

## Searching for the Meaning of AIDS

### Issues Affecting Seropositive Black Gay Men

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*I'm waitin' on time; time ain't waitin' on me.*

—Michael Anthony Caboose Hayes, Jr.

Black gay men who are seropositive, like others facing life-threatening illness, must learn to cope with the initial knowledge they are infected, as well as continue to adjust over the course of the disease. Coping is difficult physically, emotionally, and spiritually, as indicated by Michael, the 30-year-old seropositive Black gay man quoted above.

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I found out I was HIV positive about 5 years ago. I was really devastated . . . shocked. [It] has really changed my whole, entire life. I mean, it's nothin' you can get rid of. It's something you think about each and every day. . . . It is a bitch. You never forget it for a minute. It is with you 24 hours a day. It's with you in your sleep. It never goes away. It changes your life in ways you don't even know, ways you didn't even know you could. . . .

And it's nothin' to play with. It's *nothin'* to play with! Goin' to the doctor is nothin' to play with. Takin' medication is not nothin' to play with. You just deal with it the best way that *you* know how. . . . Life is meant to be a joy. I didn't know in my life how *bad* I took advantage of life doin' everything I wanted to do. With it [HIV] creepin' up on you—it's not nothin' to play with *at all!* Because you never know when you're gonna get sick. You never know when you might die. . . . It's not a joke. It's a bitch. It is *not* a joke. I've been livin' with that for almost 6 years.

People who experience life-threatening or traumatic events theoretically undergo a cognitive readjustment process that has been proposed by Taylor (1983) as focusing on three themes: a search for meaning in the experience, an effort to regain mastery over the event and one's life, and a desire to enhance one's self-esteem despite the personal setback. Specifically, the search for meaning involves an effort to understand the significance of the event, including what caused it and what meaning life has now. Mastery is reflected in concerns the individual has about how to keep another or similar event from happening and how to manage the current event. The self-enhancement theme represents efforts to find ways to feel good about oneself again, often by comparing oneself with others who have worse problems.

The cognitive adaptation process of interest in the present chapter is the search for meaning. The search for meaning is regarded as a primary human motivation within humanist-existential perspectives (Frankl, 1984; Lerner, 1980). This view implies that sense *can* be made of the negative outcome. Traumatic events are believed to initiate a search for meaning among survivors because they often shatter people's views that the world is understandable and orderly (Janoff-Bulman, 1992). Finding meaning in life's misfortunes represents an adaptive coping strategy that has been shown to restore or maintain psychological and physical health among many types of trauma survivors, including

cancer patients (Taylor, Lichtman, & Wood, 1984) and incest victims (Silver, Boon, & Stones, 1983).

One critically important source of the meaning attributed to any traumatic event derives from its sociocultural context, including widely held beliefs about the particular traumatic event (Lebowitz & Roth, 1990). Also relevant is the extent to which stigmatization of the person affects coping (see Chapter 2). In addition, whether an individual is able to derive meaning from the trauma is believed to be determined by the interaction of multiple forces, including the person's life history, his or her personal resources, the specific characteristics of the traumatic event, and social discrimination and poverty (e.g., Horowitz, 1979; Kalichman, 1995; McCann & Pearlman, 1990).

The first goal in the present chapter is to explore how the sociocultural context inhabited by seropositive Black gay men potentially affects their search for meaning. Second, quotes from in-depth interviews with a small group of seropositive Black gay men will be used to illustrate themes related to the search for meaning; these quotes will be compared to those found in previous research on seropositive White gay men (Schaefer & Coleman, 1992; Schwartzberg, 1993).

### ■ Sociocultural Context of AIDS for Black Gay Men

Understanding the sociocultural context of AIDS is important for both the prevention and treatment of HIV infection among Black gay men, who are in a relatively high-risk group for contracting HIV. Estimates indicate that one of every 33 Black men between the ages of 27 and 39 in the United States may be infected (Rosenberg, 1995). Among Blacks, male same-sex activity is the most common form of transmission of AIDS/HIV cases, including 39% of actual AIDS cases and 32% of cases of HIV infection (Centers for Disease Control and Prevention [CDC], 1996a). Male-male sexual contact combined with injection drug use is the source of exposure for another 8% of AIDS cases and 5% of HIV infections. In contrast, about 36% of AIDS cases and 22% of HIV infections among Black men were reported to be due solely to injection drug use, and only 6% of AIDS cases and 9% of HIV infections were attributed to heterosexual contact (CDC, 1996a).

Although male-male sexual contact clearly represents a significant risk factor for HIV among Blacks, public awareness and prevention cam-

paigns virtually have ignored Black gay men. Homophobic attitudes have been linked to the perception originally held by ethnic minority groups that AIDS was a White man's disease (Peterson, 1995; Peterson & Marin, 1988). Denial of the existence of homosexuality within ethnic minorities has been noted for Black, Asian, and Hispanic American communities. Homosexuality tends to be equated with a rejection of fundamental cultural values within these groups and may be stigmatized as "immoral," "disgusting," or "sick" among ethnic minorities even more so than in mainstream White culture (Chan, 1995; Icard, 1986; Mays, Cochran, & Rhue, 1993; Savin-Williams, 1996; Tremble, Schneider, & Appathurai, 1989). For Black Americans specifically, social norms have required that homosexuality not be explicitly acknowledged (Peterson, 1992, 1995). Consequently, HIV transmission in Black communities has been primarily regarded as a problem among injection drug users and their heterosexual partners, which was also identified as the transmission route to infants and children (Peterson, 1995). HIV-related programs in the White community neglected Black gay men as well. White gay men have organized very strong community responses to HIV in urban areas; however, little attention has been placed on Black gay men by most of these efforts (Peterson, 1995).

The stigmatization of homosexuality by ethnic minority cultures contributes to the development of a dual identity for gay men and lesbians of color (e.g., Chan, 1993; Espin, 1993; Loiacano, 1993; Marin, 1989) and is likely to have important consequences for how Black gay men cope with AIDS. To be gay is to reject traditional family roles and cultural values and, subsequently, to be perceived within the ethnic minority community as having assimilated oneself into White culture (Loiacano, 1993). Thus, ethnic minority individuals who openly identify themselves as gay or lesbian may risk losing the support of their community. On the other hand, to identify oneself as Asian, Hispanic, or Black may require negating one's gay identity within the family and community. A dual identity is also reinforced within White gay communities, where Black gay men and lesbians may obtain support for their sexual orientation but may be stigmatized due to their race (Icard, 1986; Savin-Williams, 1996).

The stigma associated with homosexuality among Blacks has one other significant consequence. Black men who have engaged in male-male sexual contact have been found less likely than other groups to

classify themselves as homosexual (e.g., Stokes, McKirnan, & Burzette, 1993). Some of these men prefer to classify themselves as bisexual; others may label themselves as heterosexual, particularly if they assume the traditional masculine role in their same-sex contacts such as being the inserter during oral or anal sex. Discomfort with one's homosexual or bisexual behavior has been found to be associated with high-risk sexual behavior among Black men (Mays, Cochran, & Bellinger, 1992; Peterson et al., 1992). Thus, the stigma of homosexuality may influence Black gay men to take fewer precautions than others to protect themselves or others from HIV infection. In addition, Black men who label themselves as gay may represent only a subset of the population of Black men who have sex with men.

A seropositive HIV status adds an additional stigma with which Black gay men must contend. People with HIV/AIDS report that one of the primary problems they face is dealing with the stigmatizing consequences of the disease (Siegel & Krauss, 1991). Because a stigma is "an attribute that is deeply discrediting" (Goffman, 1963, p. 3), stigmatized individuals are viewed as possessing characteristics that others use to devalue them and that are used as a basis for avoiding or excluding them (see Chapter 2). The consequences of AIDS-related stigma include social isolation from friends and family, negative emotions such as depression, hostility, and anxiety, and symptom severity (Chapter 2). Thus, seropositive Black gay men must cope with the trauma of having a potentially fatal disease as well as occupying three stigmatized identities—being seropositive, Black, and gay.

An important issue to explore for understanding the experience of seropositive Black gay men is how occupying multiple stigmatized identities affects coping with HIV. Research has not yet focused specifically on this topic. Instead, the available research on stigma documents prejudice based on the assumed singleness of identity. Race, gender, sexual orientation, and disability have all been studied separately, but seldom has there been a study dealing with a cross-section of these. Each stigma has been associated individually with negative interpersonal and economic outcomes (Crocker & Major, 1989), so a possible consequence of multiple stigmas may be to intensify stress and impair functioning. However, the effect of bearing several stigmas may not necessarily be additive. Some research indicates that members of stigmatized groups may develop ways of reacting to prejudice that are self-protective and that con-

tinue to maintain high self-esteem (Crocker & Major). Consequently, in at least some cases, it may be that prior experience with one stigma would make it easier to cope with additional stigmas. For example, in Chapter 3, Collins reports that gay pride and involvement with the gay community provided White gay men with a unique resource that positively affected adjustment and coping with HIV.

One factor that may affect coping with multiple stigmas is whether they are visible or, if not, whether they have been disclosed. Because race is a visible stigma, stereotyping, prejudice, and discrimination against Blacks is likely to cause many Black gay men to identify more strongly with the Black community than the White gay community (Icard, 1986; Johnson, 1987). In contrast, being gay or having HIV (unless one is in the later stages of AIDS) are concealable stigmas. Subsequently, many Black gay men may choose to conceal their gay identity within the Black community. Concealment of homosexuality has been found to increase the likelihood that Black gay men will engage in high-risk sexual behavior (Peterson et al., 1992). Concealment of a seropositive status may also be chosen as a way of avoiding rejection by prospective sexual partners, as well as family (Hoff, McKusick, Hilliard, & Coates, 1992). Those who conceal both identities may eventually be forced to disclose both simultaneously, increasing the stressfulness of the disclosure. As with other gay men and seropositive individuals, disclosure may lead to loss of support from family and friends. However, Black gay men with HIV risk losing community support that provides a buffer or refuge from racism, as well.

Other sources of stress that have been identified as having an impact on coping with HIV include economic hardship due to racism, a history of sexual abuse, and trauma due to bereavement. Economic hardship such as lack of employment opportunities due to racism or sexual abuse history has been associated with high-risk sexual behaviors. Individuals who have been prevented from obtaining a sense of belonging or achievement through economic means might realize these motives through increased or indiscriminate sexual activity (Fullilove, Fullilove, Haynes, & Gross, 1990). Gay men who were sexually abused as children or adolescents have been found to more frequently use psychoactive and injection drugs, attempt suicide, engage in unprotected anal sex, and receive mental health counseling and hospitalization than nonabused men (Bartholow et al., 1994). Bereavement due to HIV has been shown to increase the number of mental health problems among gay men, in-

cluding sleep problems, recreational drug use, depression, and demoralization (Martin, 1988). The number of losses and distress resulting from loss may have adverse effects on the immune system, as well (Kemeny et al., 1994). Additional stressors that have not been studied but that reasonably might affect coping include child abuse, domestic violence, or other victimization.

The church is one institution within the Black community that has the potential for helping seropositive Black gay men deal with multiple stigmas and the trauma of HIV. Evidence indicates that Blacks tend to use religion more often than Whites to cope with a variety of problems, including HIV (e.g., Jackson, Neighbors, & Gurin, 1986; Jenkins, 1995). Research also shows that religious coping potentially contributes to a sense of well-being, ameliorates distress, and helps people to reinterpret the meaning of stressful life events in a positive way (e.g., Pargament et al., 1990; Reed, 1987). However, religious teaching has also been identified as a source of intolerance toward people with HIV and homosexuals (Bell, 1991; Worth, 1990). To the extent that intolerance is a part of church teaching within the Black community, Black gay men with HIV will be deprived of an important source of support. Given the high rates of HIV among Blacks, it may be especially crucial for Black religious organizations to lead the way in developing grassroots advocacy and support programs for people with HIV. In some communities, Black churches have been slow to respond to this need (Shelp, DuBose, & Sunderland, 1990).

The White gay community is a second potential source of support for seropositive Black gay men, one that has been limited in the past by social prejudice and institutional discrimination against Blacks. Discrimination by White gay and lesbian communities has been ranked as one of the most persistent problems ethnic gays and lesbians experience (DeMarco, 1983; Mays et al., 1993; Morales, 1983). If ethnic gays and lesbians are accepted by the White community, they may be expected to place their sexual identity foremost in their lives and to minimize their racial concerns (Savin-Williams, 1996). In regard to AIDS outreach, some urban White gay communities have only recently begun to target Black gay men and other ethnic groups specifically (Peterson, 1995). As a result, the resources of the White gay community may not be readily available to seropositive Black gay men.

In sum, seropositive Black gay men inhabit a unique sociocultural context that could reasonably be expected to affect the cognitive read-

justment process believed to occur when individuals experience a traumatic event. Aspects of the sociocultural context that were introduced as potentially playing a role in Black gay men's search to understand the meaning of an HIV positive diagnosis included how the stigma associated with homosexuality and HIV within the Black community affects Black gay men's identity, the effect of multiple stigmatizations on coping, the impact of other sources of stress such as racism, and the response of Black churches and the White gay community to the problem of HIV among Black gay men. The preceding discussion suggests that, due to sociocultural influences, the search for meaning among seropositive Black gay men may not be directly parallel to that of White gay men, who more often have been the target of empirical research.

### ■ The Search for Meaning

In this section, we will describe themes present in the search for meaning among a small group of seropositive Black gay men. Two studies have focused specifically on how HIV affects beliefs about the meaning and value of life; both used in-depth interviews with mostly White gay men (Schaefer & Coleman, 1992; Schwartzberg, 1993). The intent here is to compare the sample characteristics and responses of Black gay men participants with those of White gay men studied previously to provide greater understanding of how seropositive Black gay men cope with HIV.

Schwartzberg (1993) focused on the effect of HIV on gay men's beliefs about the world and themselves, using qualitative analyses of interviews with 19 participants who were recruited by word of mouth, by flyers, and by the researcher personally. Sixteen of the participants were White, 2 were Black, and 1 was Hispanic. Ages ranged from 27 to 50 years (median age was 40 years old). Almost all were economically stable and well educated. Fourteen had a college or graduate degree and 4 of the remaining 5 had some college education.

Schaefer and Coleman (1992) examined the specific meanings associated with HIV among 20 seropositive White gay men who were recruited from an HIV clinic at a midwestern university medical center. All were White, between the ages of 20 and 55 years (median age was 36 years old), and well educated. Sixteen had some technical or college education and 5 had a bachelor's or master's degree. The sample was eco-

nomically stable and employed in middle-class occupations such as service, technical, management, and professional jobs; some owned small businesses.

In contrast, the 13 seropositive gay men interviewed by the author in the present study were Black, younger, less affluent, and less educated, reflecting a different sociocultural context. All participants identified themselves as gay and had sought treatment or services at one time from Blacks Assisting Blacks Against AIDS (BABAA) in St. Louis, Missouri. Individuals were invited to participate in the research through BABAA directly, were referred by a private therapist who was connected with the organization, or learned about the research through word of mouth. The participants ranged in age from 20 to 40 years (median age was 28 years old), and all identified themselves as gay. The group was predominantly working class or lower middle class as reflected by their education and occupation. Three had completed some high school, 2 were high school graduates, and 7 had completed some college. Only 1 was a college graduate. Participants' occupations included clerk (fast food, store, or government), waiter/food service, janitor, truck driver, electrician, machine operator, graphic artist, floral designer, and female impersonator.

It is reasonable to speculate that the material and psychological circumstances for the Black gay men prior to HIV diagnosis were significantly more limited than those of the White gay men sampled by Schwartzberg (1993) and Schaefer and Coleman (1992), given their current socioeconomic differences. If so, Black gay men's ability to find meaning in the experience of being seropositive may be expected to have been adversely affected by those limitations. Repeated traumatization has been shown to result in emotional reactions such as fear, anxiety, depression, self-esteem disturbances, anger, guilt, and shame, as well as behavioral problems like aggressive and suicidal behavior, substance abuse and impaired social functioning, and interpersonal problems (McCann, Sakheim, & Abrahamson, 1988). Most of the Black gay men who were interviewed described numerous experiences with economic hardship, psychological trauma, or drug use that may have been less common among White middle-class gay men. For example, parental child abuse led to two of the Black gay men being placed in foster homes as children; two others were raised by relatives. Four men reported having been sexually abused as children. Two repeatedly had attempted suicide before testing HIV positive. Five participants indicated that they

had been addicted to drugs (alcohol, cocaine, crack, and marijuana) before learning of their HIV status. Seven men described having been in at least one physically abusive relationship in the past. Two had been the targets of serious gay bashings involving sexual assault and multiple injuries requiring hospitalization. Thus, it is possible that these events would have inhibited or forestalled the search for meaning among the seropositive Black gay men interviewed here.

The current study was exploratory in nature, similar to the research by Schaefer and Coleman (1992) and Schwartzberg (1993). The basic question guiding it was, "How does HIV affect the meaning of life?" Views of the self, others, and race were explored in this context. The goals of the research were to identify (a) the global meaning of HIV for participants, comparable to Schwartzberg (1993); and (b) specific meanings of HIV for Black gay men, similar to Schaefer and Coleman (1992). The semistructured interviews with seropositive Black gay men focused on the following areas: the sociocultural context surrounding diagnosis, including family and community support and relations with the White gay community; impact on relationships; openness about sexual orientation; current adjustment and self-image; benefits and costs of HIV; and views of the future. Questions were also asked about other psychosocial stressors that might affect coping (e.g., poverty, drug use, sexual abuse, AIDS-related bereavement). Interviews were conducted at the participant's home or a venue of his choosing and generally lasted from 1 to 2 hours. Interviews were tape-recorded and transcribed. The methods and results are described and compared to Schwartzberg (1993) and Schaefer and Coleman (1992) below.

### ■ Global Meaning of HIV

The method used by Schwartzberg (1993) to investigate the global meaning of HIV was similar to that employed in the present research. Schwartzberg asked open-ended questions focusing on the participant's gay identity; relationships; HIV-related changes in sexual behaviors and attitudes; psychosocial adaptation to HIV; issues of mortality, death, and illness; medical concerns; experiences with grief and bereavement; AIDS in the gay community; spirituality; and substance use. The interviews in Schwartzberg's study (as well as in the present study) were then exam-

ined to see what general trends were revealed in participants' ability to find meaning in HIV. Participants' affective presentation, consistency of the material reported, and recurrent themes over the course of the interview were also used to assess general patterns.

Four global patterns of meaning were identified by Schwartzberg (1993) and used to classify the mostly White participants, including high meaning, defensive meaning, shattered meaning, and irrelevant meaning. Those who ascribed high meaning to HIV were individuals able to transform the despair of a potential "death sentence" into an opportunity for personal growth. These men felt that HIV was, paradoxically, a thing of value, a chance to discover an inner potential or strength of which they had not been aware. White gay men in the defensive meaning group spoke positively of HIV as a catalyst for personal growth, but the growth seemed superficial. Often, they viewed HIV as a punishment, a representation of HIV that was at odds with their boasts of great personal change. They gave the impression that their belief in their transformed self would not sustain them in a crisis. Participants in the shattered meaning group did not have a meaningful framework for their HIV infection. They had asked "Why me?" but no satisfying answer was found. They were embittered and depressed and also suffered from unresolved grief due to bereavement from AIDS losses. Those in the irrelevant meaning group perceived HIV as not having had much impact on how they understood their world. They insisted AIDS had not changed them in any way. They compartmentalized their infection so that it was not a dominant aspect of their identity.

In the present study, following Schwartzberg (1993), interviews were examined to answer the question, "What overall patterns were there in participants' ability to find meaning in HIV and AIDS?" Global trends in participants' responses to AIDS were examined, including the consistency of statements, themes recurring over the course of the interview, and the participant's emotional state. The four categories of meaning derived by Schwartzberg were used by the author to group participants' responses: high, defensive, shattered, and irrelevant.

The Black gay men were distributed about evenly across the four categories, similar to Schwartzberg (1993). A profile from one participant per category is given below to illustrate each category.

*Group 1: High Meaning (4 of 13).* Similar to 7 of Schwartzberg's (1993) 19 participants, 4 of the seropositive Black gay men were able to

transform the enormous upheaval of learning of their HIV infection into an opportunity to shape their life in a more meaningful direction. The ability to find high meaning appeared to transcend the participants' actual health status. One of the 4 was asymptomatic, 1 had had several medical indicators of HIV (e.g., thrush, bronchitis) but was stable, and 2 had more serious medical conditions. Each of the 4 believed that HIV was something that tapped a deeper or more spiritual part of themselves, providing them with a calling that required them to help or love others.

Marcus (31 years old) explained, "I am a strong believer in fate," as he recalled having his fortune told in 1984 by a woman who said, "You're gonna get a disease from loving a man." In 1988, another omen occurred when a stranger remarked to him, "I see you in the ministry in a grey suit. An AIDS ministry." Marcus responded to these and other similar incidents by asking God "not to use me in AIDS," but went on to state,

God often uses you in the way you fear most . . . [but] it seemed it was inevitable. I would have to accept the call. If I didn't tell others about my situation [after learning about his HIV status], I would truly die. At that moment I understood what healing truly is. I had to let go of any animosity I had toward people. I felt like, "This is my time. This is my chosen path."

Being able to give to others granted the men a sense of worth that compensated for any real or imagined failure, hardships endured, self-blame, or dependency on others due to HIV. For 2 of the men, supportive relationships were present before HIV diagnosis; in fact, 1 (Mr. N) had cofounded BABAA before he was infected. For the other 2, the experience of giving and receiving love did not occur until after HIV. A profile from this group is presented in Table 4.1A.

*Group 2: Defensive Meaning (4 of 13).* Four Black gay men who were grouped in the defensive meaning category appeared to be struggling with strongly contradictory or ambivalent feelings about HIV, comparable to 3 of the men interviewed by Schwartzberg (1993). These men indicated that being HIV positive had resulted in significant personal growth; at the same time, their responses conveyed considerable anger, regret, and fear. They wanted to believe good would ultimately outweigh the negative aspects of HIV, but simultaneously expressed serious doubts

**TABLE 4.1** Illustrations of Four Categories of Meaning for Coping With HIV/AIDS Among Black Gay Males

**A. High meaning group profile**

"As I grew up, I never got love," recalled Maurice Anthony, age 20, as he described a family history of severe physical and sexual abuse that left him a ward of the state at a young age. "I looked for love in places that got me to where I am now—that led me [before age 13] to an older man, a 42-year-old schoolteacher who sang in the choir. . . . I did all kinds of things with him unprotected—anal sex, hard, painfully. He would put a gun to me. He physically and sexually abused me. . . . He told me he loved me. No one had ever told me that, even my mother. . . . [I believe] this man gave me AIDS. . . .

"I learned [I was HIV positive] at the age of 15, the same time Magic Johnson was on TV. . . . I was wonderin', 'Could this be me?' I got tested that day. [After being diagnosed] I thought my life was over. This is *it*. This is my life sentence. I thought I had one day [left]. I was afraid to go to sleep. . . . I went through a lot of denial. I've tried suicide on several occasions. A cord around my neck. Pills. I thought, 'I've been raped and abused, how much worse can life be?' But it *was* worse! I had to be constantly educated on this [HIV]. I would look in the mirror and think, 'Filthy. Dirty.' I'd call myself names. 'How can anybody love me? You're so ugly and with this disease, how can anybody love you?' It's the support that BABAA, my two best friends, and my gay family have given me that's changed my life. My mother is even part of my support now. . . .

"[Due to HIV] I've gotten a chance to see life for what it really is. I've helped a lot of people. I was on TV recently for a program on teens and AIDS. Will I go to heaven, or go to hell because I'm gay? My life has flashed before me on several occasions. I was just in a car accident. . . . I realized I could die of anything, not just AIDS. I used to be as weak as a tree limb, but now I'm strong as steel. . . . I want to be like Will, my mentor [at BABAA]. I'm a support for a lot of people. Look at how I've come from point A to point F. You *can* do it!"

**B. Defensive meaning group profile**

"Let me tell you up front and be as honest with you as I can," remarked Michael Anthony Caboose Hayes, Jr. (30 years old). "I'm not scared of dyin'. I'm not. I have *lived* my life. I may not turn 31. I've lived my life and had myself to back me up and I've *loved* it. All the people I've been involved with, I love them. I never realized life was so fuckin' wonderful. That you can be anything that you want. . . . I mean, I can't believe my whole fuckin' life has changed just that fuckin' quick. . . . Life before, it was very active. Very active. Sexually active, too. I did some things I regret. Had sex, you know, stuff like that. Then on top of that, usin' drugs—cocaine—doesn't really help. I was strung out for a while and brought myself back together. . . .

"I have put myself together. I really have done a great job fixin' myself. I'm a witness. I go to a lot of seminars, do a lot of work for the community. I love it. This is my life now. This is the way I have to live my life. Because I have HIV—that don't mean I'm *dead*! I'm not dead! I'm still out here doin' great things, tryin' to educate young people. . . . I may not live to see 40, 45, 50. But that's not my business. I live each and every day as if it's the last day!"

"The only thing positive about HIV is that you know what you have. You see stuff more now than other times in life. You focus on your whole ability to be a person. As a Black gay man, you look at people differently—you see what's inside of them. Your emotion changes. You get real in depth with somebody—the inner self of somebody. . . . It's so damn sickening that it had to take a motherfuckin' disease for somebody to bring out their inner self to you!"

"Some change is for the worse, but I don't consider it to be a problem. I've had a very good life. I don't have remorse or hate anyone. . . . [but] it is a bitch. It's really hard. You might be doin' something else, then suddenly there it [HIV] is in your head. My friends will ask me, 'What's wrong?' But it won't go away. It never goes away."

**C. Shattered meaning group profile**

"I'll never forget getting tested [for HIV]," said the 23-year-old Black gay man who asked that his stage name as a female impersonator, Desiree DeMornay, be used. "It was November 17, 5 years ago. . . . It's been an uphill battle asking, 'Why did God do this to me? What did I do that was so wrong?' . . . I was in a daze. I thought I must be asleep. . . . I'm gonna wake up. . . . [but] I'm not dead or sick. It doesn't inhibit me from doing what I want to do. It's been hard because things about my body has changed—discolored skin, swollen glands, rashes. . . . The mental is worst. I really want to die, [but] if I kill myself, I'm afraid of that will happen to me [in the afterlife]. Are there things in my life I would do differently? [pause] But I've enjoyed everything I've done. . . . All through grade school and high school I was a straight A student. I received numerous awards and certificates of merit. I was listed in the newspaper for being in the honor society. I always loved the stage. . . . I went to NYU [New York University] for a while. . . . There have been a lot of men in my life. I was very popular.

"I can't imagine life without HIV. To me, HIV is a lesson from God. It's not because he wants to kill everybody off. He wants to teach us the meaning of life. It would be a boring life if nothin' was ever wrong—no colds or cancer. . . .

"I'll probably live to be 28, hopefully, if I keep takin' care of myself. . . . It's the deterioration of the body that scares me. My T-cell this week is under 200. I'm really scared. This is the point at which I could catch pneumonia and I could be gone. I'm afraid of germs, fungi. I'm constantly cleaning—door knobs, the phone. I haven't worked for about a year except as a female impersonator three or four times a week. It's tiring me, but I get enjoyment from it. I enjoy people saying, 'You look wonderful.' I've been pretty depressed lately. When I'm sad, I'll put on my makeup and clothes at home and escape. . . . Desiree is a different person—she's sultry, sexy, and glamorous. Desiree is my best friend. . . ."

**D. Irrelevant meaning profile**

"I've known for three years that I was HIV positive," explained Melvin (age 40). "The doctor who told me said that 85% of the people who get tested didn't want to know [their results]. That was me. I didn't want to know. . . . My doctor said, 'Melvin, if your T-cell is less than 500, you must take AZT. If it's under 200, it's AIDS.' When she said, 'It's 76,' I almost fell off the chair! She said, 'If you need 1000 and you have 76, you won't be here long.' [pause] I dropped a few tears. But I thought, 'If you live this ram-bunctious a life, what do you expect? . . ."

(continued)

TABLE 4.1 (continued)

"I didn't go into hiding or act ashamed. I've always lived to be a blessed person. I wasn't promised any years to live when I came out of my mother's womb. It could be 40 years. It could be 80 years. I never knew. I've been in the military. I've gone to college. I've been blessed. . . . It [HIV] didn't change anything. . . . I didn't feel sorry for myself. I won't have a problem mentally dealin' with the symptoms. . . . I didn't blame anyone. I'm a level-minded person. It's done. I can't blame anyone for my own sexual activities. I wouldn't have gone to bed with someone who was [HIV] positive, but of course, I didn't know.

"I go through loneliness. That's all that bothers me. Nobody wants to be alone. Loneliness takes its toll on me, but it doesn't bow me down. . . . I don't go through any emotional stress about the virus. I don't even think about it. Why should I think about it? . . . I don't think AIDS is a terrible illness. If you're a diabetic, you're on dialysis two, three times a week. If you have cancer, you've got to take chemotherapy. I have a different illness.

"Until God decides to call my name and it's time to go, I'll be ready. I believe in my spirituality. I don't care how sick you may get, you're not goin' nowhere until the Lord says, 'Time to go.' He doesn't seem to be ready for me. He wakes me up every morning to get ready for work."

that HIV was anything more than a tragedy. They were also uncertain of their ability to meet the challenge of future health-related crises. Johnny Jones, with a low T-cell count of 5 at 28 years of age, indicated that he would not allow anyone to put a time limit on his life, which he viewed as "a celebration." However, his assertions of "feeling good" and "I don't worry about things" were interspersed with anxiety about medical symptoms such as numb feet and lightheadedness that threatened his sense of stability. See Table 4.1B for a profile from this group.

*Group 3: Shattered Meaning (3 of 13).* Three of the Black gay men could not derive any significance from HIV; they viewed it as leading to loneliness and loss, as was the case for 3 of Schwartzberg's (1993) participants. They also tended to blame themselves for getting HIV either through an active sex life or because their desire for love and attention was so great they did not act to protect themselves. All indicated they were quite depressed and presented as such. The men in this group, more so than the other 3, had difficulty confiding their HIV status to family and friends. Two were not explicitly out to their family as gay men, but

both claimed their families "knew." The social isolation of this group was related to feelings of loss. One 22-year-old man who requested the pseudonym Tony Thomas said,

I tested positive when I was twenty. . . . I didn't tell my family. I didn't want to put any of my burdens on them. . . . I can't imagine telling my mother at all. My main wish is to outlive her. I know how her [blood] pressure is under stress.

A profile from a participant classified with the shattered meaning group is presented in Table 4.1C.

*Group 4: Irrelevant Meaning (2 of 13).* Two of the Black gay men indicated that HIV had little impact on their self-concepts, relationships, or worldview. Four of Schwartzberg's (1993) 19 participants were placed in this category. These men asserted that HIV was just something that had happened to them, but they felt it could easily have been something else instead. They compartmentalized HIV in their life and did not see it as an identity; it was an illness like any other. Both men were functioning well emotionally, even though one was disabled to the point of needing a wheelchair to get around. This man, Dwight (age 35), said,

At first I was a little shocked [to learn of his HIV status]. After that, I said to myself, "Life goes on." . . . I look on the bright side. I look to the man upstairs. No use cryin' 'bout it 'cause you already got it. Eat healthy.

The men in the irrelevant meaning group did not appear to be defeated. Their approach was quite practical. Both took responsibility for the sexual practices that led to infection and felt the important issue was to go on from there. Dwight explained, "I don't blame myself—but I do fault myself. I didn't really know to be safe." The other man, Melvin (age 40), had a philosophical approach, "You live this lifestyle for so many years, what do you expect?" Table 4.1D shows a more in-depth profile of a participant from this group.

In sum, the four categories proposed by Schwartzberg (1993) proved to be a useful system for describing how seropositive Black gay men responded to HIV. It is important to note that although the four categories are presented as distinct, participants' responses tended to overlap cate-



gories to some degree, similar to Schwartzberg's findings. Thus, the actual complexity of response is diminished. Furthermore, the ability to find meaning was an ongoing process for each individual as he confronted new aspects of the disease. However, the categories served as a useful template for understanding the ways people struggle to make sense of AIDS.

Several other similarities between Black gay men and White gay men studied by Schwartzberg (1993) are also significant. First, most of the Black gay men had also been able to find some good in their HIV diagnosis, most often with regard to the personal growth or connections with others it had enabled them to achieve. Second, as for White gay men, no consistent characteristic could be discerned that governed an individual's placement in a certain category. For example, there was no relationship between health status and the ability to find meaning. Those whose infection had progressed to AIDS were represented in all four categories. AIDS-related bereavements also did not affect categorization, because all of the men had suffered bereavement due to AIDS. All had lost a friend, 3 a partner, 2 a sibling or close relative, 1 a partner due to an AIDS-related suicide, and another 3 were currently involved with partners who were in the later stages of AIDS. Third, Black gay men spoke with animation and at length about their attempt to find meaning in their situation, as did the White men, suggesting that the search was relevant to coping with trauma. Most importantly, the quest did not appear to be circumscribed for Black gay men by numerous previous economic and psychological adversities. If anything, their response to the challenge of HIV appeared to be met with a quiet dignity that belied their pre-HIV behavior and hardships. In fact, several of the seropositive Black gay men asserted that they valued very little about themselves before HIV and credited the illness with turning their lives in a positive direction.

In conclusion, the results of this tentative comparison between seropositive White gay men studied previously and Black gay men interviewed in the present study suggest that for both, HIV was a catalyst for positive change and that the search for meaning resulted, for most, in effective coping. Although no causal conclusions may be drawn concerning the effect of sociocultural influences on Black compared to White gay men, these preliminary findings suggest that the outcome of the search for meaning may be parallel even when the specific life experiences of the two groups differ significantly.

### ■ Specific Sources of Meaning

Specific sources of the meaning, purpose, or value of life were explored by classifying participants' responses using the six sources identified by Schaefer and Coleman (1992) as occurring in HIV-positive White gay men's accounts of living with HIV, including relationships with others, self-discovery, acquiring knowledge, aesthetic appreciation, contributing to others, and spiritual fulfillment. As in the Schaefer and Coleman study, a thematic content analysis was used in this study to examine participants' responses. The intent in the present analysis was to determine whether similar sources of meaning would be valued by Black gay men in terms of coping with HIV.

Schaefer and Coleman (1992) reported that 17 of the 20 White gay men they interviewed said that their overall sense of meaning, purpose, and value had changed since learning of their diagnosis. For most, the change was positive. Eighteen of the men stressed that relationships with others brought the greatest sense of meaning to their lives. Partners, family members, and friends were in this category; 5 of the men also indicated that relationships with pets were significant. Ten of the men were not in a sexually committed relationship because they feared telling prospective partners they were seropositive. Self-discovery was the second most significant source of meaning to many White gay men. Awareness of their mortality led them to feel a developmental kinship to the aged. They also reported becoming less materialistic, less achievement oriented, more outer directed, or more introspective.

The three categories of acquiring knowledge, artistic expression, and contributing to others were somewhat less important to White gay men than relationships and self-discovery but still were regarded as providing an important sense of purpose (Schaefer & Coleman, 1992). Acquiring knowledge brought a sense of meaning to 15 of the White gay men. The knowledge they referred to did not concern academic learning, centering instead on information or skills that enabled them to manage HIV. Artistic appreciation and contributing to others or society both were valued by 18 participants. Artistic expression included listening to music, film making, interior design, and private reflections. Arenas for contributing to others that were meaningful included political activities, educating others about safer sex, or helping AIDS organizations. The category of meaning providing the least comfort to White gay men in

Schaefer and Coleman's study was religion or a spiritual life. A majority felt disenfranchised by mainstream religions that stigmatized homosexuality; none attended church regularly. Eight men nurtured their belief in a higher power and their spirituality through artistic expression, meditation, and visualization.

In general, the specific meanings associated with HIV obtained in the present study from interviews with seropositive Black gay men paralleled those found by Schaefer and Coleman (1992) for White gay men, with differences being observed in the path to meaning more so than in the final outcome of the search. Nearly all the participants in both groups indicated that HIV had changed their sense of the meaning of life in a positive direction. They no longer took life for granted and felt they had no time to waste. Many described taking more control of their lives by giving up addictions, eating right, exercising regularly, and focusing on what truly made them happy in their work or personal life.

In the six specific categories examined, Black gay men reported that relationships provided them with the most meaning, and spiritual fulfillment (in terms of organized religion) was seen as offering the least, similar to White gay men. The categories of acquiring knowledge, aesthetic appreciation, and contributing to others were all represented in Black gay men's accounts of finding meaning in HIV but were less important than relationships, as was also found for White gay men. However, the specific life experiences that shaped the search for meaning were different for Black gay men due to unique sociocultural influences discussed earlier, such as the effect on identity of the stigmatization of homosexuality and HIV within the Black community, as well as the consequences of coping with multiple stigmas and other sources of stress. Sociocultural influences were particularly evident for the three categories, including relationships, self-discovery, and spiritual fulfillment. In addition, the categories of acquiring knowledge, aesthetic appreciation, and contributing to others were not easily differentiated in Black gay men's accounts and were combined under the heading self-expression. Responses for each category are described below.

*Relationships.* The strongest sense of meaning for Black gay men living with HIV resulted from relationships with others, similar to Schaefer and Coleman (1992), although none of the Black men mentioned pets as providing a source of meaning. All Black gay men identified a

significant shift in their views of relationships resulting in greater caring and commitment toward intimates, including lovers, friends, and family. However, the growth of these relationships frequently was quite difficult. Negative attitudes toward homosexuality that were perceived by participants as being widespread in the Black community were a continuing source of stress. Eleven of 13 mentioned fearing that openness about their sexual orientation would result in rejection by their families and community, effectively banishing them from their source of same-race support. They also affirmed that HIV was stigmatized as both a gay disease and a White phenomenon in their community. Cedric, age 35, explained,

Bein' Black, if you're gay and HIV positive, you ain't worth shit! Our attitude is so bad. You'd rather be around White people than Black if you're HIV positive. . . . Many of us can't tell our families, and some are long-term survivors. Black gay men would do *anything* to keep their families. They'll stay in the closet 'til they're 90 years old! Some will take it all the way to the top of the mountain.

The expectation of rejection from this valued reference group affected 11 of the men's willingness to disclose their gay identity and HIV status to their families. (The remaining 2 men's families had become aware of their sexual orientation during their early teens; both had been thrown out of their home as a result.) Of the 11, 7 had not revealed their sexual orientation before learning they were HIV positive and were faced with the stress of coping with two concealed identities. This stress was dealt with in various ways. One told his family of his sexual orientation and HIV status simultaneously. Another, after learning 6 years ago that he was HIV positive, subsequently told his family he was gay but had not revealed his HIV status. Four told of their HIV status but did not explicitly discuss their sexual orientation, leaving their families to draw their own conclusions. Family acceptance of participants' HIV status appeared to be related to the level of acceptance of homosexuality. However, even families that had initially been rejecting of the man's homosexuality eventually responded in a supportive manner when faced with his deteriorating health.

Relations with the White community appeared to be less relevant to participants than involvement in the Black community. Eight Black gay men described the White community as quite welcoming, particularly in

being more accepting of their sexual orientation and HIV status than the Black community, but most also indicated that racism prevented them from using the White community (gay or nongay) as a major and continuing source of support. Five men were unable to make comparisons because they seldom had contact with Whites.

Ten of the 13 men were not in a sexually committed relationship at the time of the interview. The burden of having to tell prospective partners of their HIV status was a strong deterrent to dating. Rejection was a common response from HIV-negative men in particular, as it was in reports from White gay men (Hoff et al., 1992). Some participants had difficulty accepting their loss of desirability, as indicated by Sebastian's (age 28) account of a recent dating experience:

Last week I saw a guy I thought was cute. We went to my home and I told him I was HIV positive. Ten minutes later, he couldn't stand to be in the same room with me. That hurt me. No one has *ever* rejected me before. Anyone I've ever got in my clutches, I've captured with my wit and my humor and my charm. He really cracked that theology for me.

Some participants responded to rejection by reframing it in a more positive light. "Now [that I'm HIV positive] I know when someone wants to go out with me that they care about *me*, not just what they can get from me," explained Maurice (age 20).

Despite the difficulties seropositive Black gay men experienced with actual or imagined rejections, all 13 spoke of the opportunity HIV had provided for developing more intimate, meaningful relationships with family, friends, and partners, even when acceptance was slow to come. Melvin explained, "You have to have an understanding family. . . . I can go to my family now and they don't throw my cup away [after I drink from it]. They hug me and kiss me. I have people who love me." For others, the reprioritization of relationships led to important reconciliations with family members. For example, Cedric, 35 years old, described a conflicted relationship with his father that was resolved by his illness:

HIV has given me the opportunity to have a relationship with my father I can be proud of . . . our relationship [prior to HIV] was one of long-standing hostility. He wanted me to be something he couldn't be—a professional golfer. It was a lot of pressure. . . . I went to Hawaii and many

other places just to play golf. What more could I want? But I remember conflict. . . . When I failed at some tasks, I took it out on him and me. We yelled at each other. I didn't even enjoy where I was—I was too upset. Now, ever since HIV, we've become great friends. That would be something people would say, "Cedric's life is about making peace with his father."

For two of the men, the shift resulted in allowing themselves to love and be loved for the first time. As 36-year-old Curt explained,

I'm in a relationship right now. It came completely out of the blue. I was moaning and groaning one night. "I have all these X's on my head. I'm Black. I'm gay. I'm too skinny and tall. I'm HIV positive. I'm not a marketable commodity. I will never have a special relationship." I was keeping myself at a distance. I spill all this out and the guy sitting there, out of the blue, asks me out! I felt like a school kid, I got so nervous! We're still together—we just bought a house. [What changed was that] I started taking chances for happiness.

*Self-Discovery and Respect.* The self-growth reported by Black gay men in the present study differed substantially in tone from that described by White gay men in Schaefer and Coleman's (1992) research. Although the Black gay men, like the Whites, became more aware of their own mortality as a result of their diagnosis, they did not spontaneously report feeling a greater kinship with the elderly or indicate being less achievement motivated, as did White men. Instead, their expressions of self-discovery had more to do with increased self-respect and a greater achievement orientation. These differences may be related to socioeconomic or age differences between the two groups. The Black gay men were substantially younger and appeared to have had fewer educational and career opportunities before HIV diagnosis than the White gay men interviewed by Schaefer and Coleman.

Catastrophic illness acted as a catalyst for 8 of the Black gay men to take more responsibility for self-improvement. Sebastian expressed this sentiment as follows:

I'm really learning that no one is obligated to love me but me. I look in the mirror. My self-image was so horrible. [I used to think] if I act really sexual, it will bring friends to me. In my pre-positive status, "Sebastian" and "sex" used to be synonymous. [But] what I am is what's *under* the body—the soul of me. I'm learning now [that] when things are going bad,

I don't need a sex partner. I'm enjoying the right to refuse. My self-esteem has increased drastically during the past year. I had people in my life that weren't worth anything. Now I have friends I can count on.

Six of the Black gay men expressed high achievement goals related to education or career or had regrets about not being able to accomplish more in those areas due to ill health. For instance, one was applying to college to study social thought and analysis, an area in which he felt his life experiences would give him a great deal to contribute. Another, Johnny Jones (age 28), spoke with great sadness about his lost opportunities:

All my life I've been a busy, busy person. I was very involved in politics. A lot of people know me as "Johnny the politician." That was my goal—to build up the trust of people and run for office. I had an internship in Washington, DC with a state senator. I've met two presidents. Since I moved here [after HIV diagnosis], I haven't established myself politically. Now I get tired. My biggest regret is that I did not go to law school. I don't think I have the stamina to do it.

*Self-Expression.* The three categories of acquiring knowledge, aesthetic appreciation and involvement, and contributing to others or society used by Schaefer and Coleman (1992) were combined in the present study under the heading *self-expression*. The greater valuation of the self experienced by Black gay men described above was accompanied by an intense desire to develop competencies or creative endeavors that would be beneficial to others as well as personally satisfying. For some, this meant gaining mastery over their own health care, as it did with White men in Schaefer and Coleman's research. For example, Mr. N indicated, "I've tried to be in control of my illness as much as I can. No one can take care of me like me." He was so successful at controlling his intense chronic pain due to neuropathy that a psychologist who specialized in biofeedback asked to analyze Mr. N's techniques to see if they could be used to improve his treatment of patients. This mastery was a source of pride for Mr. N.

Participants also actively sought ways to express themselves through artistic means or teaching, both of which were often aimed at contributing to others. For example, Sebastian (age 28) indicated, "I want to learn to play piano. I want to do HIV education and outreach. . . . I want to

be a blessing, to administer healing. I want to open housing for transient gays. I really like the idea of sharing." Similarly, Marcus (age 31) indicated,

I would like my future to be productive. I'm doing visiting nurse, floral work, and most of the school year [I do] HIV/AIDS education. I want a little bitty flower shop where I can create my own space. . . . [and] I'd really like a good relationship. Who wouldn't?

Lastly, those who had already contributed a great deal to their community continued to do so after becoming HIV positive. Mr. N, a cofounder of BABAA, remarked,

One in 33 Black men are infected with HIV. If someone doesn't pick up the torch and get word out, the Black population will be crippled. Even if they don't have AIDS, they will be [HIV] positive. That won't be good for the Black or human race.

Mr. N's optimism and concern for his people sustained him as he coped with increasing medical problems.

Self-expression, including acquiring knowledge, aesthetic expression, or contributing to others, also appeared to compensate somewhat for the lack of an intimate relationship for a few participants. This was expressed very well by Maurice (age 20):

The only thing botherin' me is not havin' a companion in my life. It's rough day by day to wake up alone. I want somebody to love in my life. That's the only thing that's missin'. . . . My life is devoted to HIV education. I didn't finish high school. I haven't seen the world, but it was never my goal. . . . I'm a support for a lot of people. I give a lot of presentations on HIV. . . . I want to get my diploma. If I could have anything [I want] it's a computer with a printer. I want to write a story about my life. I have a lot to tell . . . [but] all I've been through, it's been alone. I'm tired of fightin' by myself.

*Spiritual Fulfillment.* Organized religion brought the least sense of purpose to life for seropositive Black gay men, as with White gay men in Schaefer and Coleman's (1992) research, although 9 of the 13 had developed a private spirituality that sustained them. Church doctrine concerning homosexuality was one source of disenfranchisement for Black

gay men, as it appeared to be for White gay men. In addition, for 10 of the 13 Black gay men, most of whom were active in their church before knowing they were seropositive, personal rejection by a minister contributed to the challenge of coping with HIV. One man explained,

My church turned me down. I was in the church choir and word got out I was HIV positive. The pastor came to me and said, "We have to excuse you from the choir. I heard you're sick. I heard you have the package. You have to excuse yourself. We don't want your kind around our children, our choir." I said, "You tellin' me I can't come to church?" "You can come," he said, "but you have to sit in the back." I thought, "Why do I have to sit in the back?" I thought the church was supposed to be there for you to provide spiritual guidance!

However, participants responded to rejection by church leaders with creativity. Three were able to find accepting congregations after some searching, 2 in the White and 1 in the Black community. Others developed personal paths for enhancing spirituality. Still others were able to gain acceptance within the Black community by developing a new "chosen" family through their work at BABAA.

In sum, the specific outcomes of the search for meaning for Black gay men appeared to parallel those found for White gay men by Schaefer and Coleman (1992). Although the small sample size prevents firm conclusions from being drawn, sociocultural and racial influences seemed most evident for the categories of relationships, self-discovery, and spiritual fulfillment.

## ■ Discussion

Several influential theories posit that the search for meaning is a basic human motivation that persists even when a person is confronted with a fate that cannot be changed, such as a diagnosis of HIV/AIDS (e.g., Antonovsky, 1987; Frankl, 1984). Under normal circumstances, meaning in life can be discovered in one of two ways: (a) by creating a work or doing a deed, or (b) experiencing something or encountering something (e.g., loving someone) (Frankl, 1984). Under unusual circumstances involving suffering, trauma, or impending death, people may not

be able to aim at either of these as an ultimate goal in life. They may cease living for the future. If so, signs of hopelessness and despair may appear; the whole structure of their inner life may change. Meaning in life must then be found by realizing that when one is no longer able to change a situation, one must accept the challenge to change oneself. The attitude a person takes toward unavoidable suffering is what provides life with meaning. Thus, effective coping with trauma requires that individuals find meaning in their suffering, accept it as a unique task, and see that they may choose the way in which they bear their burden (Frankl, 1984; Yalom, 1980).

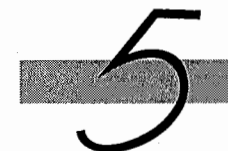
How Black gay men make sense of the trauma of living with HIV as they wait for the 7 to 10 years typically occurring between infection and illness was the focus of the present exploratory research. The results indicated that a majority of the Black gay men had achieved good psychological adaptation to HIV, similar to that reported for White gay men by Schwartzberg (1993) and Schaefer and Coleman (1992). In terms of the global meaning of HIV, most were in the categories of high and defensive meaning. These two categories represent higher levels of adaptation because the men had been able to turn their personal tragedy into an achievement by using it as an opportunity for personal growth. In contrast, those in the shattered and irrelevant meaning groups had not established meaningful life goals since their HIV diagnosis and had not adapted as well to their illness. Black gay men's high adaptation to HIV was also confirmed by comparison with Schaefer and Coleman's findings concerning the specific meanings of HIV. Each participant identified at least one positive outcome of HIV in either the area of relationships, self-respect, or self-expression.

The interpretation of findings is circumscribed by the characteristics of the specific population interviewed. All participants were self-identified as gay men. Previous research indicates that relatively few Black men who have sex with men identify themselves as homosexual; bisexual is the preferred designation of most (Peterson, 1995). However, for the HIV-positive White man who has sex with men, self-identification as a gay man is associated with greater psychological health (Leserman, DiSantostefano, Perkins, & Evans, 1994). Thus, the men included here may not be typical of the larger population of Black men who have sex with men when considering self-identification and functioning.

Sociocultural influences that appeared to have a unique impact on seropositive Black gay men's search for meaning included homophobia within the Black community, the problem of coping with dual identities and multiple stigmatizations, traumatic life histories, and rejection by important communities such as the Black church and White gay community. These preliminary findings suggest that understanding Black gay men coping with HIV cannot be done by focusing on one isolated identity or stigma. Instead, the complexity of social tasks and stressors they face must be taken into account. A potentially fruitful area of research concerns how Black gay men's search for meaning is affected by multiple identities and stigmas, including the self-protective or adaptive skills developed in response to living with prejudice.

An important treatment consideration arising from the research concerns the clinical relevance of the construct "meaning in life." Previous research has demonstrated that there is a substantial and consistent relationship between the ability to find meaning in life and psychological well-being (e.g., Debats, 1996). Thus, treatment aimed at Black gay men who have not adapted well to HIV might focus on helping them to find meaning in their experience. Religion may be a more relevant support than traditional psychotherapy for Black gay men in their search. In general, Blacks have been found to use more religious coping activities to deal with life problems than Whites and to solve problems in collaboration with God (Jackson et al., 1986). Thus one intervention that might be most clinically beneficial to Black gay men would be a compassionate response to HIV by Black religious leaders and institutions.

In conclusion, the cognitive readjustment process Black gay men underwent after learning of their seropositive status was found in the present study to involve a search for meaning. Although the search was uniquely affected by issues related to race, as well as by numerous hardships in life, most had found some meaning in their experience and confronted their illness with dignity. Those who were coping most effectively had attained a degree of inner peace and were involved actively in their community. This self-determination was a source of comfort or even joy to the men, supporting the claim of existential psychology that a sense of purpose in life helps one to grow in spite of all indignities (Frankl, 1984).



## Helpful and Unhelpful Forms of Social Support for HIV-Positive Individuals

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Learning that one is HIV seropositive can create a number of stressors. The person might be concerned about dying at an early age, the pain and suffering associated with a debilitating and ultimately fatal illness, being stigmatized as an HIV or AIDS patient, or disruption in relationships with friends and family (Hays et al., 1993). One coping strategy that people use is seeking social support. There is an extensive literature on the effects of social support in coping with stressful events, but few studies have examined how the support process functions for people with

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