actions until later. This kind of sexual behavior contributes to more than one million unintended teenage pregnancies each year, and the highest rate of sexually transmitted diseases among any age group.

The most rigidly enforced sex-negative value in adolescence is "not to be homosexual." Still, it was estimated in 1973 that 5 percent of males ages 13 to 15 and 17 percent of males ages 16 to 19 had had homosexual experiences. This suggests that more than one million young males may be at risk of HIV infection. Minority gay and bisexual male youth, particularly Blacks and Hispanics, may be at even greater risk. People of color comprise nearly half of AIDS cases in youth ages 15 to 24, and homosexual transmission accounts for 60 percent of cases among Black youth and 52 percent among Hispanic youth.

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