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Reactions of gay men to AIDS: A survey of self-reported change relative to self-concept, intimacy and sexual behavior

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The College of William and Mary, 1988

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REACTIONS OF GAY MEN TO AIDS: A SURVEY OF SELF-REPORTED CHANGE RELATIVE TO SELF-CONCEPT INTIMACY AND SEXUAL BEHAVIOR

A Dissertation Presented to

the Faculty of the School of Education

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of the Requirement for the Degree of

Doctor of Education

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by

Donnie Gray Conner

January, 1988

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Dedication

This report is dedicated to Virginia Satir and Elisabeth Kubler-Ross whose teachings have guided my life and work and confirmed what I always intuitively knew...that love heals; to Lacy and Lucille Conner, my parents, who had the courage to create and nurture a new life; and to all the Persons with AIDS who have invited me into their lives; especially, Jim I., Chris S., and Chris T. who taught me not about death, as I expected, but instead about living.

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to Joan who knew when to be tough and when to be tender;

and, especially, to Fred who shared it all.

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CHAPTER 1

Statement of the Problem

The subject investigated by this study is the effect of the AIDS crisis on gay men relative to self-concept, intimacy, and sexuality.

Need for the Study

Male identity, intimacy and sexuality are topics frequently reported on in the research literature. Additionally, there exists a large body of information which addresses the more specific subjects of gay male identity, intimacy, and sexuality. Since the onset of the AIDS crisis in 1981, an epidemic which has effected and continues to effect primarily gay or bisexual men, an impressive amount of information concerning this life-threatening illness has been generated. This research literature, however, is overwhelmingly medical. Currently, there exists minimal data relative to the psychological and social impact of the AIDS epidemic. The studies that are available are primarily case studies which focus on those already diagnosed with the illness. Additionally, such reporting consists almost exclusively of clinical observations shared by practitioners who are providing psychotherapy to persons with AIDS. This investigation, therefore, contributes to the research literature by ex-

amining the amount and type of information that gay men, living in a middle sized urban area with no publicly identifiable gay community, have about AIDS. Additionally this study provides information relative to self-reported changes of homosexual men relative to self-concept, intimacy, and sexual behavior that have resulted from having AIDS information.

Theoretical Rationale

"Few theorists have had the impact or been as widely accepted and acclaimed as has Erik Erikson" (Fuhrmann, 1986). Although a student of psychodynamic theory, Erikson became dissatisfied with its strong emphasis on pathology. He was, additionally, uncomfortable with the neglect of environmental factors inherent in Freud's work. As a result, he shifted the focus of analysis from pathology to normalcy and positive adaptation and developed a keen awareness of and sensitivity to the role that society plays in that adaptation. Erik Erikson's strong emphasis on the interaction of the individual and society is clearly seen in his choice of the term "psychosocial" to describe his theory of normal development. Erikson believed that people are born with inherent structures which guide their development. It is, however, only within the context of unique historical personal environments that the development unfolds. Erikson searched for the social sources of both individual and

group strengths and was particularly involved in discovering an explanation for the struggle experienced between dominant and subordinate groups. His fascination with this concept resulted in his pursuing anthropological fieldwork after which he concluded that the subordinate group is likely to accept and adopt the negative stereotypes applied to them by the group in power. "Through his emphasis on positive, adaptive development, his awareness of the importance of the social context of development, and his appreciation for ambiguity and change in development, Erikson added a humanistic dimension to the Freudian perspective" (Fuhrmann).

In effect, Erikson changed the emphasis of psychodynamic theory from concentration on the gratification of pleasure (id) to one of successful adaptation (ego). His theory, also frequently referred to as "ego psychology", promoted Erikson's belief that the "unconscious ego has the role of ensuring coherent behavior, unifying the various aspects of the individual, maintaining individuality within societal contexts, and, essentially, making sense" (Fuhrmann, 1986). Erikson asserted that people are governed by inner laws of development with stages of development emerging at predictable times and in logical sequence. From this basic tenet, he formed his epigenetic principle which asserts in simplest form that anything that grows has a "ground plan". From this ground plan, according to Erikson,

the parts arise, each part having its time of special ascendancy, until all parts have arisen to form a functioning whole. The epigenetic principle contains the following beliefs:

1. All persons are born with a ground plan/"blueprint" which guides psychological growth.

2. All people are governed by the same inner laws of development.

3. The basis of all the stages of development exist at birth, but a particular stage commands more immediacy at a particular time of development.

4. The stages of development are related to each other in a universal sequence.

5. The successful resolution of one stage contributes to the successful resolution of successive stages with overall adjustment depending on proper development through the stages in proper order.

The epigenetic principle clearly illustrates Erikson's emphasis on the continuity of development, the mutual impact of all the stages, and the importance of developmental sequence.

As has been stated, Erikson subscribed, somewhat, to psychodynamic theory which also advanced the notion of developmental stages. Erikson's work, however, expanded Freud's five stages to eight, so as to incorporate three adult stages, and promoted a growth and adaptation perspective rather than a psychosexual

one. Instead of concentrating, as Freud had done, on sexual gratification, Erikson emphasized the ego's attempts to mediate between inherent growth and environmental demands. He asserted that each stage offers potential for development as well as new risks. The balance between the potentialities and dangers is referred to by Erikson as a "normative crisis". According to psychosocial theory, each stage presents a normative crisis which is challenging, not catastrophic. Each stage involves a struggle between opposing forces, the successful resolution of which allows the individual to move to the subsequent stages (Fuhrmann, 1986).

For Erikson, personality development occurred in eight successive stages which are the results of physiological growth. As the individual begins to cope with each of the sequential psychosocial stages, his/her ego becomes more vulnerable because of the challenges and resultant conflicts engendered by having to deal with new demands which are superimposed. The radical changes in perspective which are required for coping with each successive step combined with new challenges and conflicts of the period represent a "psychosocial crisis". The healthy adult personality, therefore, is predicated upon the successful resolution of eight specific crisis periods which are identified as follows: I. Infancy (birth to one year); II. Early childhood (one to three years); III. Play Age (four to five years); IV.

School Age (six to eleven years old); V. Adolescence (twelve to twenty years); VI. Early Adult; VII. Middle Adulthood; and VIII. Mature Age. For each crisis period Erikson has established a criterion of relative psychosocial health and a corresponding criterion of relative ill-health (Rasmussen, 1964).

Within the context of this investigation it is Erikson's sixth stage, Young Adulthood (Intimacy vs. Isolation), that is most directly relevant. According to Erikson, when the identity formulation task of adolescence, the preceding developmental stage, has been sufficiently completed, then the first identity crisis of adulthood must be confronted. This particular crisis is one of intimacy which Erikson described as a counterpointing as well as a fusion of identities. Erikson further asserted that sexual intimacy is only a possible part of the phenomenon to which he referred to as real intimacy. Intimacy, as defined by Erikson, is the capacity to develop a true and mutual connection with another person, be it in friendship, erotic encounters or joint inspiration. Persons who have not succeeded in developing a strong identity, the previously mentioned task of adolescence, will either avoid interpersonal intimacy or participate in acts of intimacy which are "promiscuous", those without true fusion or real self-abandon. According to Erikson when an adult cannot accomplish true intimate relationships with others and his/her own inner resources, then highly stereotyped interpersonal rela-

tions may develop, resulting in a deep sense of isolation. Going further, this theorist indicated that if the times favor an impersonal kind of interpersonal pattern, then an individual may appear to others as highly successful and well functioning when actually the person is harboring a severe character problem which is intensified by the individual never feeling "real", although others see him as such. Erikson continued by describing the counterpoint of intimacy which is distantiation. According to Erikson this term referred to the readiness to "repudiate, isolate, and, if necessary, destroy those forces and people whose essence seems dangerous to one's own" (Erikson, 1968). The lasting consequence of the need for distantiation is the readiness to fortify one's territory of intimacy and solidarity and to view all outsiders with a fanatic overvaluation of small differences.

Erikson (1968) further theorized that prior to achieving real intimacy and maturity, much of sexual life is the self-seeking, identity-hungry kind. He stated that during this time each partner is, in reality, trying only to reach himself, or a kind of genital combat will ensue in which each person seeks to defeat the other. Erikson conceded that these elements remain as a part of adult sexuality, but explained that eventually, however, they are gradually absorbed into a more mature way of relating. Going further, Erikson elaborated by stating that man,

in addition to erotic attraction, has developed a selectivity of love which serves the need for a new and shared identity. He continued by explaining that the estrangement typical for this stage is isolation, which is the incapacity to take chances with one's identity by sharing true intimacy. Love, as defined by Erikson, is a mutual devotion which overcomes the antagonisms inherent in sexual and functional polarization. Erikson summarized the successful resolution of crisis in this stage by declaring that the game of "I am" formulations is replaced by a new increment of identity based on the formula - "we are what we love" (Erikson, 1968).

From the summary of Erikson's concepts provided above, it becomes clear that his theory is one that could be utilized in a variety of research areas. In the study to be presented here, the application of psychosocial theory will be made to a specific population, gay men, at a specific historical time, the onset of the AIDS crisis (1981 to present).

Definition of Terms

Adult. An adult is a person who is eighteen years of age or older.

AIDS. (Acquired immune deficiency syndrome). AIDS is a disease characterized by failure of the immune system to protect against infections and certain cancers.

Antibody. An antibody is a protein that specifically combines with and helps to destroy a foreign substance in the body.

Bisexual. Bisexual is a sexual orientation in which a person enjoys sex with both men and women.

Cancer. Cancer is a large group of diseases distinguished by the uncontrolled growth and spread of abnormal cells.

CDC criteria. CDC criteria is the specific standard by which the Centers for Disease Control defines an individual case of illness.

CMV. (Cytomegalovirus). CMV is a herpes virus commonly found in AIDS patients and also in many otherwise healthy homosexuals.

Epidemic. An epidemic is an outbreak of a disease that is not normally found in a large fraction of that population.

Gay. A gay person is a homosexual who is personally and, to varying degrees publicly, self-identified.

Heterosexual. Heterosexual is a term describing a person who is sexually attracted to or engages primarily in sexual activity with members of the other gender.

HIV. (Human immunodeficiency virus). HIV refers to the human immunodeficiency virus that is believed to be the cause or a cofactor in the development of AIDS.

Homophobia. Homophobia is a condition characterized by irrational fear, attitude and/or behavior toward homosexuals or homosexuality.

Homosexual. Homosexual is a term describing a person who is sexually attracted to or engages in sexual activity primarily with members of his/her own gender.

Identity. Identity is a conscious sense of individual uniqueness.

Immunodeficiency. Immunodeficiency is a physical state in which the body's immune system does not function properly, thereby permitting repeated infection or increased incidence of certain cancers.

Intimacy. Intimacy is the recognition, experiencing and expression of emotions within a close, familiar personal relationship with another person or persons.

KS. (Kaposi's sarcoma). KS is an aggressive cancer of the blood vessels that strikes many persons with AIDS.

Lesion. A lesion is any abnormality of a tissue or organ.

Life-threatening illness. A life-threatening illness is one that is potentially fatal.

Minor AIDS. Minor AIDS refers to symptoms that may signal the early phase of infection with the putative AIDS agent.

Opportunistic infection. An opportunistic infection is an infection that is caused by a microorganism commonly found in the environment, but that causes disease only in persons who are weakened or whose immune systems are deficient.

Outness. Outness is a term coined by Bradford (1986) to

refer to the degree to which a homosexual is disclosive about his/her sexual lifestyle/orientation.

PCP. (Pneumocystis carinii pneumonia). PCP is a form of pneumonia caused by a protozoan parasite and is the organism most commonly isolated in AIDS patients.

Psychosocial theory. Psychosocial theory is a theory of normal development which places emphasis on developmental stages and the interaction of the individual and society.

Risk factor. A risk factor is any personal or environmental condition that increases an individual's probability of contracting a disease.

Self-concept. Self-concept is a psychological construct that denotes a person's perception of himself/herself, especially regarding sense of worth.

Research Questions

This exploratory study collected information primarily focused on four questions of research interest:

1) What have been the sources of information about AIDS and the amount, type, and accuracy of knowledge reported by gay men participating in the study?

2) What self-reported changes in self-concept have occurred for gay men resulting from having information about the AIDS crisis?

3) What self-reported changes in intimacy have occurred for gay men resulting from having information about the AIDS crisis?

4) What self-reported changes in sexual behavior have occurred for gay men resulting from information about the AIDS crisis?

Sample and Data Gathering Procedures

The population of this study consisted of one hundred sixty-one self-identified, adult gay males who voluntarily and anonymously responded to three research instruments. Given the lack of a publicly identifiable gay community in the Richmond area and the need for insuring anonymity for the protection of respondents, the use of random sampling was not possible. Instead, non-probability, purposive sampling procedures such as those employed by Bell and Weinberg (1978) in their study on homosexuality were employed. Volunteers who participated in the study were reached through gay community organizations, a street medical clinic, counselors providing services to gay clients, and through personal acquaintances and friends of the researcher. This networking process was successfully used by Bradford (1986) in her study of AIDS.

Limitations of the Study

The findings of this study must be considered within at least four distinct limitations. Given the lack of a publicly identifiable gay community in the Richmond area and the need for insuring anonymity for the legal protection of respondents, the

use of random sampling methods was impossible. Therefore, this study's validity is somewhat questionable and caution should be exercised in attempting to generalize its results to the gay population as a whole. Closely related is the fact that the participants in this investigation are self-identified gays and voluntary participants in the study which may serve to distinguish them from other members of the gay subculture. Thirdly, respondents all reside in the Richmond area, a middle sized urban setting, which does not have a well organized gay community. This fact may distinguish them from gays living in large metropolitan areas with high profile gay subcultures and from homosexuals living in rural areas where any organized form of gay community is rare. Finally, despite the careful design used in this study to insure confidentiality and anonymity, the specific and private nature of the sexual behavior questions may have caused some participants to distort responses; thereby, at least to some degree affecting reliability and validity.

Ethical Considerations

The state and city in which this research was done provide no civil rights protection for discrimination on the basis of sexual orientation. In fact, in the state of Virginia, homosexual behavior is classified as a Class 6 felony which is a serious offense that upon conviction allows the jury or court to

impose a sentence of not less than one year and up to five years incarceration as well as fine the convicted person as much as one thousand dollars (Department of State Police, 1986). Additionally, in the 1985 Virginia Supreme Court Case, Roe vs. Roe, it was the decision of the Court that the father's immoral and illicit homosexual relationship rendered him an unfit and improper child custodian (Russell, 1985). Therefore, by legal definition, homosexual parents are judged to be "unfit" to rear their own children. Clearly, sampling in this study, therefore, was strictly voluntary with an absolute maintenance of anonymity and confidentiality throughout the research process. A second major ethical consideration was the fact that the population being sampled is currently at highest risk for contracting this life-threatening illness. In order to assist with any personal concerns that might have resulted from research participation, contact information for the Virginia Health Department's AIDS Hotline, a twenty-four hour, anonymous telephone service offering support group, medical, and counseling referral information, was included in the instructional letter to participants.

CHAPTER II

Review of Related Literature

Theory - History - Position

Erik Erikson's life-span developmental theory is well known and has stimulated substantial research effort resulting in widespread acceptance of his work. John Rasmussen (1964), for example, in an investigation of the relationship of Erikson's concept of ego identity to psychosocial effectiveness as demonstrated in daily living, comments specifically on this topic. Rasmussen contends that there are several aspects of Erikson's theory which cause it to be particularly amenable to investigation. He explains that Erikson sets forth derivatives of the criteria of psychosocial health and ill health for each crisis period in specific behavioral terms. According to Rasmussen it is possible, therefore, to study systematically the resolution of the earlier crisis periods through presently manifested attitudes and behavior rather than having to attempt reconstruction of the individual's psychological relationships to significant persons in his/her environment from infancy through adolescence. Going further, Rasmussen asserts that Erikson's psychosocial theory also lends itself to operational definitions inasmuch as it deals with the developmental relationship of the individual

to those around him as opposed to the classical analytic personality theories which are more intra-psychic in nature. Finally, Rasmussen cites this theory as one that ties together, in an orderly fashion, the important biosocial phenomena of personal development. It therefore has a distinct advantage over those theories which lack a longitudinal integration of developmental problems. The author strengthens his advocacy of Erikson's theory by citing the studies of Bronson (1959) and Gruen (1960), both of which provide clear experimental support to the ego identity diffusion continuum of psychosocial theory. In Rasmussen's well designed and carefully implemented study, the results provide additional support to both systematic study of personality and to his position that an adequate ego identity is necessary for a person to cope effectively with his social and cultural environment.

Investigation of Erikson's theory has expanded to include examination of its application to intimacy issues, one of the topics to be considered in this study. Jacob Orlofsky and his colleagues (Orlofsky, Marcia, & Lesser, 1973), for example, explored the possible relationship between ego identity status and intimacy status. In their work Orlofsky et al. cite a study by Yufit (1956) which investigated behavioral and psychodynamic correlates of intimacy and isolation. Yufit found that the intimate individual was characterized by stability, sociability,

and warmth. The isolate, on the other hand, was discovered to be self-centered, self-doubting, and mistrustful, operating best in relationships with others that are formal and stereotypical. Yufit also concluded from his study that successful resolution of the intimacy crisis is most dependent on three previous psychosocial crises: trust, autonomy, and identity. Jacob Orlofsky et al. continued and expanded the work done by Yufit. Orlofsky et al., as a result of their research, identified four intimacy statuses. The first of these statuses is described as intimate. The intimate individual works at developing mutual personal relationships and has several close friends with whom he discusses both his and their personal matters. The intimate person is additionally described as being self-aware, as taking genuine interest in others and having minimal defensiveness. Orlofsky et al. characterize a second intimacy status as preintimate. The preintimate individual has close relationships with friends, but has not experienced a significant love relationship. This person is, however, predisposed to intimacy, has respect for the integrity of others, and is open and responsible. Orlofsky et al. isolated a third identity status which they label the stereotyped relationship. The individual in this status is seen as moderately constricted and immature. Generally, the person has friendships, but these relationships lack significant depth. The stereotyped individual is likely to

treat others as objects and be interested more in what can be gotten from others than in establishing mutually satisfying, close relationships. The final intimacy status identified by Orlofsky is the isolate. This person is characterized by marked constriction of life space and the lack of enduring personal relationships. This individual may have infrequent contacts with a few peer acquaintances, but rarely initiates social contact. Any personal investment of self in other people seems to threaten the isolate individual with ego "dissolution". Close interpersonal contact is stress producing for the isolate person, causing him to withdraw and avoid others. This person is often anxious, immature, unassertive, and deficient in social skills. The isolate may present, however, as an individual who is bitter and mistrustful or as one who is smug and self-satisfied.

In addition to uncovering and labeling the four intimacy statuses briefly described above, Orlofsky et al.'s(1973) hypothesis concerning the relationship between the psychosocial states of identity and Erikson's concepts relative to intimacy versus isolation was confirmed. Identity achievement subjects, for example, were generally found to be involved in successful, mature, and intimate relationships. This significant finding supported the validity of Orlofsky's basic premise for his study which was that genuine intimacy occurs only after a reasonable sense of identity has been established. Jacob Orlofsky et al.'s

study and the other reports cited above produce clear and convincing evidence that Erik Erikson's developmental theory has been applied and his basic tenets found valid in a variety of research studies. It is equally evident that Orlofsky and his associates have provided a carefully designed and implemented investigation relative to and in support of Erikson's ideas about intimacy as described in his sixth psychosocial, developmental stage (intimacy vs. isolation).

Despite general acceptance and convincing specific validation of particular aspects of his work, Erikson's psychosocial theory has not completely escaped criticism. Rosenthal, Gurney and Moore(1981), for example, state that one of the obvious drawbacks of Erikson's theory, from an experimental perspective, is that it has relied more upon subjective clinical impression and logical argument than upon empirical data for validation. Lowenthal and Weiss(1976) support Rosenthal et al.'s position declaring that while brilliantly illuminated in case studies, and in his biographical works, Erikson's developmental theory and particularly the role of intimacy within it have proven difficult to define succinctly, and to put to empirical test. Elliot Rutter (1982), in his dissertation on intimacy and gay men, concurs with Rosenthal and Lowenthal asserting that while intellectually, clinically, and theoretically Erikson's concepts are clear, his definition of intimacy is vague as is his discus-

sion of the interplay of intimacy and love. Going further, Rutter criticizes Erikson's description of true intimacy as a counterpointing as well as a fusing of identities as an ambiguous definition. He indicates further that it sometimes seems that the terms, "mutuality," "fusion," and "true engagement" are used interchangeably in Erikson's work thereby, providing further example of the theorist's definitional vagueness. Rutter comments additionally that there continues to be a lack of agreement among researchers in regard to the exact nature of the interface between identity development and intimacy. Lowenthal and Weiss take a similar position suggesting the need for a more flexible life stage theory than the one postulated by Erikson. Several reasons are offered for the need for additional flexibility which include: 1) there may be other and/or more relevant developmental tasks than those presented by Erikson; 2) there may be cultural and socioeconomic differences in developmental tasks and paths; 3) within each socioeconomic group within each culture, men and women will have different developmental paths; and 4) the individual simultaneously deals with several developmental tasks, which periodically wax and wane, with different rhythms, and possibly rhythmic conflict, between the sexes. Rutter supports the position of Lowenthal declaring that a more flexible approach than that postulated by Erikson certainly seems in order. He continues by stating that this is

especially true with regard to the interface between identity and intimacy. Rutter concludes that both the development and consolidation of self-identity, and the defining and sharing of the self in significant intimate relationships may be viewed as processes that continue over the entire life course. The relationship between identity and intimacy, in fact, may be viewed as reciprocal rather than the linear identity preceding intimacy model advocated by Erikson.

Critique

From the studies cited above it is readily evident that Erik Erikson's theory has been applied in a variety of research investigations. It is also clear that in the carefully designed study by Orlofsky et al. (1973) relative to Erikson's ideas about intimacy as described in his sixth psychosocial stage (intimacy vs. isolation) that the basic tenets are proven valid. Several other studies are also discussed which provide empirical data in support of developmental theory. Literature critical of Erikson's work does not provide validated challenge to Erikson's principles, but rather identifies components of his theory that require additional application and specificity. This is true even in Orlofsky et al.'s study which does indeed give experimental credence to Erikson's sixth stage concepts and provides useful descriptions of intimates and isolates. Orlofsky et al.

do, however, present results which are general in nature. In this study it is important to keep in mind that Erikson's precepts will be applied to a specific population at a particular time in history. By doing so, it is expected that to some extent the need for greater clarity may be brought to some of Erikson's concepts as well as testing further extension of the general theory's applicability.

Male Intimacy

Rainer Maria Rilke has written: "for one human being to love another, that is perhaps the most difficult of all our tasks, the ultimate, the last test and proof, the work for which all other work is preparation" (Rubin, 1983). Lillian Rubin in her book, Intimate Strangers, declares that intimacy is what we all hunger for, but fear. She states that people long for closeness, but frequently "back off" when it is provided. Rubin describes this contradictory, paradoxical behavior as the "go away a little closer" message or the "approach-avoidance" dance. The helping professions have long been aware of the clinical importance of intimacy in adult psychological development, marital adjustment, and family functioning. In fact, Horowitz (1979) in his study of intimacy, found that the most common factor identified by patients as to why they sought outpatient psychotherapy was the failure to develop an intimate rela-

tionship. In addition, there is experimental proof that intimacy is also the single most important dimension in determining marital adjustment (Waring, 1983). Despite its obvious importance, most people experience trouble in defining intimacy. Rubin describes intimacy as the ability to put aside the masks we wear in the rest of our lives. Waring, in his clinical investigation of the topic, asserts that intimacy is composed of eight distinct qualitative aspects which are as follows: 1) affection, the expression of feelings of liking, loving and positive opinions about another; (2) cohesion, the expression of commitment to a primary relationship; 3) expressiveness, the sharing of private thoughts, beliefs and attitudes as well as the capacity to communicate about the relationship; 4) compatibility, the sharing of background, attitudes, activities, and goals; 5) conflict resolution, the capacity to resolve differences of opinion without argument, criticism, or refusal to negotiate; 6) sexuality, a mutually satisfactory expression of sexuality; (7) autonomy, the couple's relationship to interpersonal relationships outside the couple, including parents and friends; and (8) identity, the couple's opinions about themselves compared to other couples. The complexity of Waring's definition of intimacy provides a rationale for the difficulty people have in describing this concept, even though they report experiencing intimacy.

Given the accepted value of intimacy in human interaction

and in adult development, it seems reasonable that considerable attention has been given to it by social science researchers. It is important to note that a review of the existing literature reveals a consistent noting of differences between the sexes relative to intimacy across a variety of research paradigms. The most prevalent finding is that males, particularly in same-sex interactions, tend to be less intimate than females (Reis, Senchak, & Soloman, 1985). Going further, some authors, such as Peplau and Cochran (1981), have suggested that the sexes may not define intimacy in the same manner. Males, for instance, may socialize with each other in an intimate manner, but may not perceive their interactions as such. Event perception is influenced by existing prototypes. If the male prototype, for example, were based primarily on physical contact; whereas, the female prototype were characterized by emotional closeness, then the same event would be compared with a different standard, yielding different levels of reported intimacy. Rubin asserts that her clinical work with couples supports the conventional "wisdom" that women want intimacy while men tend to avoid it. Rubin writes convincingly about how intimacy is viewed by the sexes. To a woman, according to Rubin, men live in a lonely world in which their fears of exposing their sadness and pain, their anxiety about allowing their vulnerability to show, even to women they love, is so deeply rooted inside them that, most

often, they can only allow it to happen "late at night in the dark". Yet, according to Rubin, men insist that they do speak what's inside them, do share their thoughts and feelings. This author asserts that men have integrated quite successfully the lessons of their childhood experiences that taught males to repress and deny their inner thoughts, wishes, needs, and fears; in fact, to not even notice them. In contrast to women, whose inner thoughts and feelings are readily accessible, men frequently experience difficulty in this area, reporting that they "don't know what they're feeling" (Rubin, 1983). Young boys, in our society, are trained to camouflage their emotions under the cover of an exterior of calm, strength, and rationality. Fears, therefore, are not "manly". Fantasies are not rational. Emotions, above all, are not for the strong, sane, adult male. Reis et al.(1985), in their study of male intimacy, support many of Rubin's clinical observations. These researchers found, for example, that men were significantly less intimate in friendship relationships when compared to women. What Reis et al. found also was that their results contradicted theories that claim that intimacy differences are inherent and relatively immutable in the genders. Instead, Reis et al.'s findings indicated that males are capable of interacting as intimately as females when the situation makes it desirable to do so. Despite this finding, men do interact with one another in a less intimate manner than

females do, while having an equivalent capacity for intimacy.

Reis et al.'s (1985) work, then, challenges the myth in our culture that the greatest friendships are among men. Pleck (1976) makes a similar challenge in his work, asserting that emotional relationships that men have with other men are weak and often absent, with male/male friendships often being limited to formalized settings. Goldberg (1976) reiterated Pleck's assertion, claiming that men may have many acquaintances, but not one real friend. Tognoli (1980) in his investigation of male intimacy, noted that, essentially, a role develops for the man which consists of non-intimate connections. Men, according to Tognoli, hide behind a facade of strength and independence rather than admitting need. Balswick and Peek (1971) made similar observations calling the inexpressive male a tragedy of American society. Balswick and Peek advocate the position that culture rather than nature has the major influence in determining the temperamental differences between the sexes. They continue by asserting that as sex role distinctions have developed in America, the male sex role, as compared to the female role, carries with it prescriptions which encourage inexpressiveness. In some of its extreme contemporary forms, Balswick and Peek conclude, the inexpressive male has even come to be glorified as the epitome of the "real" man.

Balswick and Peek (1971) in their writing on male intimacy,

indicate that children, from the time they are born, both explicitly and implicitly, are taught how to be men or women. In learning how to be a man, the boy in American society comes to value expressions of masculinity and devalue expressions of femininity. Masculinity is demonstrated largely by physical courage, toughness, competitiveness, and aggressiveness; whereas, femininity is, in contrast, expressed largely through gentleness and responsiveness. Parents, in effect, teach their sons that a true man does not show his emotions since outward expression of feelings is a sign of femininity and, therefore, undesirable.

Balswick and Peek (1971) continue by identifying two basic types of inexpressive males that seem to result from this socialization process. The first, the "cowboy" type is strong, silent, and capable of defending himself physically. This rugged "he-man" is strong, resilient, resourceful, and capable of coping with overwhelming odds. His attitude toward women is usually courteous and reserved, with little demonstration of tenderness or affection since such show of emotion would be distinctly unmasculine. The second type of inexpressive male is labeled by Balswick and Peek the "playboy". This type departs from the "cowboy", however, in that he is not only inexpressive, but also "non-feeling". Women are treated with an air of emotional detachment and independence. The "playboy's" relationship with

women, according to Balswick and Peek, represents the culmination of Fromm's description of a marketing-oriented personality in which a person comes to see both himself and others as objects to be manipulated and exploited. Sexuality, in effect, is reduced to a packageable consumption item which the "playboy" can handle because it demands no responsibility. The woman in the process becomes relegated to the position of accessory. A "successful" love affair from this male type's view is one in which the bed is shared, but the "playboy" emerges having avoided personal involvement or a shared relationship.

In their study of male intimacy, Balswick and Peek (1971) were particularly interested in the effect of inexpressiveness on the man's primary love relationship. They discovered that when the inexpressive male couples, his inexpressiveness can become highly dysfunctional to the relationship if he continues to be generally non-disclosive with women, particularly the significant other. In American society greater demand has been placed on primary male/female relationships, especially marriage, to provide a vehicle for affection and companionship. Balswick and Peek suggest that it is highly plausible to explain the current high rate of divorce, not in terms of a breakdown in relationship, but as resulting from an increased load which the marriage is expected to bear. This investigation asserts further that if there is not enough affection expressed in the rela-

tionship, then many individuals question the wisdom of staying together. Thus, society inconsistently teaches the male to be inexpressive, while at the same time expectations in the marital role are defined in terms of sharing affection and companionship which involves the ability to communicate and express feelings. What is illustrated here is a classic example of what Ruth Benedict identified as a discontinuity in cultural conditioning (Balswick and Peek).

While it is evident from Balswick's and Peek's (1971) and Rubin's (1983) writings that males experience significant difficulty in other sex relationships, there is convincing argument that males may experience even greater problems with intimacy in same sex interactions. Tognoli (1980), in his investigation of male friendships, concluded that men tend to alienate themselves from other men. He cites socialization as a major cause of this phenomenon, going so far as to suggest that patterns of less intimate contact among adult males may stem from a direct awareness of legal sanctions. In St. Louis, for instance, males can be arrested for hand-holding, nongenital touching or caressing, and kissing and hugging in public. Tognoli reports, however, that non-intimacy among men probably stems more from the subtle, but ubiquitous role restrictions that specify that men remain more aloof from one another than is required of women. Pleck (1976), in support of these observations, indicated that men's

bonds with one another (often stronger than ties men have with women) frequently assume a ritualized form which actually limits the development of intimacy. Fasteau (1975) added, in this regard, that there is a need for men to be seen as machine-like, where there is no room for personal response.

Numerous researchers have specifically investigated the topic of male intimacy and cited findings similar to the ones previously mentioned. Gross (1978), for example, reported that men are often found less able (or willing) to distinguish sexual from non-sexual intimacy when compared to women. Such behavior may preclude the development of male/male friendships because the sexual factor calls forth the spectre of homosexuality. Homophobia is an issue that writers on the male role have agreed limits the development of closeness between men. In fact, David and Brannon (1976), indicate that fear of homosexuality may be the prime factor responsible for keeping men emotionally apart from each other. For example, whenever men experience a sense of failure regarding the masculine role, whether in a social, personal, or sexual sphere, this might be interpreted by the men as evidence of their homosexuality. Wood (1976) referred to this phenomenon as "pseudo-homosexual anxiety". Goldberg (1976), in his writings on the subject of male intimacy, stated that women also contribute to undermining men's intimacy with each other by appealing to the homosexual taboo. According to Goldberg, women

often intimate that a man who prefers the company of another man, rather than a woman, may be homosexual. Lehne (1976) suggests that the prevalence of homophobia forces men to be competitive in both their work situations and in their personal lives and that, as a consequence, they lose out on love relationships and close friendships. To express love is equivalent to possessing homosexual qualities, according to traditional belief; therefore, men are discouraged from experiencing and displaying their emotions toward one another. These findings are easily understood in view of societal norms. For example, Tavris (1977) noted that 70% of respondents to a "Psychology Today" survey conducted in 1977 judged homosexual men to be less than fully masculine.

In addition to homophobia, Tognoli (1977) cites at least three other elements that have been empirically identified as factors which limit friendships among men. The first of these is the issue of competition which is inconsistent with the goals of intimacy and self-disclosure. The drive for social status and self-esteem in the job situation is often damaging to men's emotional contact with one another. A second factor which discourages male intimacy is the tendency of men to overinvest themselves emotionally in a close relationship with one woman. Women, in contrast, tend to diffuse their intimate relationships among several others, including other females. In essence, males

create a dependency on women; they thereby provide less time in their lives for male friendships to develop. The final factor to be considered here is the relationship between domestic space and male closeness. Poverty in men's friendships has a counterpart in their avoidance and general detachment from houses. Men have disenfranchised themselves from the home, one of the core life experiences that is symbolic of security, warmth, friendship, intimacy, and nurturance. As a result, men rarely bring friends into their living space on their own, preferring to socialize in public, less intimate places.

Critique

As can be seen from the selected studies cited above, there is available an impressive body of clinical and research literature which addresses the topic of male intimacy. Rubin's (1983) Intimate Strangers, based on therapeutic interviews, and well-designed and carefully implemented studies such as those completed by Waring and Chelune (1983) and Horowitz (1979) provide convincing evidence as to the important role intimacy plays in adult psychological development. Waring's and Chelune's definition of intimacy is particularly useful since it isolates and explains eight separate aspects of this emotional phenomenon, thereby serving to make more specific the concepts of Eriksonian theory. Throughout the professional literature and illustrated

particularly in the studies by Reis et al. (1985) and Balswick and Peek (1971), there is a consistent noting of significant differences between the sexes in regard to both the experiencing and expression of intimacy. Balswick's and Peek's study, along with several others cited, indicates that the differences between male and female intimacy are the result of social conditioning as opposed to being determined by nature. Gross' (1978) work in this area further demonstrates and supports the conclusion that males experience more difficulty in intimate relationships, both same and other sex, than do females. Not only is this important finding made, but four causes for male difficulty with intimacy are explained and supported by clinical observation and research data collection and interpretation (Tognoli 1980). In summary, a review of the literature regarding male intimacy reveals extensive and reliable writing in this area which provides a strong theoretical and applied base of knowledge with which this study's results can be compared. Additionally, this investigation will add to the existing literature in that it offers specificity (gay male intimacy) and explores the possible effect of crisis (AIDS epidemic) on intimacy levels.

Gay Male Intimacy

As can be seen from the synopsis presented above, male in-

timacy is a topic which has attracted considerable research effort. Similarly, the more specific subject of gay male intimacy has also been researched and reported on in the existing literature. These investigations, most of which have been relatively recent, challenge the once popular assumption that gay men are unable or unwilling to establish or maintain ongoing relationships. Hoffman (1968) for example, wrote that "the most serious problem for those who live in the gay world is the great difficulty they have in establishing stable relationships with each other." As recent as 1973, Dank reported that homosexual relationships are generally short-lived. Current investigation contradicts the observations offered by Hoffman and Dank. Peplau and Cochran (1981), in their study of gay relationships, proposed that there is much similarity between gay and non-gay relationships. They assert that a fundamental issue in all close relationships, regardless of sexual orientation, is the balancing of intimacy and independence. Peplau and Cochran, in order to illustrate the importance of intimacy to gay men, quote a homosexual male who stated "the most important thing such a relationship would bring is the knowledge that someone loves and needs me as I would love and need him. It would be a stabilizing force in my life and give me a sense of security". In their study, Peplau's and Cochran's results supported several hypotheses that challenged former beliefs held relative to this

topic. First, the subjects in Peplau's and Cochran's sample reported that their current relationships were extremely close and personally rewarding. While this finding may not characterize the relationships of all gay men, it does, according to Peplau and Cochran, clearly indicate that gay men can and do establish intimate and satisfying relationships. They further report that the descriptions gay men gave of their relationships were remarkably similar to those of lesbians and heterosexual college students who have participated in similar studies. Peplau and Cochran state that there now seems to exist impressive evidence to suggest that there is considerable commonality in the internal dynamics of love relationships, regardless of the affectional preference of participants. Clearly there is increasing indication that statements such as the one made by Saghir and Robins (1973) that "many homosexuals have little desire for a long-term intimate relationship" are based more on societal myth than on objective research investigation.

While there is substantial documentation of the similarity between gay and non-gay intimate relationships, there have also been identified certain factors which distinguish the two. Reece and Segrist (1981), in their study of male homosexual relationships cite Westwood (1960) and Hooker (1965), both of whom have provided research findings which refute the popular assumption that gay men model their sexual and role relationships on tradi-

tional feminine-masculine dichotomies. Going further, Reece and Segrist assert that there is strong indication that intimacy in gay male relationships does not correlate with continuity. In other words, the relationship may be intimate even though short-term. Reece and Segrist, as a result of their findings, warn against possible errors in generalizing from heterosexual models of relationships to gay male relationships, suggesting that relationship dynamics and the motivations for being coupled may sometimes differ between gay male and heterosexual populations. McWhirter and Mattison (1984), in their longitudinal study of gay male couples in comparison to heterosexual couples (lesbians not included in the study) support Reece's and Segrist's contentions. McWhirter and Mattison found that although there are many similarities among primary relationships, regardless of the sexual orientation of the participants, same-sex couples do have unique characteristics that must be taken into consideration. Two primary examples of differences between gay and non-gay couples are: (1) among many gay men the expectation of sexual exclusivity diminishes rapidly after the first year; and (2) many gay couples maintain strict separation of money and possessions during the early years of their relationships. Peplau and Cochran (1981) support these conclusions, reporting that in their study most subjects (73%) indicated that they had had sex with someone else at least once since their current relationship

began. In fact, according to Peplau and Cochran, sexuality is the area where gay men appear to differ most from lesbians and heterosexual individuals who participated in similar studies. For example when asked if they had had sex with someone other than their primary partner in the last two months, 54% of the gay men said they had, as opposed to only 13% of the lesbians and 14% of the heterosexually identified subjects. Thus, it is in the area of autonomy, and more specifically sexual exclusivity, that the largest differences between gay men's relationships and other types of relationships were found.

In order to understand the similarities and differences between gay male and other types of relationships, it is important that the development of a homosexual identity be considered. As has been indicated, Erikson (1968) postulated that the major struggle of adolescence is between identity and identity confusion. The period of adolescence for the young homosexual male is a period of discovering both his homosexuality and the negative social sanctions against it. This time is also a period of conflict and confusion as the gay adolescent attempts to integrate his "difference" into his psychological and social life. Since society views homosexuality as an issue and considers it a problem, then the homosexual male is "forced" to focus excessive attention on it and, in effect, make sexuality central to identity development. The extent to which the individual is in conflict

about his homosexual needs because of internalized homophobia is the extent to which he has developed a "homosexual identity" as opposed to a "gay identity". Rutter (1982), in his investigation of this subject, postulated that this homosexual identity accords with Erikson's concept of identity confusion which is the failure to establish a positive integrated ego identity since a "homosexual identity" implies a negative identity focusing almost exclusively on sexual needs while a "gay identity" is a positive, integrated identity encompassing the individual's emotional and affectional as well as sexual needs. According to Erikson, when fragmentation, compartmentalization and conflict, as well as hiding, lying, and secrecy characterize the individual's life, it may be said that to that extent, a positive integrated sense of self sameness and continuity, both to oneself and to significant others, has not been established. Rutter, in this regard, asserts that to the extent that the individual's identity is a homosexual one, then it may accurately be labeled as "confused".

Erikson (1968) refers to three "symptoms" of identity confusion that Rutter (1982) has isolated as particularly relevant to homosexual identity. The first of these is doubt and shame which Erikson contrasted with a sense of autonomy. Rutter suggests that doubt and shame are both central characteristics of homosexual identity in a homophobic, sociocultural environment.

The second symptom is "identity consciousness" as opposed to self certainty. Identity consciousness is defined by Erikson as a special form of painful self-consciousness which dwells on discrepancies between one's self-esteem, the aggrandized self-image as an autonomous person, and one's appearance in the eyes of others. Again, identity consciousness is common to the homosexual male in a homophobic environment. The third symptom relevant to the homosexual identity is "bisexual confusion" which refers to the fact that the young person does not feel himself clearly to be a member of one gender group or the other. This is opposed to the polarization of sexual differences defined by Erikson as the elaboration of a particular ratio of masculinity and femininity in line with identity development.

Erikson (1968), in his developmental theory, makes several important points about the effects of identity confusion on intimate relationships. These conclusions are based on his conviction that the development of psychosocial intimacy is not possible without a firm sense of identity. A crucial point, according to Rutter (1982), focuses on the perceived danger of intimacy, when, in adolescence, bisexual confusion joins identity consciousness in the establishment of an excessive preoccupation with the question of what kind of man or woman, or what kind of intermediate or deviate, one might become. If at such time something happens causing one to be socially labeled as deviant then

the person, according to Erikson, may develop a deep fixation, reinforced by the transvaluation of a negative identity, and true intimacy will, therefore, seem dangerous. Another risk that Erikson addresses is the fear of loss of identity resulting from interpersonal fusion. Erikson asserts that where an assured sense of identity is missing, even friendships and affairs become desperate attempts at delineating the fuzzy outlines of identity by mutual narcissistic mirroring. To fall in love then often means to "fall into one's self, and damaging one's mirror" (Erikson, 1968). One consequence of this fear of identity loss through fusion, according to developmental theory, is a tense, inner reservation and a caution in commitment.

Identity confusion, as viewed by Erikson (1968), then leads the individual to view intimacy as dangerous. He suggests that the person in this situation has several options: he may shy away from intimate relationships and isolate himself; he may enter only highly stereotyped and formalized interpersonal relationships; he may, in repeated hectic attempts and dismal failures, seek intimacy with the most improbable partners; or he may throw himself into acts which are promiscuous, without true fusion or real self-abandon. Therefore, the identity confused individual is immersed in a self-protective vicious circle. The development of true intimacy is impossible without a firm sense of identity, while at the same time true intimacy with others is

the result and test of firm self-delineation. Going further, the identity confused individual views intimacy as dangerous and avoids relationships through which, ironically, he might develop and clarify his sense of self. The logical result is an agonizing sense of isolation. For the homosexual boy, according to Rutter (1982), this sense of isolation is quite familiar. To the extent that the individual's identity is a homosexual or confused one, it is suggested by Rutter that his intimate relationships will be minimal or marked by a sense of danger and focused on genital sexuality with little real intimacy between partners. Therefore, the individual's sense of isolation will be not only maintained, but reinforced.

Other researchers and clinicians report findings and share observations which support Rutter's (1982) analysis of gay male development. Going further, these writers have also identified specific factors which, in the current social context, inhibit the development of intimacy between adult homosexual males. Reece and Segrist (1981), for example, conclude that certain cultural conditions, particularly the lack of social, legal or economic support systems such as those that exist for institutionalized non-gay marriages, contribute to the difficulties faced by gay men in the continuation of their relationships. Rutter concurs, suggesting that even aspects of the gay subculture are counterproductive to the development of a

creative individual identity and creation of an ultimate intimate relationship between gay men. McWhirter and Mattison (1984), in their comprehensive, longitudinal study of male homosexual couples, assert that aside from all the difficulties found when two separate personalities combine to form a primary relationship, there are problems unique to the gay experience.

There is ample research data available to support the distinctive difficulties attributable to same-sex relationships. A review of the existing literature identifies five specific areas of stress for men involved in homosexual coupling. These include competition, expression, sexual plurality, idealism, and lack of role models (McWhirter and Mattison, 1981). McWhirter and Mattison, for example, contend that primary relationships between gay men often result in a power struggle between partners for dominance and control. Silverstein (1981) agrees, citing competition to be an issue in almost all of the gay male relationships that he has investigated. Logically, it is extremely difficult then for a partner to offer support to his significant other when that person is also the one with whom he competes against and compares himself. If "winning" the competition is an important means of increasing self-esteem, then he will need his partner in a "one-down" rather than equal position. The competitive dimension of gay male relationships serves, in effect, to inhibit intimacy and encourage struggle, conflict, and distance.

Secondly, Rutter (1982), in his study of gay male intimacy noted that while growing up as males and homosexuals, gay men learn to deny significant aspects of their emotional lives. Often these men are unaware of, and therefore unable to communicate, important needs and emotions. Not having feelings and desires readily accessible is a reason that they are often not shared with partners. In addition, men frequently lack the interpersonal skills that would enable them to effectively communicate. These factors, combined with the prevalent fear of allowing oneself to risk being vulnerable, seriously inhibit sharing and disclosure which are crucial elements in successful primary relationships. As a result, gay men often report the confusing and frustrating experience of feeling distant from the person to whom they desire to be closest. McWhirter and Mattison (1984) also cite communication as a significant problem in male, same-sex relationships and add an especially ironic finding of their investigation in this area. These researchers report that gay men, not uncommonly, in the later stages of their relationships, have a tendency to "over-communicate" with each other; at times processing their feelings and behaviors "to death", which causes relationship fatigue and distress.

Thirdly, Reece and Segrist (1981) cite the issue of "sexual plurality" (intended to be a less derogatory term than promiscuity) as a characteristic which is repeatedly interwoven in

discussions and explorations of gay male relationships. Rutter (1982) concurs and elaborates by declaring that most observers have defined homosexuality as a sexual orientation. Therefore, a homosexual identity has been considered to be a sexual identity. Sexual needs, according to Rutter, have been regarded as the primary needs of homosexual men. Important emotional and affectional needs, as a result, come to be viewed as not only extensions of these needs, but as also being secondary to them. Placing a negatively valued sexuality at the center of self-definition with emotional needs in a subordinate position, asserts Rutter, facilitates identity confusion and fragmentation rather than integration. In addition, he asserts that this phenomenon causes the task of gay men in meeting their needs for emotional, affectional, and sexual intimacy with other males to be immensely more difficult because sexual needs rather than emotional ones are regarded as the primary motivation of homosexual contact. This view of homosexuality, which is prevalent in our society, according to Rutter, is a biased one based on false assumptions and misconceptions. Support of this perspective, however, maintains the sociocultural oppression of gay people and actively works against intimacy between homosexual males.

Fourth, McWhirter and Mattison (1984) report that in the early stages of primary relationships male homosexual couples

believe that the love and togetherness of blending are critical indicators of their relationship. They view even the slightest rupture in this closeness as signaling the end of their commitment. As a result, when each partner begins to feel less intense or when there is a mutual diminution of feeling, men withdraw from each other. According to McWhirter and Mattison this is the most common cause for gay men to end their relationship before the end of the first year. An accompanying problem is the fear of intimacy generated by the intensity of blending. This fear, which can be as difficult as the lessening of romantic intensity, may also be manifested in the individual's resistance to the process of blending. Rutter (1982), in his work relative to gay male intimacy, supports and extends the findings cited by McWhirter and Mattison. He declares that a basic factor that determines the uniqueness of the gay man's task of seeking emotional, affectional and sexual intimacy with other gay men derives from the fact that he is a man and looks to other men to satisfy these needs. It is logical that those aspects of the male sex-role socialization that function as blocks to male/male intimacy would also present problems for gay men in their intimate relationships with one another. Therefore, homosexual males experience difficulty in primary relationships since their needs system for same-sex intimacy conflicts with their sex-role socialization which inhibits same-sex intimacy. Rutter further

asserts that gay men are trying to satisfy their needs for closeness with other men who have similarly been trained to avoid intimacy. These conflicting factors, according to Rutter, will frequently produce internal conflicts which are acted out interpersonally. The result of the conflicting factors is an exaggeration of the basic tension between autonomy and intimacy which is widely believed to exist in all primary relationships. As Silverstein (1981) has concluded, contrary to old assumptions about the inherent inability of homosexuals to be intimate, it is ironic that many gay love affairs break up because of the fear of the closeness and intimacy that has developed, not because they cannot be intimate.

A final factor cited in the research literature which causes gay male intimacy to be difficult is the lack of role models for their relationships. McWhirter and Mattison (1984) report that since each partner is the product of a heterosexual relationship, gay couples tend to share the expectations and roles of heterosexual couples. These researchers indicate that examples of heterosexual expectations include equating fidelity with sexual exclusivity; expecting one partner to take the "feminine" role while the other assumes a "masculine" one; and one partner anticipating being taken care of by the other, much as the wife traditionally expects to be taken care of by the husband. Not surprisingly, gay men who build their relationships on rules or

expectations like these frequently find themselves and their primary intimate relationships to be troubled and stressful.

Critique

As demonstrated by the summary of relevant research literature presented above, there is an extensive body of recent study relative to the topic of gay male intimacy. There is represented also a broad range of perspective. For example, well designed studies such as Peplau's and Cochran's (1981) serve to dispel societal stereotypes relative to male homosexual coupling, making convincing argument for the similarity between gay and non-gay relationships. Research investigations, such as Reece's and Segrist's (1981) and McWhirter's and Mattison's (1984), offer a different view which warns against generalizing from traditional, heterosexual couple models when analyzing and describing same-sex relationships. Rutter's (1982) extensive study of gay male intimacy provides a wealth of knowledge on this topic with his skillful correlating of gay male development with Erikson's precepts being particularly helpful and impressive. Finally, there is substantial data available which identifies specific factors that contribute to the difficulties experienced in male, same-sex pairing. As can be readily seen, the research studies in this topic area are numerous, well-designed, varied, and relevant to the subject under investigation in this re-

search. This solid base of information will serve as a useful measure of comparison for the findings of this study which will examine the impact of the AIDS crisis on gay men's sexuality, gay identity formulation and intimacy development between gay men.

Physiological and Psychological Impact of AIDS

As can be seen from the preceding section, sexuality, identity and primary relationships are crucial, interwoven facets of adult homosexual psychological development. While much has been written on the topic of gay male intimacy, there is a glaring absence of information on what influence the current AIDS crisis has had on gay men relative to changes in sexual behavior, ego development, relationship to community, and significant relationships. The purpose of this investigation is to begin the process of examining this neglected research area.

Prior to undertaking this task, however, it is imperative that the AIDS epidemic be defined and explained and its multifaceted impact be delineated. AIDS is a condition in which there is a severe breakdown of the body's immune defenses. As a result, individuals become prone to developing one or a combination of serious illnesses. According to Furstenberg and Olson (1984), the most common manifestations of the disease are Kaposi's sarcoma (KS), a rare skin cancer previously seen only

in older people; and a variety of infections, called opportunistic, because they would not be serious in people with normally functioning immune systems. The most prevalent of these opportunistic infections, as reported by Furstenberg and Olson, is pneumocystis carinii pneumonia (PCP) which, in fact, currently accounts for 70% of the primary diagnosis of AIDS patients.

Since the advent of the AIDS crisis, much of the public's attention and media's coverage has focused on the panic caused by fear of contagion. Although AIDS continues to be a frequently misunderstood and in many ways a mysterious disease, there is convincing medical evidence to dispute the belief that AIDS can be contracted through casual contact. Tanne (1985), in his writing on the subject, indicates that presently even the most conservative of medical researchers are stating that AIDS is not an easy disease to catch. In fact, according to Tanne, the two chief modes for transmission of the virus, sexual contact and sharing intravenous drug needles, are practices which could hardly qualify as casual. Tanne asserts further that sexual activity is perhaps the more insidious means of transmission of the HIV (AIDS) virus, since literally hundreds of thousands of asymptomatic people may be carrying and quite possibly spreading the disease without knowing it. While the risk of infection is clearly not limited to male homosexual or bisexual men, this group is currently the highest at risk group, comprising as of

December, 1986, approximately 66% of all diagnosed cases. This fact led Dr. Helen Kaplan, head of the Human Sexuality Program at New York City Hospital, to state that, "there is no safe sex, but there is safer sex" (Tanne, 1985).

In addition to the sobering medical aspects of AIDS, it is logical that persons diagnosed with the disease will suffer accompanying emotional distress (Morin, Charles, & Maylon, 1984). Morin et al. and Batchelor (1984), in their writing on the subject, note that many AIDS patients suffer panic, particularly around the time of diagnosis, and frequently consider or threaten suicide. Anthony Ferraro (1984), a person with AIDS who recently died from the disease, wrote extensively about his personal experiences with the disorder. He describes his initial reaction by stating that "although my doctor was very compassionate and despite all my mental preparation nothing was sufficient to thwart the tidal wave of emotion that swept over me as I received what I regarded as a death sentence" (Ferraro, 1984). Morin et al. and Batchelor assert that the diagnosis of AIDS and its subsequent course place severe demands on the patient's coping capacities. Suspected AIDS patients, they report, often endure a long period of uncertainty before a clear diagnosis can actually be determined. Persons with AIDS then face a usually terminal illness, with limited possibilities for treatment, which will probably proceed through unpredictable acute episodes

over a course of several years. They will likely suffer considerable pain, debilitation, bodily change, physical disfigurement, and eventual death (Morin, et al.).

In addition to the devastating features of the disease itself, Furstenberg and Olson (1984) assert that for gay men there are additional circumstantial factors which cause coping with AIDS to be especially difficult and painful. He indicates, for example, that the median age of persons with AIDS is thirty-five. As a result, for many this is the first experience with serious, much less life-threatening, illness. Furstenberg and Olson conclude that due to the atypical age, the usual illusion of immortality, held at this time, is shattered. As a result, many patients react with massive denial of the diagnosis and its implications. Furstenberg and Olson continue by indicating that for the gay client, his situation may be further complicated and intensified since if his illness becomes known to others then the patient, if not previously "out", is "forced out" and possibly must face all the negative reactions to homosexuality which induced him to remain "closeted". Gay persons with AIDS must, therefore, confront the general public's association of this disease with an alternative sexual orientation, and with the expectation of the patient's having had contact with many different sexual partners. Both patterns are severely censured by much of this society. Furstenberg and Olson assert that since

social attitudes are frequently and often subtly internalized, then many people with AIDS also experience excessive guilt and self-blame. Those who have not fully accepted their homosexuality, Furstenberg and Olson conclude, may experience even greater self-rejection. One patient, for example, shared with his therapist, "I've heard all my life that I'm going to be punished for being gay. And now it has happened" (Furstenberg and Olson, 1984).

In addition to the patient, significant others will face enormous emotional and psychological stress. Morin et al. (1984) identify the lovers of AIDS patients as persons in the gay community who will be especially affected. Knowing that one has shared the most intimate contact with another who is dying of a contagious disease, according to these researchers, is shattering. They indicate that given the possible lengthy incubation period of the virus, lovers, having had direct and intimate exposure, may suffer chronic anxiety. In addition to concern relative to their own health, Morin et al. state that partners of AIDS patients will almost certainly face self-righteousness, discrimination, fear, and legal impediments as they help their lovers through the last months or years of life. These are psychological demands that are combined with existing grief and realistic personal health worries (Morin).

Morin et al. (1984), in their investigation of the AIDS epi-

demic's impact on gay men, assert that the crisis has permeated the entire subculture, creating substantial anxiety. Many gay men, without reason to be particularly fearful, are suffering significant emotional distress. These men, they observe, when seen in therapy, report interpreting every cough as PCP, looking for KS lesions on their bodies several times a day and dreading minor infections they are certain will develop into life threatening illness. Such persons are frequently referred to as the "concerned well". These men, while medically asymptomatic, have developed actual panic attacks, generalized anxiety, hypochondriasis and somatic preoccupation. Often these episodes, according to Morin, involve unfounded beliefs that one is actually dying of AIDS.

Morin et al.'s work in this area suggests that the impact of AIDS goes beyond those labeled the "concerned well". They assert that it is reasonable to conclude that gay males in general are at high risk for mental health problems. These investigators, going further, suggest that the frustrations associated with being gay in a nonunderstanding society are magnified by a new and pervasive fear of AIDS. As a result, Morin et al. conclude that public attacks on persons with AIDS as "immoral homosexuals" who have reaped the consequences of their sins do have an effect on gay men's minds and emotional health. As the AIDS crisis intensifies, therefore, gay men are logically becoming

increasingly aware and concerned. A survey of homosexual males conducted in San Francisco in March, 1983, revealed that about 75% of the respondents indicated increased personal anxiety since they found out about AIDS (Morin). Denial of the problems associated with AIDS, assessed in the same survey, was an extremely low three percent.

Despite the overwhelming complexity and seriousness of the AIDS Crisis, service organizations, particularly in the gay community, have responded quickly and effectively. The Whitman Walker Clinic in Washington, D.C. and The Gay Men's Health Crisis in New York, for example, are gay formed and funded agencies which provide a variety of counseling, medical, financial, legal, and support services to AIDS patients, significant others, people with ARC, the bereaved and "concerned well". Since such clinics are largely staffed by volunteers from the homosexual community, gay men perhaps more than ever before are cooperating, combining their efforts, and gaining validity as a minority. Morin et al. (1984) report that while individual reactions to the AIDS crisis have varied greatly, there is indication of shifting attitudes for gay men as a whole. They indicate that psychotherapy with homosexual males, for instance, has altered to some extent as a result of the epidemic. Existential concerns, Morin et al. indicate, appear with increasing frequency. Coming to terms with friends' illnesses and death has

led many gay men to struggle with the meaning of their own lives more fully. These researchers observe further that over the past two years support groups with gay men have increasingly dealt with such issues as socializing versus sexualizing, and developing and continuing relationships. Morin et al. continue by stating that currently psychologists are trying, when working with homosexual clients, to remain sex positive and gay affirmative while at the same time working toward an educational model of "safer sex" (no exchange of semen or blood-related secretions). A number of therapists, Morin et al. report, have noted a marked increase in the amount of time they spend helping clients to set and maintain sexual limits.

In addition to the need for an examination and modification of sexual behavior for gay men as a result of the AIDS epidemic, Morin et al. (1984) identify intimacy as another major therapeutic issue highlighted by AIDS. Intimate relationships, they assert, fulfill basic human desires for love and affection. Morin and his colleagues state further that such relationships can also answer sexual needs and be a haven from the fears, anxieties and general complications of the AIDS epidemic. The current health crisis, Morin et al. assert, has created an atmosphere in which the gay community is placing more emphasis and more peer pressure on men to couple. This social shift involves, among other things learning a new set of skills; specifically,

the skills of cooperative living. It may also require, as part of becoming a couple, working through fears of intimacy (Morin et al.). These researchers report that while many gay men tended to make most social contacts through bars and baths, they are now beginning to explore new ways to meet people through such activities as hiking clubs, literary discussion groups, etc. Morin et al. conclude by stating unequivocally that the psychological impact of the AIDS crisis on gay men is omnipresent and profound, with existential issues no longer being abstract philosophical musings or gentle nagging preoccupations, but instead functioning as immediate and vivid concerns. As can be clearly seen, Morin's and his colleagues' observations lend support to the possibility of positive changes being created by gay men relative to their identity, sexuality and relationships in response to the demands of the AIDS crisis. Such support serves to substantiate and encourage the topic to be examined in this research investigation.

The clinical observations reported by Morin et al. (1984) are currently under investigation, particularly by researchers based in large metropolitan areas with a high incidence of AIDS and large gay communities. The AIDS Behavioral Research Project which is currently operating under the auspices of the University of California, San Francisco, for example, is investigating gay men's reactions to the AIDS epidemic. This research, which

began in 1983, has resulted in a series of articles providing findings that are related to the topics being examined in this study. Since the Project began, questionnaires have been distributed to a male homosexual sample at sixth month intervals. The results consistently reveal that gay men in the San Francisco area are "uniformly well attuned to the nature of the directives for AIDS risk reduction (McKusick, Horstman, & Carfagni, 1984). Simply stated, knowledge and awareness of AIDS and of risk reduction practices are extremely high among gay men (McKusick and Coates, 1985).

Despite the fact that researchers conducting the San Francisco AIDS Research Project have discovered a high level of information on AIDS to exist in the gay community, their work has revealed less convincing findings relative to change in sexual behavior as a result of having such knowledge. McKusick, Horstman & Carfagni (1984), for example, in their early investigation of this topic found that 30% of the gay men sampled had reduced high risk sexual behaviors. Going further, these researchers discovered also that gay men who had sex outside ongoing, primary relationships were more careful in their sexual practices with secondary contacts than were single respondents. While these results are encouraging, McKusick, Horstman, & Carfagni reported troubling findings as well. For example their research revealed that 62% of the men sampled in the study had

not changed at least one type of behavior that could possibly transmit the AIDS virus. They concluded from this early investigation of the AIDS crisis that despite sound knowledge of health directives, the men participating in the study displayed a "remarkable discrepancy between what they think and believe and how they behave sexually" (McKusick, Horstman, & Carfagni). It was concluded that risk reduction behavior is more a function of attitudes toward sexual behavior than a function of exposure to information about AIDS.

A published report from the AIDS Behavioral Research Project, conducted a year after the study described above, also revealed conflicting results relative to change in sexual practices for gay men. For example, in this later investigation, McKusick and Coates (1985) reported that all forms of sexual activity considered at high risk for AIDS transmission and reception had decreased substantially both inside primary relationships as well as with secondary partners. Nevertheless, the same study revealed that in May, 1985, 25% of the subjects involved in the study had engaged, during that month, in at least one sexual act which would put them at risk for infection. Additionally, the study's findings revealed that 28% of the men sampled reported being potentially willing to infect others (McKusick and Coates).

In an additional article extracted from the same data used

by McKusick and Coates (1985), McKusick, Horstman, & Coates (1985) reported that changes in sexual behavior among gay men could be accurately described as selective. Going further, they indicated that homosexual males, involved in monogamous primary relationships, showed little reduction in suspected high risk sexual behavior as these men reported that they felt protected from infection by practicing monogamy. In addition, McKusick, Horstman, & Coates found that other gay men in the study showed reduction, but more in oral-genital contact than in anal intercourse practices which are generally considered by medical experts to be higher risk sexual practices. In concluding their article, McKusick, Horstman, & Coates suggest that sexual behavior may be compared to other high risk behaviors such as tobacco smoking, obesity, non-seat belt use and alcohol consumption in that knowledge alone is not sufficient to change behavior.

In addition to their investigation of changes in sexual practices for gay men, researchers involved in the San Francisco AIDS Project have also examined other psychosocial effects of the AIDS epidemic. For example, McKusick, Horstman, & Carfagni (1984) have discovered a trend in the gay community toward forming more primary relationships. They report further that homosexual males are expressing feelings of increased commitment to existing relationships and to limiting sexual contacts outside their primary relationships. Further findings from this study

revealed additional changes in specific aspects of the "gay lifestyle". For example, McKusick, Horstman, & Coates (1985) found an increase in celibacy as well as monogamy and a reduction in the number of sexual partners for those gay men not currently involved in a primary relationship. Morin, Charles, Coates, & McKusick (1985), in their writing on the psychosocial effects of AIDS present additional data that are relevant to this investigation. They report, for example, that self-esteem seems to be a critical variable relative to sexual behavior change. Specifically, Morin, et al., using a measure of self-esteem developed by Rosenburg, discovered that higher self-esteem correlated positively with significant change in reducing high risk sexual behaviors. Additionally, they discovered that personal efficacy, defined as the person's perceived ability to change, proved to be the most significant variable affecting success in altering sexual practices and adhering to specific low risk guidelines(Morin, et al.). Based on the initial results of the ongoing investigation being conducted by the AIDS Behavioral Research Project, it is possible to assert that the AIDS crisis is affecting not only sexual practices for gay men, but is also significantly influencing same sex relationships. In addition, the important relationship between self esteem and the potential for sexual behavior change discovered by the Project's team serves to validate the need for continued and re-

lated research such as the investigation being conducted in this study.

Critique

Despite the impressive amount of information on AIDS made available in such a brief span of time, the research literature continues, somewhat understandably, to be overwhelmingly medical. In the area of psychosocial research much less investigation has been produced thus far. The data currently available in social science articles, with the notable exception of the work being done by the San Francisco AIDS Behavioral Research Project, is also almost exclusively based on clinical observation rather than sound research methodology. Even this carefully designed and implemented research has serious limitations which are readily acknowledged by the Project's research team. For example, despite the existence of a high profile gay community in San Francisco, many gay men remain unidentifiable, therefore preventing the use of random sampling methods. Additionally, despite the Project's concentrated efforts at recruiting subjects, the response rate has remained consistently low. Equally limiting is the fact that respondents to the AIDS Behavioral Research Project have been predominantly white, middle-class, professional, and well educated, with racial and ethnic minorities being overrepresented in the AIDS patient population and

underrepresented in the sample. Clearly, generalizing from the findings of this research to other areas of the country would be seriously limited. In view of these constraints, this particular investigation will contribute to the existing psychosocial research literature by further examining the effect of the AIDS crisis on a middle-size urban area with a gay community that is possibly quite distinct from the highly organized, politicized one that exists in San Francisco. Additionally, this study will explore the possible positive effect of the AIDS crisis on gay men relative to sexual behavior, identity development and intimacy achievement as opposed to current articles on the topic which focus almost exclusively on the negative impact of this epidemic. An unidentified counselor working with persons who have AIDS has written that what the crisis seems to be doing is bringing the existential problems of human experience into sharp focus, which makes for accelerated insight and growth. Like all crises, the counselor continues, they can either kill or cure you. If you can survive, this helper concludes, then you will probably grow, get stronger, and maybe even become wiser. It is in this spirit that this research is undertaken.

The summary of the meaning and impact of AIDS presented in this writing, therefore, demonstrates that, despite its recent appearance, considerable information has been produced relative to this topic. What is equally clear is that AIDS, being an un-

treatable disease, has stimulated primarily medical and, secondarily, psychosocial research which focuses on the difficult aspects of coping with this devastating disease. Richard Kinnier (1986) writes specifically on the need for additional psychosocial research on AIDS. He asserts that as with other diseases, psychosocial factors may play an important role in the prevention and treatment of AIDS. Going further, Kinnier cites an article by Coates, Temoshok and Mandel (1984) in which they proposed that all research on AIDS examine the interactive influence of genetic, environmental, and psychosocial factors. Coates et al. indicate, additionally, that heart conditions, cancer, and other diseases are best understood when myriad human factors are considered in research, treatment, prevention, and control. AIDS, Coates et al. logically assume, is no different. Kinnier continues his advocacy for further research on AIDS by indicating that current data about the increasing incidence of AIDS and its worldwide spread suggest that the epidemic will become worse. Researchers in the social science field, therefore, face the challenge of identifying psychosocial factors that may be associated with the prevention of AIDS and with health improvement for AIDS patients. The purpose of this investigation is to assist in that effort.

Generalized Population

If the results of this study indicate that gay men have achieved higher levels of intimacy with each other as a result of the AIDS crisis, then it is reasonable to postulate that a similar phenomenon might occur in other "high risk" populations. High risk populations are defined here as ones in which people are confronted with life-threatening illness, life-threatening situations (hostages, soldiers in a combat zone, prisoners of war, etc.) or experiencing negative life events. A computer search of the current literature reveals that there is a scarcity of research relative to this topic. There are, however, several sources which, in a tangential manner, provide indications that such situations do promote increased intimacy.

Beatrice (1979), for example, in her study of people who are divorcing reports that these individuals suffer a major identity crisis in which they believe that the entire structure of their lives has fallen apart, leaving them feeling empty and worthless. Beatrice observes further that these people experience overwhelming loneliness and loss of a sense of purpose. Isolation, according to Beatrice, is often an intense problem for these individuals. In her study, Beatrice asserts that divorcing persons critically need authentic and workable support in order to successfully manage the reconstruction of their lives. She specifically identifies the need for achievement of intimacy as a primary need for this population. Beatrice concludes by stat-

ing that the use of groups has been particularly helpful in providing support and facilitating personal growth since they provide non-sexual intimacy.

In addition to the topic of negative life events and the relationship to intimacy, there are sources in the professional literature which also suggest that social-psychological factors are related to illness behavior. Cox (1980), for example, in her study of mid-life women discovered that women who lacked satisfying intimate relationships had more illness behavior than women with such relationships. In addition, Cox found also that females with low life satisfaction and those with low self-esteem displayed significantly more illness behavior. Finally, role changes, as measured by serious illness or the death of someone close in the previous twelve months, were significantly related to the younger women in the sample. Windisch (1983) in his study of college students with recent negative life events found that during crisis, young adults either sought greater intimacy with the other sex or retreated into isolation.

In summary, there is little to be found in the current literature relative to the topic considered here. As has been shown, however, there are several sources which suggest the possibility of a relationship between crisis situations or events and the need for increased intimacy.

Critique

As can be seen from the above summary there is a lack of research and writing regarding intimacy and its possible relationship to life-threatening illness and situations, and its relationship to negative life events. In addition, the writing that is available is only tangential to the topic. Beatrice's (1979) writing on divorce clearly requires research in order to test what appears in her articles since her conclusions are based entirely on clinical observations. Going further, Cox's (1980) study is also suspect since it relied solely on questionnaires and utilized a very limited sample. It is the intent of this study to contribute to the current literature by investigating possible relationships between intimacy and threatening situations and by encouraging other investigators to pursue the same topic with additional and distinct populations.

CHAPTER III

Methodology

Population and Selection of the Sample

The population for this study was composed of adult, self-identified gay males. Three hundred copies of three research instruments were distributed of which 54% were returned. Therefore, one hundred sixty-one completed research packets were examined. Due to the lack of a clearly identifiable gay community in the Richmond area and the need for insuring protection of the respondents, all participants were volunteers and remained anonymous throughout the research process. Persons who agreed to be involved in the study were reached through various gay community organizations, a free medical clinic that serves a large homosexual patient load, mental health professionals providing services to gay clients, and personal acquaintances and friends of the researcher.

Data Gathering

Three hundred research packets were distributed to gay men in the Richmond area. Each packet contained copies of the Adjective Check List, Intimacy-Isolation Scale, and the Personal and Social Reactions to AIDS Questionnaire. Additionally, a cover letter explaining the purpose of the study and describing

the process for completion and return was included. The questionnaire was clipped to a postmarked return envelope for the convenience of participants. Respondents were asked to complete the Adjective Check List and Intimacy-Isolation Scale twice. Subjects were instructed to respond to the instruments the first time as they believe they would have prior to having information about AIDS. Respondents then reacted to the Adjective Check List and Intimacy-Isolation Scale again based on what they now know about the epidemic. Participants completed the Personal and Social Reactions to AIDS Questionnaire only once since its design allows for examination of pre-post AIDS responses.

Since the state and city in which this research was done provide no civil rights protection for gay people, sampling was necessarily limited to anonymous volunteers with careful attention being given to the maintenance of confidentiality. Additionally, since the population examined is currently at highest risk for infection, contact information for the Virginia Health Department's AIDS Hotline was provided. This was done so as to make available referral assistance to any participant who might have had personal concerns as a result of involvement in the study.

Instrumentation

Adjective Check List

The Adjective Check List (ACL) is an objective, self-report personality instrument developed by Harrison Gough. The Check List consists of three hundred adjectives with instructions for the respondent to check those items which apply. The instrument is self-administered and is appropriate for persons of high school age and older. The Adjective Check List is based on Cattell's designation of traits and is an instrument of self-description which can distinguish one person from another. The Check List provides a comprehensive picture of the individual reporting on a total of thirty-seven distinct personality characteristics. For the purpose of this study, however, the Personal Adjustment Scale was most closely examined. This scale, as its name denotes, was developed in order to assess an individual's level of adjustment in the personal domain. High scorers on this scale of the Adjective Check List are characterized by positive attitudes toward life and as people who enjoy the company of others. These individuals are typically capable of initiating activities and carrying them through to conclusion. In contrast, low scorers on the Personal Adjustment Scale are frequently anxious, "high strung", and moody. These persons often avoid close relationships with others and worry about their ability to deal with life's stresses. Low scorers on this scale of the Ad-

jective Check List are experienced by others as defensive, preoccupied, and easily distracted (Gough and Heilbrun, 1980).

The Adjective Check List is a widely used research instrument that was normed on a sample of 5,238 males who were highly diversified in age, education, intelligence, occupation and social status. Vance (in Buros, 1978) describes the Check List as a sound and economical research tool, demonstrating an average of .75 test-retest reliability and acceptable validity. Additionally and specific to this study Rasmussen (1964) has demonstrated the Adjective Check List to be an effective means of investigating Erikson's concept of ego identity.

Personal and Social Reactions to AIDS Questionnaire

Designed and successfully tested in 1984 by Virginia Commonwealth University's Department of Social Research, the Personal and Social Reactions to AIDS Questionnaire is an extensive, thirty-three page survey instrument which addresses six categories of information including: knowledge of AIDS; sources of information about AIDS; accuracy of information concerning AIDS; cognitive and emotional reactions to AIDS; sexual behavior change; and degree of disclosiveness relative to sexual orientation. Additionally, this survey instrument collects demographic data such as age, race, educational level, employment status, income, marital status, and religious background which will be

used in sample description. In 1987, the instrument was revised and extended in order to update medical aspects of the questionnaire and to include questions concerning antibody testing, "safer-sex" practices, and substance usage. The instrument was originally piloted with a group of gay men in the Richmond area and is designed for adults. Respondents to the questionnaire were asked either to respond to yes or no questions or to rate answers on a Likert-type scale or continuum. This format allows for comprehensive data collection without the requirement of inordinate time commitment on the part of participants. There are, however, open-ended questions included in the survey that provide for greater variability in responding. The section of the Personal and Social Reactions to AIDS Questionnaire which assesses sexual orientation is a variation of Kinsey's measurement scale (Kinsey, Pomeroy & Martin, 1948).

Intimacy - Isolation Scale

The Intimacy-Isolation Scale is a seventy item self-report instrument which was developed by Orlofsky, Marcia, and Lesser from Yufit's (1956) seminal work on the subject and is an abridged version of his Activities Index Checklist. Yufit's Checklist is composed of 390 items based on Murray's needs and traits concepts as well as Erikson's distinction between intimate and isolate personality types. Yufit's instrument as-

sesses the individual's traits and values; preferred ways of behaving; and consistency in likes and dislikes. More specifically, the Activities Index Checklist investigates the subject's reaction to others; coping mechanisms; impulse acceptance; impulse control; energy; self-maintenance; and organization and integration abilities. The instrument was tested on 394 freshmen at the University of Chicago and is designed for adult respondents. Yufit demonstrated that the Index Checklist could successfully distinguish intimates from isolates and that the instrument correlated with case history data, the Sentence Completion Technique, interview data, and the Thematic Apperception Technique. The Intimacy-Isolation Scale used in this study is an abbreviated version of Yufit's Activities Index that contains twenty intimacy items (e.g., leading an active social life, talking with people about personal problems) and twenty isolation items (e.g., avoiding excitement or emotional tension, remaining unnoticed in a group) that are embedded in thirty filler items. Three scores are computed for each subject which are intimacy, isolation, and total scores. The Intimacy-Isolation Scale was successfully tested on fifty-three college age subjects, demonstrating both concurrent and construct validity through its capability to distinguish intimate from isolate participants. The Scale's ability to distinguish intimate from isolate individuals as well as the considerable reduction in

time requirement caused it to be a more feasible instrument for this study than Yufit's original measure.

Research Design

A within group comparison design was utilized in this descriptive study. The requirement of anonymity for the legal protection of participants as well as the lack of a readily identifiable gay community prevented the use of random sampling. Nonprobability, purposive sampling procedures were, therefore, utilized. Bell and Weinberg (1978) in their study of homosexual diversity demonstrated the practical value of such an approach when attempting to investigate a gay population. Additionally, the networking process of recruiting volunteer respondents used in this study was demonstrated by Bradford (1986) in her study of AIDS to be an effective method of surveying the homosexual community.

Statistical Analysis

Scores from the pretests and posttests of the Adjective Check List and from the Intimacy-Isolation Scale were analyzed at the 10% level. The 10% level rather than the usual 5% level was selected since Borg (1983) reports that it is permissible to use the 10% level in exploratory studies in order to increase statistical power. While conceding that the higher confidence

level increases the risk of Type I error, Borg justifies the risk by explaining that the increased level of significance may also spotlight a potentially important difference or relationship that would have been overlooked if the usual 5% level had been set. The design of the Personal and Social Reactions to AIDS Questionnaire allows for examination of pre-post AIDS responses. Therefore, both quantitative and qualitative data is provided by this instrument and was analyzed using a multiple-stage approach to data analysis developed by Bradford (1986). There was an initial run of frequencies for each of the variables measured, followed by a rank ordering of responses within specific construct areas. Discriminant function analysis procedures were used to clarify differences between two related groups within the sample - the group consisting of those who reported sexual behavior change because of AIDS and those who did not report behavior change.

Specific Hypotheses

Due to the exploratory nature of this status study, no specific hypotheses were offered. Instead, this investigation sought to provide information relative to the following research questions:

1) What have been the sources of information about AIDS and the amount, type, and accuracy of knowledge reported by

gay men participating in the study?

2) What self-reported changes in self-concept have occurred for gay men resulting from having information about the AIDS crisis?

3) What self-reported changes in intimacy have occurred for gay men resulting from having information about the AIDS crisis?

4) What self-reported changes in sexual behavior have occurred for gay men resulting from having information about the AIDS crisis?

Summary of Methodology

The population of this investigation consisted of one hundred sixty-one self-identified gay males who anonymously and voluntarily responded to three research instruments. A within group comparison design was utilized in this descriptive study which made use of non-probability, purposive sampling procedures. A networking process was employed in order to recruit respondents. Four research questions relative to awareness of AIDS and the AIDS crisis' impact on gay men relative to sexual behavior, intimacy, and identity were addressed in this status study. Two of the three research instruments used were analyzed at the 10% level of confidence using a paired T test. A third self-report measure included a rank ordering of responses within specific construct areas as well as the use of discriminant function analysis procedures.

CHAPTER IV

Results

The results of this study are organized into five major sections. First, data collected from the demographic section of the AIDS questionnaire will be summarized in order to provide a description of the subjects who comprised the total sample. The subsequent sections will individually address the four research questions being considered in this investigation of the AIDS epidemic.

Description of the Total Sample Based on Data from the AIDS Questionnaire

Information collected from the demographic section of the Personal and Social Reactions to AIDS Questionnaire reveals that of the 161 subjects responding, 100%, as prescribed by the design of the study, are male. Participants identified themselves as either gay (87%) or bisexual (13%) relative to sexual orientation. The age range for subjects involved in the study is 67 years with the oldest participant being 86 and the youngest being 19 years old. The mean age for the total sample is 35 years old. The racial composition for the sample group consists of Whites (83%), Blacks (12%), Hispanics (2%), American In-

dians (1%) and Asians (1%). Educational levels of the subjects range from not having graduated from high school to completion of a graduate degree. Specifically, 2% did not complete high school, 6% graduated from high school, 16% completed technical training or an associate degree, 20% attended college without completion, 32% earned a college degree and 33% have graduate level training or degrees. In regard to employment status, 80% of the participants are employed full time, 12% are working part-time, while 3% are retired and an additional 3% are unemployed. A large segment of the sample group (49%) is employed in professional positions while the remaining subjects can be classified as follows: managerial (15%), sales (14%), clerical (7%), service workers (6%), laborers (3%), and other occupations (6%). Annual income ranges for respondents are: less than $10,000 (11%), $10,000 - $19,999 (24%), $20,000 - $29,999 (29%), $30,000 - $39,999 (13%), $40,000 - $49,999 (10%), and $50,000 or more (13%). In response to questions on religious preference subjects reported the following: Protestant (43%), None (25%), Catholic (14%), Jewish (2%), and Other (16%). Regarding church attendance, 49% of the sample group indicated that they either do not attend or do so on an occasional basis, while 33% reported regular church participation. Study participants identified their political views as either liberal (70%), "middle-of-the-road" (19%) or conservative (11%). Political affiliations for

the respondents can be categorized as: Democratic (45%), Independent (33%), Republican (14%) or No Affiliation (8%).

Description of Responses to the Research Questions

1. What have been the sources of information about AIDS and the amount, type and accuracy of knowledge reported by gay men participating in the study?

Frequency distributions were computed for responses to the Personal and Social Reactions to AIDS Questionnaire in order to address this research question. Of the 161 subjects who completed and returned the survey, 68% reported that they had considerable information on AIDS while 31% indicated having some knowledge, with only 1% of the respondents characterizing their knowledge level as minimal. Participants involved in the study (100%) indicated to varying degrees their concern about AIDS: Very Concerned (85%), Somewhat Concerned (14%), and Not Too Concerned (1%). No subjects reported being unconcerned. All persons involved in the study reported having information on AIDS with the majority (54%) indicating that they had had such information longer than four years while 34% indicated three years or longer with no subject reporting less than one year of having knowledge about AIDS. The questionnaire allowed respondents to identify their major sources of information on AIDS. The results of this section of the survey instrument are summarized in Table 1. As displayed in the table, newspapers and magazines (68%) and gay

Table 1

Major Sources of AIDS Information

Source	Frequency of Response
Newspapers/Magazines	68%
Gay Newspapers/Magazines	62%
Health/Medical Journals	42%
RAIN/Fan Free Clinic	39%
Television	39%
Friends	32%
Physician	23%
Other AIDS Hotline	23%
Virginia AIDS Hotline	21%
Radio	20%
Alternative Testing Site	20%
Therapist/Counselor	19%
Spouse/Primary Partner	18%
Public Health Department	18%
Lover(s)	15%
Tidewater AIDS Taskforce	14%
Whitman-Walker Clinic	13%
Roanoke AIDS Project	11%
Charlottesville AIDS Support Group	11%
Other AIDS Service Group	11%
Emergency Room/Medical Access Center	8%
Church	6%
Gay Bars	3%
Family Members	3%

publications (62%) were most frequently identified as major sources of information by study participants. Also frequently designated as major information sources on AIDS were medical and health journals (42%), the Richmond AIDS Information Network (39%), television programs (39%) and friends (32%). When asked in an open-ended question format to identify specific sources of AIDS information the majority of respondents identified RAIN, a free and gay sensitive medical clinic (19%), The Advocate, a national gay bi-weekly news publication (9%), and Newsweek, a mainstream weekly periodical (7%) as their primary sources of AIDS information. In regard to professional service providers, physicians were identified by 23% of the sample as major AIDS information sources while counselors/therapists (19%) and public health professionals (18%) were designated less often by study participants. The sources of information on AIDS identified with the lowest frequencies by those involved in the study were churches (6%) and family members (3%).

In addition to identifying current sources of AIDS information, subjects were also asked in the AIDS Questionnaire to indicate where they would go in the future to obtain AIDS information. The Richmond AIDS Information Network (RAIN), a free service advocacy program staffed largely by volunteers from the gay community, was identified most frequently (88%) by study participants as a potential source of AIDS information followed

by professional health journals (82%), gay publications (75%) and friends (65%). Doctors were identified by 71% of those responding as a major potential information source while public health professionals were designated by 63% and therapists/counselors by 59% of the sample group as possible future information sources. Churches (14%) and family members (13%) were again ranked among the lowest by respondents as information sources along with gay bars which were designated as information resources by only 13% of the sample. Table 2 provides complete information relative to identification of major potential AIDS information sources for gay men.

In addition to future information sources, study participants were asked to indicate AIDS related topics about which they desired more information. Subjects noted financial help for AIDS patients (86%) most often as an area in which they needed more information, followed by medical help for AIDS patients (84%), community resources for dealing with AIDS patients (82%), community resources for assisting families and friends of persons with AIDS (81%), and methods of AIDS prevention (73%). In the "Other" category of this section of the AIDS Questionnaire, which allowed for "write-in" responses from the research subjects, two topics, research findings (70%) and public education (30%), were noted as areas in which subjects wanted additional information.

Table 2

Potential Sources of AIDS Information

Source	Percentage Yes	No
RAIN/Fan Free Clinic	88%	12%
Health/Medical Journals	82%	18%
Other AIDS Hotline	79%	21%
Gay Newspapers/Magazines	75%	25%
Physician	71%	29%
Friends	65%	35%
Public Health Department	63%	37%
Newspapers/Magazines	62%	38%
Alternative Testing Site	62%	38%
Therapist/Counselor	59%	41%
Television	54%	46%
Whitman-Walker Clinic	51%	49%
Tidewater AIDS Taskforce	47%	53%
Spouse/Primary Partner	45%	55%
Lover(s)	45%	55%
Radio	43%	57%
Charlottesville AIDS Support Group	43%	57%
Roanoke AIDS Project	41%	59%
Emergency Room/Medical Access Center	32%	68%
Other AIDS Service Group	29%	71%
Church	14%	86%
Family Members	13%	87%
Gay Bars	12%	88%

The AIDS Questionnaire identified kinds and the accuracy of AIDS information for subjects as well as identifying sources of data. The kinds of AIDS information can be accurately categorized as transmission/prevention, symptom, and disease progression knowledge. In the area of transmission/prevention information, 92% of the research subjects gave correct responses to those AIDS knowledge items. In reacting to symptom identification questionnaire items, 89% of the research participants supplied correct answers. On the topic of disease progression, a less understood area of AIDS medical research, 81% of the subjects agreed with prevailing medical opinion. Tables 3-A, 3-B, and 3-C provide a complete reporting of correct and incorrect responses provided by research participants for each AIDS knowledge item.

2. What self-reported changes in self-concept have occurred for gay men resulting from having information about the AIDS crisis?

In order to assess change for gay men relative to self-concept, the personal adjustment scale of the Adjective Check List was utilized. Research subjects responded to this objective personality instrument twice; first, as they believed they would have prior to having information on AIDS (Score A) and again now that they have AIDS information (Score B). One hundred and fifty-four persons completed the research instruments which were computer scored. The results reveal a mean score of 47.57 for A

Table 3-A

AIDS Knowledge Responses

Prevention/Transmission Questionnaire Item	Percentage Correct	Incorrect
Catch AIDS by sharing eating utensils	94%	6%
Main transmission via sexual contact	95%	5%
Condom use can reduce risk	95%	5%
AIDS via homosexual transmission only	100%	0%
Unsafe to work with AIDS person	98%	2%
Can get AIDS from healthy-looking person	98%	2%
Blood transfusion before 1985	96%	4%
Donating blood	80%	20%
Sex with AIDS person (no condom)	97%	3%
Share IV needle with AIDS person	99%	1%
Born to woman with AIDS	98%	2%
Contact with saliva	93%	7%
Contact with sweat	91%	9%
Contact with tears	91%	9%
Contact with urine	83%	17%
Contact with blood	96%	4%
Contact with semen	96%	4%
Contact with vaginal secretions	89%	11%
Living with AIDS person	83%	17%
Using public facilities	93%	7%
Sharing toothbrush/razor	65%	35%
Bitten by mosquito	91%	9%

Table 3-B

AIDS Knowledge Responses

Symptom Questionnaire Item	Percentage Correct	Incorrect
Fevers, chills, night sweats	93%	7%
Unexplained weight loss	83%	17%
Diarrhea	87%	13%
Persistent fatigue	94%	6%
Persistent cough	90%	10%
Shortness of breath	77%	23%
Swollen lymph glands	94%	6%
Pink/purple blotches	98%	2%
Dementia/memory loss	77%	23%
Thrush	83%	17%

Table 3-C

AIDS Knowledge Responses

Disease Progression Questionnaire Item	Percentage Correct	Incorrect
HIV infected person always or only sometimes develops AIDS	82%	18%
AIDS is always or only sometimes a fatal disease	79%	21%

(before) and a mean score of 47.61 for B (after). Both results place research subjects at the Adjective Check List's mean score (50) for this scale. As a result, study participants, both before and after knowledge of AIDS, can be generally characterized as gregarious, productive and assertive. They may be accurately described also as being persons to whom others turn for advice and reassurance, and as individuals who are satisfied with themselves and who enjoy being with others.

To evaluate any significant difference between the before and after scores for the Adjective Check List, a paired T test procedure was employed. The result, as shown by a T value of -0.05, indicates that there was not a significant difference between scores for the two groups at the 10% level of confidence.

3. What self-reported changes in intimacy have occurred for gay men resulting from having information about the AIDS crisis?

The Intimacy-Isolation Scale was used in this study to examine possible changes in intimacy for research participants. The same procedure utilized with the Adjective Check List was repeated with the Intimacy-Isolation Scale. Therefore subjects responded twice to the same instrument, once as they believed they would have prior to having information on AIDS (Score A) and again, now that they have AIDS knowledge (Score B). One hundred and fifty-five people completed and returned the Intimacy-

Isolation Scales which were subsequently hand-scored by the researcher. The results indicate a mean score of 24.86 for A (before) and a mean score of 25.62 for B (after). The results place the group means in different categories that are designed for interpreting Intimacy-Isolation Scale results. The Group A mean score (before AIDS information) places research subjects between the "stereotyped relationships" and "pseudointimate" categories. This placement indicates that research subjects are likely to be involved in relationships that lack significant depth. Individuals in this score range typically enjoy sex, but tend to be constantly searching for new sexual partners. Additionally, persons in this Intimacy-Isolation Scale category tend to objectify others and demonstrate minimal responsibility in their interpersonal relationships. Finally these individuals may be accurately described as "shallow" and as experiencing little self-awareness.

In comparing the Group A score mean to the Group B score mean, the second group mean is now positioned between the "pseudointimate" and "preintimate" categories. This group movement toward preintimacy suggests that research participants may be becoming increasingly aware of the possibility of becoming intimate. It reveals also the likelihood of closer relationships with friends and increased openness and involvement with others. Persons who score in this range on the Intimacy-Isolation Scale

however, continue to be conflicted about commitment and to experience ambivalence relative to involvement in intimate sexuality.

In order to determine if there was a significant difference between score A and score B means for the Intimacy-Isolation Scale results, a paired T test procedure was used. As expressed by the resulting T value of -2.43, there exists a significant difference between the two groups at the 10% level of confidence.

4. What self-reported changes in sexual behavior have occurred for gay men resulting from having information about the AIDS crisis?

Frequency distributions were computed from the Personal and Social Reactions to AIDS Questionnaire, and subsequently ranked, in order to respond to this research question. Of the 161 subjects who completed the AIDS questionnaire, 94% reported that they had changed their sexual behavior because of knowledge about and fear of the AIDS virus while 6% of the sample indicated no change. Research participants were asked also to identify the specific ways in which they had altered their sexual practices. The change identified most frequently (88%) by respondents was the use of "safer" sex practices. The second most reported change (83%) was having sex with fewer people than before hearing about AIDS. A third and frequently reported

alteration of sexual practices (74%) was discontinuing certain kinds of sexual behavior. A final change cited by a large number of gay men participating in the study (70%) was using a condom or requiring that one's partner use a condom when having sex. In contrast to these large percentages, 41% of the sample subjects identified having sex with only one person as a sexual behavior change which they had adopted while only 13% of research participants reported having stopped sexual activity as a change in behavior. See Table 4 for a complete reporting of participants' responses.

In addition to being asked about specific sexual behavior changes, gay men involved in the study were invited to evaluate the degree of personal difficulty experienced in attempting to implement such changes. Several modifications in sexual practices were identified by research participants as requiring minimal difficulty for adoption. These changes included: having sex with fewer people (75%), having sex with only one person (64%), initiating "safer sex" practices (61%), using condoms (61%), and stopping certain kinds of sexual practices (59%). Only one questionnaire item, stop having sex, was identified by a majority (58%) of respondents as a change in sexual practices which would be very difficult. See Table 5 for a complete description of participants' responses.

Discriminant function analysis procedures were run on the

Table 4

Changes in Sexual Behavior

Type of Change	Percentage Yes	No
Start using safer sex practices	88%	12%
Have sex with fewer people than before hearing about AIDS	83%	17%
Stopped having certain kinds of sex	74%	26%
Used condom or partner used condom	70%	30%
Have sex with only one person	41%	59%
Stopped having sex	13%	87%

Table 5

Sexual Behavior Change Difficulty

Type of Change	Degree of Difficulty			
	Very	Somewhat	Not Too	Don't Know
Stopped having sex	58%	26%	15%	1%
Stopped having certain kinds of sex	12%	26%	59%	3%
Used condom or have partner use condom	10%	26%	61%	3%
Have sex with only one person	9%	25%	64%	2%
Start using safer sex practices	7%	31%	61%	1%
Have sex with fewer people than before hearing about AIDS	5%	19%	75%	1%

data from the Personal and Social Reactions to AIDS Questionnaire as well as the frequency distributions already discussed. The degree of accuracy relative to AIDS information (AIDS knowledge score) was run with changes in sexual behavior questionnaire items in order to determine if a significant relationship exists between the two variables. The result, as indicated by chi-square (21.032), was a significant discriminant function at the 10% level of confidence. See Table 6 for the classification results of subjects by group.

Table 6

Classification Results

Actual Group	# of Cases	Predicted Group Membership	
		1	2
Group 1	152	131	21
Changed behavior		86.2%	13.8%
Group 2	10	4	6
Unchanged behavior		40.0%	60.0%

Percent of "grouped" cases correctly classified: 84.57%

CHAPTER V

Summary, Conclusions, Discussion and Recommendations

This chapter is organized into three main sections. A summary of the study will be presented first. Secondly, conclusions based on the analysis of the data are provided. The final section will consist of a discussion of the study's results and will include recommendations for future research.

Summary

Currently our country and the gay community, in particular, are faced with a health crisis of potentially enormous proportions. Literally thousands of previously healthy homosexual males have died since the onset of the AIDS epidemic in 1981. As a result an impressive amount of scientific and medical research has been generated in an effort to halt the spread of this life threatening disease. Despite impressive medical research, however, minimal investigation has been done relative to the psychological impact of the AIDS crisis on gay men, an already oppressed minority, which has and continues to be the segment of our society most affected by this deadly epidemic.

The purpose of this study, therefore, is to contribute to the psychosocial research on AIDS by examining this health

crisis' impact on homosexual males relative to self-concept, intimacy, and sexual behavior change. Additionally, this investigation assesses the sources, amount, and accuracy of AIDS information currently available to gay men residing in a middle sized urban area that has no organized community or legal protection.

The instruments used to examine these areas of interest are the Adjective Check List, the Intimacy-Isolation Scale and the Personal and Social Reactions to AIDS Questionnaire. The Adjective Check List was utilized as a measure of self-concept while the Intimacy-Isolation Scale, as its name implies, was used to assess intimacy levels. The Personal and Social Reactions to AIDS Questionnaire provided a means of evaluating the amount of AIDS knowledge and information possessed by study participants as well as functioning as a measure of sexual behavior change.

The sample of the population used in this study consisted of one hundred and sixty-one, self-identified gay men residing in the Richmond area. All participants involved in the research were anonymous volunteers. Subjects for the study were recruited from various gay organizations; from the Richmond AIDS Information Network, a gay sensitive medical advocacy service; from mental health practitioners who referred gay male clients; and from friends and associates of the researcher.

Data collected from the demographic section of the Personal

and Social Reactions to AIDS Questionnaire provided descriptive information on the sample. The demographic variables of sex, sexual orientation, age, race, education, employment, income, religion and political affiliation were examined.

The research design utilized in this status study was a within group comparison which made use of non-probability, purposive sampling procedures. The statistical procedure employed for the Adjective Check List and for the Intimacy-Isolation Scale was the paired T test. The results for the Adjective Check List's measure of self-concept change was insignificant at the 10% level of confidence while the results of the Intimacy-Isolation Scale assessment of intimacy change provided significant results at the 10% level of confidence. The Personal and Social Reactions to AIDS Questionnaire was analyzed using frequency distribution, ranking and discriminant function analysis procedures. The results reveal a variety of AIDS information sources used by gay men with subjects in the study demonstrating considerable and accurate knowledge of AIDS. Additionally, the results indicate reported sexual behavior changes for a large majority of study participants. Finally, the discriminant function analysis procedure identified a significant relationship between the level of AIDS knowledge and the extent of sexual behavior change.

Conclusions

The following conclusions are drawn from this study:

1. The sample for this study consists primarily of white, highly educated, professional, and liberal individuals. Therefore, caution should be exercised in generalizing its findings to the entire gay community.

2. Gay men, residing in the Richmond area and participating in the study, utilize a variety of mainstream and gay-oriented publications as major sources of AIDS information.

3. Service providers such as physicians, health educators, and counselors/therapists are not listed among the most frequently used AIDS information sources, although they are viewed as potential sources by study participants.

4. Churches and family members are not perceived as viable sources of AIDS information by the gay men in this study.

5. Gay men who participated in this research demonstrated extensive and accurate knowledge of AIDS.

6. The study failed to provide any evidence that gay men's self-concepts have been significantly affected by the AIDS epidemic.

7. The study's results indicate a statistically significant increase in intimacy levels for gay men participating in the study as a consequence of having AIDS information.

8. The majority of study participants, as a result of having

information on AIDS, have altered their sexual practices in a variety of ways.

9. The study's results demonstrate that a statistically significant relationship exists between the accuracy of AIDS information and the extent of sexual behavior change.

Discussion and Recommendations for Future Research

The population for this study is an historically difficult one from which to sample due to legal and ethical restraints. As a result, the anonymous survey method used has predictably resulted in a primarily white, educated, professional sample. Therefore, external validity is suspect and, again, caution is advised in generalizing the results to the larger gay community or to the AIDS patient population which is overrepresented by racial and ethnic minority persons whose educational and socioeconomic levels are typically below those reported by participants in this study. Nevertheless, the study's findings provide initial psychosocial data on the AIDS epidemic and suggest areas which warrant further investigation. For example, a related study, using Richmond AIDS Information Network and Virginia Health Department resources, would likely result in a more diverse study sample, thereby, increasing research validity. In regard to AIDS information, it is clear that gay men in the Richmond area who participated in this study have considerable

and accurate AIDS information. It is also evident that gay-oriented publications and gay-staffed and gay-sensitive community organizations are major sources of AIDS information for this sexual minority. Service providers, while viewed as potential resources, are not currently among the major sources actually being used. Research in this area could provide explanation particularly in regard to the possibility of professional homophobia or of professionals being perceived as homophobic by the gay community. Perhaps related is the failure of family and church, typically mainstays of social and personal support, to be seen by research subjects as either current or potential sources of information on AIDS. Further investigation would be helpful in ascertaining whether these institutions are perceived as being uninformed or, additionally, as being insensitive and non-understanding. This area of research may be particularly valuable to mental health professionals providing counseling services to gay men or to persons with AIDS.

As has been mentioned, the study's results failed to demonstrate any significant effect of the AIDS crisis on gay men's self-concepts and personal adjustment. The fact that this subpopulation, often perceived as being emotionally unstable, scored at the norm, refutes such stereotyping and also challenges the often reported opinion that gay men are suffering from internalized homophobia as a result of the AIDS crisis. In

fact, the only AIDS knowledge item answered correctly by all study participants was one which stated that AIDS can only be homosexually transmitted. Clearly, research subjects, without exception, rejected the idea that AIDS is a gay disease. Closely related is the fact that a large percentage of participants reported feeling that no one deserved to have the disease.

While self-concept was not found to be significantly affected by having AIDS information, the study's results suggest increased levels of intimacy for gay men participating in the study. This finding lends support to frequently reported clinical observations that gay men are currently more concerned with relationships. Certainly, dealing with premature sex-related death or even negotiating safer sex practices are situations which were not of concern to most gay men prior to the onset of the AIDS crisis. Additionally, the involvement of homosexual men in providing services to persons with AIDS has provided many gay males highly intimate, non-sexual experiences. Further research is needed in this area, however, as few studies on gay male relationships since the onset of the AIDS epidemic currently exist.

In addition to change in intimacy levels for gay men, the study's results reveal that a majority of participants in this study have also altered their sexual practices. The results suggest that these changes conform to guidelines established by

most AIDS education programs which attempt to provide prevention information while remaining sex positive. In short, the majority of gay men in the study have adopted "safer" sex practices rather than abandoning any expression of sexuality. Finally, this investigation indicates a significant relationship between accuracy of AIDS knowledge and sexual behavior change, thereby suggesting the efficacy and needed continued support of current educational programs designed for AIDS prevention.

APPENDIX A

LETTER TO PARTICIPANTS

INFORMATION FOR STUDY PARTICIPANTS

The research study in which you have been asked to participate has been designed to help us learn about the effects of the AIDS crisis on gay and bisexual men throughout Virginia. Information which you provide will be used to understand personal and social experiences related to AIDS; to assess accuracy of knowledge about AIDS, antibody testing, and prevention measures; and to assist the Virginia Department of Health in its development and distribution of AIDS information and prevention materials.

You have been given a packet of materials as a result of your interest in participating. Included in this packet are three things: an AIDS Questionnaire, copies of two other forms related to how you think about yourself, and a large brown self-addressed envelope.

The AIDS Questionnaire is similar to other versions which will be distributed to people of all ages throughout the state, beginning this Fall and continuing into the Winter months. Most people have found that it takes them about 35 or 40 minutes to completely fill out the AIDS questionnaire.

The other two forms, the Adjective Checklist and the Intimacy-Isolation Scale, have been included in order to gather additional information that can be used to assess the reactions to AIDS over time of gay men in the Richmond area. It should take you about 25 minutes more to complete the Adjective Checklist and Intimacy-Isolation Scale. This information will be used by Donnie Conner as he prepares his doctoral dissertation and as he works with Judy Bradford to assess changes that have occurred among gay men in Richmond since 1985, in relation to knowledge and personal reactions to AIDS. You may have completed a questionnaire in 1985 which was quite similar to the enclosed questionnaire about AIDS.

You are under no obligation whatsoever to participate in this study. However, if you do decide to participate, you can be certain that no identifying information about you will be collected or recorded <u>in any way.</u> Even though you may know the person who gives you this questionnaire, you can be assured that he or she has not written your name down in any way that can be connected to this study.

The research team who will be conducting this study are employed at Virginia Commonwealth University (VCU) in the Survey Research Laboratory. They include both gay and non-gay persons and have a good record in carrying out AIDS and gay-sensitive work. Particular attention will be given throughout the study to accurate interpretation of the information that is gathered, and you can expect that no harm will be done to gay people as a direct result of this work.

If you have questions about any aspect of the research or the questionnaire, or if you can distribute more questionnaires yourself, please contact Donnie Connor at the following 24-hour number: (804) 353-1169. Leave a message with the operator that you would like to speak with Donnie about the Survey, and Donnie will call you back within a day. If you have questions or concerns about AIDS, <u>of any kind</u>, we encourage you to call the AIDS Hotline at the Virginia Department of Health. Their toll free number is 1-800-533-4148.

If you decide to participate, please complete the enclosed materials, insert them into the attached manila envelope and place the envelope in any mailbox. If you decide not to participate, please return the packet to the person or place where you got it, or give it to another man who indicates his interest.

Thank you for considering participation in this study. We believe that the results will have a significant impact on the ability of Virginia to respond to AIDS with appropriate education, counseling, and health care strategies. Your participation should thus help to prevent unnecessary cases of AIDS and ensure better treatment for those who are directly affected.

Donnie J. Conner Judith B. Bradford

APPENDIX B

ADJECTIVE CHECKLIST

ADJECTIVE CHECK LIST A

DIRECTIONS:

This answer sheet contains a list of 300 adjectives. Please read them quickly and blacken in the space below each one you consider to be descriptive of you prior to your having any information on AIDS. Do not worry about duplications, contradictions, and so forth. Work quickly and do not spend too much time on any one adjective. Try to be frank and fill the spaces for adjectives which describe how you really are, not as you would like to be.

ADJECTIVE CHECK LIST B

DIRECTIONS:

This answer sheet contains a list of 300 adjectives. Please read them quickly and blacken in the space below each one you consider to be descriptive of you now that you have information about AIDS. Do not worry about duplications, contradictions, and so forth. Work quickly and do not spend too much time on any one adjective. Try to be frank and fill the spaces for adjectives which describe how you really are, not as you would like to be.

APPENDIX C

INTIMACY-ISOLATION SCALE

APPENDIX D

PERSONAL AND SOCIAL REACTIONS TO AIDS QUESTIONNAIRE

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Abstract

REACTIONS OF GAY MEN TO AIDS: A SURVEY OF SELF-REPORTED CHANGE RELATIVE TO SELF-CONCEPT, INTIMACY AND SEXUAL BEHAVIOR

Donnie Gray Conner, Ed.D.

The College of William and Mary in Virginia, January 1988

Chairperson: Barbara S. Fuhrmann, Ed.D.

The purpose of this exploratory study was to investigate the impact of the AIDS crisis on gay men relative to self-concept, intimacy, and sexual behavior changes. Additionally, this research examined the sources, amount, and accuracy of AIDS information currently available to gay men in a middle-sized, urban area.

The sample for the study consisted entirely of adult, self-identified gay men who were anonymous volunteers recruited through a networking process. The research design for this status study was a within group comparison which utilized non-probability, purposive sampling procedures.

It was concluded that gay men, participating in this study, utilize a wide variety of mainstream and gay oriented information sources and that they have extensive and accurate information on AIDS. It was concluded also that while gay men's self-concepts and personal adjustment have not been significantly affected by the AIDS crisis, intimacy levels have increased and sexual behavior changes have occurred for a large majority of the sample. The investigation identified further a significant relationship between accuracy of AIDS knowledge and the extent of change in sexual practices.

Further study is needed in this area making use of a more diverse sample so as to increase the external validity of the study's findings. Additionally, the possibility of homophobia as perceived by gay men relative to family, church, and professional service providers needs to be explored. Finally, the effect of the AIDS crisis on gay male relationships merits close examination.