Transfiguring Sexual Identity: AIDS &
the Contemporary Construction of
Homosexuality

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AIDS appeared during a period of significant change in our sexual conventions. A
series of movements in the 60s and 70s pointed in the direction of expanded erotic
choice and tolerance for diversity. The women’s movement struggled for women’s
erotic autonomy. Feminists demanded that women be able to define and control
their own sexuality, and that included choosing a lesbian alternative. Less visible
were the struggles by sexually disenfranchised groups like the elderly or the disabled
to be accepted as full sexual beings. The counterculture made a more open and
expressive eroticism a prominent part of its social rebellion. Furthermore, changes
in our sexual norms that reflected long-term trends became evident. For example,
the norm that sex is legitimate only as an act of love or a sign of relational fidelity
was challenged. Sex discourses and representations (e.g. pornography, sex manuals,
radical sex ideologies) appeared that constructed sex as an autonomous sphere of
pleasure and self-expression with its own intrinsic value and justification. A
libertarian sex ethic accepted sex for its pleasurable qualities in any context of
mutual consent and respect. This has expanded the types of relationships in which
sex is permitted. Indeed, the exclusivity of marriage as the proper site for sex has
given way to a more flexible convention that tolerates sex in varied relational
settings. In short, while it would be misleading to assert that a revolution occurred,
there did transpire important changes in our sexual norms and behavior during
this period.

Indicative of this more liberal sexual culture was the increased tolerance for
homosexuality. By the mid-70s gay subcultures were visible in virtually every major
urban center. These provided gay people with institutional protection, a source
of social support and a mass base for a politics of civil rights reform and gay
liberation. Within these gay spaces a cultural apparatus emerged that included
gay-oriented publications (books, magazines, newspapers), theatre groups, movies,
and so on. Of particular importance is that this new gay intelligentsia articulated
affirmative images of homosexuality. Constructions of ‘the homosexual’ as a morally
perverse, deviant or pathological figure were assailed. Homosexuality was recon-
ceived to refer to a morally neutral need or behavior that is not indicative of a distinctive personality type. New models viewed the homosexual as a person with merely an alternative sexual or affectional preference or as a member of an oppressed minority. In fact, some gays endorsed the notion of homosexuals as different but reconceived this in affirmative ways. Finally, gay people made important gains in political empowerment and social inclusion. For example, by the mid-70s more than half the states in the U.S. repealed their sodomy laws; dozens of cities passed anti-discrimination ordinances; the civil service commission eliminated its ban on hiring homosexuals and so on.

The trend towards sexual liberalization and, in particular, the tolerance of homosexuals, encountered a lot of resistance and hostility. In the late 70s this tolerance narrowed considerably as antigay themes became integral to a revived conservative politics. The explanation for this lay perhaps in social developments that paralleled sexual liberalization. Specifically, the conjunction of a series of events including an economic recession, political legitimation problems stemming from Watergate, military setbacks in Vietnam and Iran, and social disturbances arising from the various civil rights, protest and liberation movements, produced a pervasive sense of social crisis and decline. Although social and political responses to this situation were varied, it is not coincidental that a series of purity crusades swept across the country. This was one way people responded to feelings of social danger and sought to gain control over social events. Different groups or phenomena, from pornography to paedophiles, were targeted. However, gay people in particular were singled out. This was not entirely fortuitous. The trend towards the acceptance or at least tolerance of homosexuality challenged the exclusive legitimacy of a heterosexual and marital norm. Moreover, the visibility and political assertiveness of homosexuals, coupled to their symbolic association with social dissolution in a context perceived by many Americans as one of family breakdown and national decline, made them easy prey for scapegoating.

The anxiety and hostility many Americans felt towards recent developments were displaced onto homosexuality. Homosexuals were portrayed as a public menace, as a threat to the family, and as imperiling the national security by promoting self-centered, hedonistic and pacifist values. An antigay backlash crystallized that was initially centered around local and state campaigns to repeal gay rights ordinances. Gradually, it expanded to include national legislation, the resurgence of anti-homosexual discourses, and escalating discrimination and violence toward homosexuals. Its aim was to deny legitimacy to homosexuality; to dismantle gay subcultural institutions; to return homosexuals to a condition of invisibility and marginality; and to reassert a discourse of the dangers of homosexuality.
By the early 1980s the conservative offensive against gay people appeared to be losing some momentum. The Family Protection Act, initially introduced in 1979 and resubmitted in 1981, failed to gain congressional approval. The Briggs initiative, a major piece of antigay legislation, was defeated. Gay rights ordinances were successfully defended or newly enacted. Unfortunately, the marginalization of the antigay campaign suggested by these defeats did not come to pass. The appearance of AIDS and the recognition of its epidemic proportions by 1983 reinvigorated a waning antigay politics. Antigay themes assumed a new prominence in New Right politics as AIDS was seized upon to promote a conservative social agenda. The political ramifications of AIDS have been widely commented upon. I want to press a different point: AIDS has given rise to a far-reaching, perhaps unprecedented, public discussion of homosexuality. Claims about the nature of homosexuality, the identity and culture of homosexuals, and their proper place in the U.S. are being openly debated. AIDS is being used to advocate changes in homosexual identity and behavior. These constructions of homosexuality are likely to be fateful for some time to come.

Specifically, I argue that AIDS has provided a pretext to reinsert homosexuality within a symbolic drama of pollution and purity. Conservatives have used AIDS to rehabilitate the notion of ‘the homosexual’ as a polluted figure. AIDS is read as revealing the essence of a promiscuous homosexual desire and proof of its dangerous and subversive nature. The reverse side of this demonization of homosexuality is the purity of heterosexuality and the valorization of a monogamous, marital sexual ethic. To be sure, the discourse of homosexuality occasioned by AIDS is not uniform. Liberal segments of the heterosexual media have, in the main, repudiated a politics aimed at the repression of homosexuality. Instead, they have enlisted AIDS in their campaign to construct an image of the “respectable homosexual” and to legitimate a sexual ethic of monogamy and romance. Similar themes are conspicuous in the gay media. In fact, many gays have used AIDS to articulate their own redemptive drama. In imagery that oscillates between the apocalyptic and the millennial, AIDS is seen as marking the failure of a way of life; as signaling, like Stonewall, another critical turning point in the coming of age of homosexuals; and, finally, as the beginnings of a new maturity and social responsibility among homosexuals.

AIDS & Heterosexual Constructions of Homosexuality

In the heterosexual media the identification of AIDS as a gay disease was made early and has proved sustaining despite overwhelming evidence to the contrary. Initially, the appearance of Kaposi's Sarcoma and other rare cancers
among young homosexual men led researchers to designate the term GRID (Gay Related Immune Deficiency) for this new syndrome. Taking its cure from medical researchers, the mass media referred to this disease as the "homosexual cancer," the "gay epidemic." These terms suggest an intrinsic tie between homosexuality and AIDS. The causal link was identified as homosexual behavior.

The two most prominent epidemiological theories directly joined AIDS to homosexual acts. The so-called "Overload theory" held that "the gay lifestyle" (the combination of drug use, poor health habits and a history of sexually transmitted diseases resulting from sexual promiscuity) is responsible for the collapse of the immune system. The currently more accepted theory asserts the existence of a virus which combined with other factors breaks down the body's resistance to disease. The introduction of semen into the body during sex releases the virus into the bloodstream. The typical scenario that is postulated holds that repeated anal intercourse tears the delicate tissue of the anus. This allows the semen and therefore the virus of the infected person to pass into the blood circulation of the unsuspecting other. Both theories underscore the association between sexual behavior and AIDS among homosexuals. They highlight sexual "promiscuity" as the intermediary or connecting link. The Overload theory posits a more direct, ironic, and insidious dynamic: the immediate sensual pleasures of "promiscuous" sex sets in motion a hidden telos of disease and death. The very act of sexual union—with its cultural resonances of love and the production of life—is turned into an act of death as bodily defenses collapse. Although the viral hypothesis does not view AIDS as the very signature of homosexual behavior, it asserts an indirect tie between promiscuity and AIDS among homosexual men. It is, after all, only under conditions of non-monogamy that sex can threaten viral infection. Both the Overload and the viral theory, then, represent medical frameworks that center on the causality between sexual promiscuity, disease, and death.

In fact, promiscuity became the focal point in the heterosexual media. It has shown a seemingly endless fascination with the quantitative aspects of homosexual behavior. An early and widely reported study by a Center for Disease Control task force in 1981 provided the initial medical justification for this preoccupation. Assuming a connection between gay sexual patterns and the large numbers of male homosexual AIDS cases, CDC researchers compared the sexual patterns of AIDS cases with a male homosexual control group. They reported that the AIDS group had approximately twice as many sex partners as the control group. Although the precise nature of the connection between the number of sex partners and AIDS was unclear, researchers opined a causal tie. Serious doubts have been raised about this study. A central flaw is that this study did not define what constitutes a sex act. When does an act between two men count as a sexual act? Does the number of sexual partners suggest a common reference for heterosexuals and
homosexual men? If gay men count behavior in which there is no exchange of semen as sex acts (e.g., mutual masturbation, body rubbing, kissing) then the number of sex partners per se is irrelevant to AIDS. If the key factor is the introduction of semen into one’s blood stream, then the relevant data concerns the number of sex partners with whom there occurred sex acts of this type. Unfortunately the CDC study did not analyze gay sexual patterns in terms of types of sex acts. In fact, the comparisons between the AIDS cases and the control group along the key dimension of exposure to semen revealed no statistically significant differences. Whatever the causal link between homosexual behavior and AIDS the initial CDC study provided few credible clues.

Despite the obvious flaws of the study, the heterosexual media played up the angle of gay promiscuity. The mass media repeatedly concentrated on the number of sex partners homosexual men have per night, week, month, year, and lifetime. These reports did not interpret these figures in the context of gay subcultural life nor in relation to the broader changes in the sexual patterns of Americans. In a sense, the heterosexual media was simply following the pronouncements of the medical establishment. Yet, it is unfortunately not that simple. The medical scenarios, especially through 1983, were highly tentative, conjectural and often contradictory. The mass media didn’t merely report the facts but constructed the very reality of AIDS by drawing selectively on medical data and framing this information in a non-medical interpretive schema. By featuring the number of sex partners as the key causal link without further qualification or contextualization, the heterosexual media was, in fact, offering its own particular image of homosexuality.

In the heterosexual media response to AIDS, promiscuity became the defining property of gay sexuality. Headlines and feature stories in all the major national media dramatized a gay lifestyle, a fast lane life of indiscriminate casual sex. A piece in The San Francisco Examiner found in AIDS confirmation of the conventional wisdom that gays are “a population whose lifestyle is based on a freewheeling approach to sex.”8 John Fuller in Science Digest observed that AIDS is simply further evidence of what science has told us about homosexual men. “Sociologists and psychologists had long noted that the constant search for new sexual partners is a persistent pattern among many gay males.”9 Some commentators underlined the paradoxical aspects of homosexuality. “Ironically, the freedom, the promiscuity . . . that many gays declared an integral part of their culture have come to haunt them.”10 I want to here underscore a key point regarding this discourse: the promiscuity of homosexual men is not considered incidental or a historically specific behavioral property of homosexuality. Rather, it is viewed as essential to homosexuality. In other words, this discourse resurrects an older notion of the male homosexual as a type of person with unique physical, emotional and behavioral
traits. His essence is that of a hyper-sexual human type. Homosexual men sexualize themselves and others; they reduce persons to eroticized bodies; they frame sex as mere physical release or pleasure-seeking. Promiscuity manifests the lustful, amoral nature of the homosexual. Homosexual desire symbolizes pure sexual lust or unrestrained desire subject only to the quantitative limitations of physical exhaustion. It is this compulsive, hyperactive, insatiable desire that compels homosexuals to eroticize the forbidden and to transgress all moral boundaries, rendering them dangerous. Homosexuality is constructed as the very antithesis of the heterosexual marital ideal where sex is joined to romance, love and relational permanence and fidelity.

The AIDS discourse on homosexuality is a moral one. The juxtaposition of homosexuality and heterosexual romantic love carries a moral distinction between dangers the dangers of homosexual promiscuity and the purity of heterosexual love and monogamy. From this vantage point, AIDS reveals not only the truth of homosexuality but its just punishment. Some commentators have seen in AIDS proof of the unnaturalness or perversity of homosexuality. “The poor homosexuals—they have declared war upon nature, and now nature is exacting an awful retribution,” writes President Reagan’s former Aid Patrick Buchanan. Reverend Charles Stanley, head of the 14.3 million member Southern Baptist Convention remarked: “It [homosexuality] is a sinful lifestyle, according to the scripture, and I believe that AIDS is God indicating his displeasure and his attitude towards that form of lifestyle.” Finally, arriving at the same moral judgment but framed within a medical-scientific discourse, Dr. James Fletcher writes in the *Southern Medical Journal*: “If we act as empirical scientists can we not see the implications of the data [AIDS and STD’s among homosexual men] before us? Might not these ‘complications’ be ‘consequences’ [of homosexuality]? Were it so a logical conclusion is that AIDS is a self-inflicted disorder . . . Indeed from an empirical medical perspective alone current scientific observation seems to require the conclusion that homosexuality is a pathologic condition.”

In the above moral rhetorics, AIDS represents a just punishment for homosexuals since they have violated a basic law of God, Nature and Society. There is, however, another more subtle logic of moral judgement presented in the AIDS phenomenon. AIDS is seen as the homosexual’s death wish turned upon himself. In modern mythology, homosexuality indicates an unconscious will to subvert and destroy society. Images of subversion surround the homosexual. The ubiquitous association of homosexuals with the corruption of children—the very symbol of purity and social order—is indicative of their link to death. It is, I believe, precisely because in our symbolic universe homosexuality is constructed as a social danger evoking resonances of decline and chaos, that AIDS is seen not only as the truth of homosexuality but as its just punishment. AIDS signals the wish for the
annihilation of ‘the other’ being turned inward, back against the homosexual himself. It’s because homosexuality symbolizes a threat to life and society that even in the face of the mass suffering and death among homosexuals the public reaction has often been complacent, indifferent, and vengeful. For threatening social existence and “killing the innocent,” homosexual men have received their just desert in AIDS. This, at least, appears to be a perhaps unconscious moral sentiment conveyed in the heterosexual response to AIDS.

AIDS has contributed to reviving a notion of the homosexual as a dangerous and polluted figure. Moreover, the revitalization of a discredited image of homosexuality structured the public response to AIDS. As the principle victim of AIDS but also identified as its chief perpetrator, homosexual men were doubly victimized: by the disease and by society’s response to it. Blamed for their own affiliation, accused of spreading disease and death to innocent people, criticized as a drain upon scarce national resources, homosexual AIDS victims felt socially scorned and shunned. Stories circulated of hospital staff, police, and criminal justice personnel refusing physical contact with AIDS victims, of AIDS victims left unattended in hospitals leaving friends and family responsible for their care. Feature stories told of AIDS victims being fired from their jobs, evicted from their homes, ejected from public places. Numerous reports narrate how homosexual AIDS victims had to manage, often alone, a social death in anticipation of their physical one.

AIDS served as an ideal pretext for upgrading the surveillance and oppression of homosexuals. By the end of 1985 demands were being made for stepped up state regulation of homosexual AIDS cases through administering an “AIDS” test as a condition of employment, military service, health and life insurance, blood donation, and so on. Quarantining AIDS cases was seriously discussed and in some states statutes were amended to give the government the power to implement a quarantine. Suggestions were heard to empower the state to rehabilitate sexually promiscuous homosexual men through drugs or confinement. Beyond the repressive measures sought in response to AIDS, backlash forces held that the AIDS crisis rendered homosexuals a public health threat. By claiming that AIDS has produced a national health crisis, backlash forces tried to enlist the state to dismantle gay subcultural institutions. Efforts to close gay bars and baths were part of a broader strategy of withdrawing public tolerance for homosexuals. There were renewed efforts to press for the remedicalization and recriminalization of homosexual behavior. For example, the Dallas Doctors Against AIDS issued the following declaration. “Such a sexual public health concern must cause the citizenry of this country to do everything in their power to smash the homosexual movement in this country to make sure these kinds of acts are criminalized.” Movements in support of gay rights ordinances were frustrated and efforts to reinstitute or endorse
antisodomy laws were given a fresh impetus. At a more immediate level, gay men felt the intensification of oppression through an increase of reported acts of discrimination, harassment and physical assault.\textsuperscript{17}

The response to AIDS in the heterosexual media was not uniform. For liberals, AIDS was seen less as disclosing the universal truth of homosexual desire than as revealing the failure of the sexual revolution. Instead of criticizing a hypostatized homosexual desire, liberals identified the urban male gay subculture and its libertarian sexual ideology as the key causal link between promiscuity and AIDS among homosexual men. At times, it must be said, the line between liberal “historicism” and conservative “universalism” or the line between tolerance and repression collapses. After criticizing conservative attempts to enlist AIDS in their politics of repression, Charles Krauthammer, writing in \textit{The New Republic}, alludes to a possible natural link between homosexual behavior and this disease. “In reality no one knows whether AIDS is accidently a homosexual disease or intrinsically so.”\textsuperscript{18} Moreover, without a historical analysis of the development of the gay subculture, the liberal perspective simply shifts the hypostatization of the promiscuous homosexual from an abstract homosexual desire to an equally ahistorically conceived gay subculture. Liberals have, however, consistently opposed backlash efforts to use AIDS to reinitiate a harsh regime of homosexual oppression. They have criticized the AIDS hysteria and attempts to exploit it to further fuel an antigay backlash.

Although the liberal media has sought to avoid the politicizing of AIDS, liberals have seized on AIDS, no less than conservatives, to propagate their own sexual morality. They have used AIDS to reaffirm the morality of monogamy and romantic love. In fact, the liberal media has sought to rehabilitate a pre-gay liberation ideal of the “respectable homosexual”: discreet, coupled, monogamous, and cohabitating.

The \textit{New York Times}, for example, has virtually campaigned to create and legitimate this ideal of the respectable homosexual.\textsuperscript{19} Its coverage of AIDS has regularly included interviews with prominent figures in the gay community or relevant “experts” who uniformly criticize the immature and irresponsible promiscuous lifestyle accepted in the gay subculture of the 1970s. Articles appeared that reported changes in the behavior of homosexuals. Key indicators of the fastlane gay lifestyle, e.g., numbers of sex partners, STD’s, bathhouse attendance were scrutinized to detect indications of a retreat from promiscuity. Reports of a new emphasis upon dating, courting, and nonsexual attendance were scrutinized to detect indications of a retreat from socializing were given prominence. The \textit{Times} did more than report these developments; it clearly endorsed them. In fact, by virtue of its prestige and its enlisting of experts and community leaders, the \textit{Times} became a major social force in promoting these changes. It ran pieces on homosexual
couples who were obviously intended to serve as role models to a crisis-ridden and anomic gay community. One such piece entitled, “Homosexual Couple finds a Quiet Pride,” focuses on two professional men who have lived together for some forty years. They are, in appearance, indistinguishable from conventional heterosexuals. In other words, there is no trace of a more unconventional gay subcultural style to their self-presentation. There is an implied discreetness to their homosexuality and their demeanor exudes an almost exaggerated sense of staid respectability. They are described as preoccupied with typical heterosexual concerns such as career, family, domestic affairs, hobbies and anniversaries. The “success” or longevity of their relationship is summed up by the remark, “You have to work at it.” Quite clearly, the Times is offering them or its construction of them as a model of what is an acceptable homosexual style. With moral codes and identity-models in flux, and with homosexuality itself assailed by backlash forces, this image of a discreet, monogamous, coupled and conventional homosexual life is endorsed as an alternative to more unconventional gay socioerotic models. In fact, the principle thesis of the article is that a “heterosexual model” is now being adopted by homosexuals. “In recent years, some homosexual couples have begun to adopt many of the traditions of heterosexual marriage. Besides having wedding and anniversary parties, couples are exchanging vows . . . in religious services known as ‘gay unions.’ They are drawing up contracts, wills . . . to provide legal, protections for themselves and their partners. They are adopting children . . . ”.20 Setting aside for the moment the credibility of this argument, the message seems indisputable: AIDS is a positive catalyst encouraging homosexual men to adopt heterosexual relational patterns. Because of AIDS homosexual men are rediscovering the charm, civility, security and safety of romance and monogamy. Liberals, no less than conservatives, have exploited AIDS for their own moral purposes. Whereas the latter enlist AIDS as part of their backlash politics, the former use AIDS to relate a moral tale of the virtues of romantic love and monogamy.

AIDS & The Crisis of Homosexuality in the Gay Community

There is a common theme running through the liberal heterosexual and gay AIDS discourse. Segments of the gay community have used AIDS to criticize gay subculture for propagating an ethic of sexual promiscuity. At times the gay media appears to endorse the heterosexual caricature of the profligate homosexual. In fact, AIDS has occasioned within the gay community a turn to a medical language of normality and pathology in an effort to induce behavioral changes among homosexual men. Finally, there is a rather insidious aspect to the gay response whereby AIDS takes on a redemptive significance. AIDS manifests the failure of an ideology and a way of life. It has, moreover, initiated a period of self-criticism
and reform of the gay community. A rebirth of sorts is being enacted and AIDS is the principal catalyst. In other words, the suffering brought on by AIDS is made meaningful by rendering it a period of personal and collective rebirth.

Gay men were among the earliest defenders of the Overload theory. This might seem odd since the basic message of this theory is that homosexuals have brought AIDS upon themselves through their own promiscuous behavior. Yet, gay proponents of the Overload theory have been perhaps its most enthusiastic supporters. In a much discussed early piece in the gay press, “We Know Who We Are,” Michael Callen, Richard Berkowitz, and Richard Dworkin surmise “that their is no mutant virus and there will be no vaccine. We must accept that we have overloaded our immune system’s with common viruses and other sexually transmitted infections. Our [promiscuous] lifestyle has created the present epidemic of AIDS among gay men.”

An anonymous gay physician was even more succinct in interpreting the message of AIDS: “depravity kills!” The full moral weight of this self-incriminatory rhetoric is partially displaced by targeting the gay subculture as the source of the “gay lifestyle” and therefore of AIDS. Callen assails the norms and conventions of a sex-obsessed urban gay subculture. “Throughout ten years of promiscuity, I have tried to be a good gay and wear my STD’s as red badges of courage in a war against a sex-negative society.”

Callen’s severely critical attitudes towards the gay subculture is not exceptional. For example, writing in The Village Voice, Stephen Harvey comments: “For years, gay men have been prey to a brand of propaganda perpetrated among themselves which, in its subtle way, has been scarcely less insidious than the harangues aimed at the community from without . . . Co-ghettoists have implied . . . that there was something stunted and incomplete in the lives of any gay men who couldn’t get into those obligatory Saturday nights of mass euphoria in the dark . . . To cast doubt on any aspect of the way we habitually behave has been decided out of hand as reactionary. . . . In this town at least . . . what gay solidarity means is the high times you have with regulars of the bars, disco, bathhouse of your choice.”

For many gay men, AIDS symbolized the failure of a gay subculture and lifestyle.

Although the sexual norms and social conventions of the gay subculture are targeted as the main causal tie between promiscuity and AIDS, the individual is not absolved from guilt. Quite the contrary, a salient dimension of the gay response to AIDS is that it implicates the individual in his own victimization. Thus, Callen appeals to those promiscuous gays “who know who they are to acknowledge and change their lifestyle. We have remained silent because we have been unable or unwilling to accept responsibility for the role that our own excessiveness has played in our present public health crisis. But, deep down, we know who we are and we know why we’re sick.”

David Goodstein, the recently deceased owner and editor of The Advocate, insists that AIDS is the responsibility of individual gay men. “As
gay men, AIDS is our responsibility. By responsibility I mean that we are the cause of who we are, what we have and what we do. The moral weight of individual responsibility and guilt is a constant message in the wave of articles on homosexual men whose stories are narrated as an individual odyssey from promiscuity to AIDS to death.

Sexual promiscuity stands at the center of the gay media response to AIDS. It is seen as a product of a historically unique gay subculture. It is, moreover, seen as having a direct causal relation to the current epidemic and to the antigay backlash. For homosexual men with a traditional cultural background, for older homosexuals who came of age in a milieu emphasizing heterosexual models, for those men uncomfortable with their sexuality, or for gay liberationists whose ideals are perceived to have faded behind a wave of self-indulgence, AIDS has functioned as an appropriate symbol of the failure of current gay life. AIDS provides an ideal opportunity for gays to vocalize their discontents. I am suggesting, to be perfectly clear, that for heterosexuals and homosexuals, AIDS has served as a pretext to speak critically about homosexuality and to advocate reforms of the gay subculture. Perhaps gay men felt that the suffering and intensified oppression they have experienced in the AIDS crises could be somewhat neutralized or even made self-confirming by reconceiving AIDS as a moral drama. AIDS comes to signify the beginnings of a great reformation in gay life.

The notion that AIDS has ushered in a time of trial and marks a turning point for gays is neatly captured in the apocalyptic imagery of Larry Kramer’s eloquent and moving piece “1112 and Counting.” Kramer frames the AIDS phenomenon as a test of collective survival. “Our continued existence as gay men . . . is at stake . . . In the history of homosexuality we have never been so close to death and extinction before.” Survival hinges on a shift from the current hedonistic preoccupations of gay men to a new social consciousness and a responsible erotic ethic. Where Kramer is somewhat pessimistic, other gay men speak in an oddly defiant and upbeat tone of AIDS initiating a new era of maturity and respectability. Toby Marotta observes that “most gays share my view—that [AIDS] is the most profound, maturing incident for the gay community in its history.” David Goodstein couples a critical view of pre-AIDS gay life to the prospects for renewal and reform initiated by AIDS. “During the last half of the 1970’s, it wasn’t chic in gay male circles to place a high value on life-companions or close friendships. Now [i.e., with AIDS] we have another chance for progress: to acknowledge the value of intimate relationships.” Stephen Harvey is even more direct in acknowledging the redemptive possibilities of AIDS. “It’s a perverse and maybe [!] tragic irony that it took the AIDS outbreak . . . to at last . . . integrate [our] sexual natures with the rest of what [we] are.” A central feature of this emerging gay maturity is the appropriation of the behavioral models and rituals of heterosexual interpersonal patterns.
Arthur Bell comments: “Indiscriminate sex with phantom partners in backrooms is beginning to diminish. The grudge and filth bars are losing their appeal. Fistfucking is fading. Barbarity is on the way out. Romance [is] . . . on the way in.”30 Stories abound in the gay press of homosexual men rediscovering the quiet joys and healthy lifestyle of romantic love and monogamy. Typically, such narratives set off a pre-AIDS period which is now described as one of immaturity and indulgence. AIDS marks the great turning point where after a protracted period of soul-searching one is reborn: the profligate, self-destructive ways of the past are given up for the new morality of monogamy and romance. Typical is the piece by Arnie Kantrowitz. “Till death do us part.” He begins by recalling the liberating experience of sexual promiscuity. “My experiment in sexual anarchy was a rare delight, a lesson in license, an opportunity to see both flesh and spirit glaringly naked. I will never apologize to anyone for my promiscuity.”31 Yet, that is exactly what he does as he narrates his odyssey of personal growth. From the standpoint of a post-AIDS sexual morality his early sensual delights now appear to him as compulsive and narcissistic. The endless cycle of excitement, release, and exhaustion left him jaded and empty. “I decided to trade self-indulgence for self-respect.” Having personally witnessed the guilt-ridden, self-destructive ways of his pre-AIDS days, he “decided to get healthy.”32 Exercise and proper diet replaced drug abuse and sleepless nights. With health and self-respect intact, there could be only one proper dramatic finale. “Finally, I rediscovered the difference between lust and love and began an affair.”33 The transfiguration of AIDS into a moral and mythic drama of reformation and renewal has allowed some gays to be so emotionally distanced from the enormity of suffering it has brought that the current period is defined as one of optimism. One gay writer observes in what is a common motif that “the energy formerly reserved for the sexual hunt [can now be] channeled into the community in other ways [such as] . . . the growth of gay community centers, sports clubs, choruses, and a host of other groups.” He concludes by remarking that “all of which I believe makes 1983 a time for optimism and joy.”34

The intermingling of medical and moral perceptions in the response to AIDS has been criticized by some gay men. In an early essay, “AIDS: The Politicization of an Epidemic,” Dennis Altman objects to using AIDS as an occasion for social and moral commentary. Arguing for a historical and incidental connection between homosexuality and AIDS, he advocates the “de-homosexualization of AIDS.” “I would like to see the discussion of AIDS shift to one that sees it as a test of . . . medicine and health care, rather than a metaphysical judgement of lifestyles.”35 Yet, in AIDS and The Mind of America Altman is unable to resist the very moralizing that he earlier condemned. AIDS surfaces in its apocalyptic guise as representing a “vengeful nature.”36 In an apparently major reversal of his earlier position, Altman interprets AIDS as indicating the errors of a libertarian sexual ethic that he himself
helped to legitimate. “It is very difficult in view of . . . AIDS to escape the feeling that those of us who argued for liberating sex . . . were wrong.”37 For Altman, too, AIDS marks the end of an era. There can be no return to the sexual adventurous style of the seventies but neither will gay men embrace conventional heterosexual models. The prospects, indeed, look bleak to this former apostle of sexual libertarianism. “Will AIDS . . . lead thousands to once again deny their homosexuality?”38

In a departure from the typical response to AIDS, Michael Bronski assails gay people for capitulating to the “AIDS hysteria.”39 AIDS has unleashed, says Bronski, a moral assault upon gays. Bronski criticizes gay men for accepting the interpretation of AIDS by the heterosexual media which judges homosexual life to be a failure. This makes gay men responsible for their own victimization. It has, moreover, led homosexuals to cede some control over their lives to heterosexual institutions which have traditionally oppressed them. In their readiness to subordinate themselves to the ideological authority of the heterosexual media, Bronski discerns a surfacing of latent guilt among gay men. The AIDS phenomenon is evidence of an insecure and guilt-ridden gay community turning against itself. Bronski criticizes, in other words, the response of gay men or at least some of its key media figures to AIDS, not a gay lifestyle or subculture.

Tim Vollmer articulates perhaps the most compelling alternative response to AIDS in the gay community.40 Vollmer does not dispute the claim that a unique gay subculture materialized in the 70s and that at its center was an adventurous and pluralistic sexuality. However, he defends gay sexual culture for providing positive images of homosexuality and for its sheer erotic brilliance. Vollmer does not, of course, deny the seriousness of AIDS. Indeed, it threatens to unravel gay communal life. Sex had been a primary basis of gay identity and community. Now it’s the bearer of disease, death and social disintegration. In this perilous situation, Vollmer advises gay men to resist heterosexual stereotypical images of the profligate homosexual. Gay people must not relinquish control over their lives to heterosexual authorities. Neither a wholesale rejection of gay life as morally bankrupt nor a mindless emulation of heterosexual models is recommended. Rather, gay men need to innovate new models of identity and interpersonal relationships that build upon existing gay subcultures.

Although Vollmer does not entirely avoid redemptive rhetoric (for example, he dramatizes the current period as a historic turning point and a test of the very survival of gay life), the thrust of his argument does elude apocalyptic or millenial symbolism. He avoids stereotypes and the reductionist descriptive and moral language of much of the AIDS discussion. In this regard, Vollmer defends a pluralistic sexual ethic that accepts flexible and diverse erotic arrangements so long as safe-sex guidelines are followed.
AIDS & Homosexuality: The Limits of a Discourse

The public heterosexual and gay response to AIDS share a common moral theme: the dangers of promiscuity which are asserted to be a defining feature of homosexuality today. The former frequently derives promiscuity from the very essence of homosexual desire. The latter traces promiscuity to the contemporary gay subculture. However, even in this more historicist approach there is an absence of a socio-historical analysis. By positing merely an abstract relationship between the gay subculture and promiscuity, the suspicion remains that a universal homosexual desire is at work. There is no developmental analysis of the social factors that have formed gay life in its present configuration.

Locating homosexuality in a historical and structural framework alters our perspective. We would have to acknowledge continuities between heterosexual and homosexual behavior. The recent epidemic of genital herpes, for example, points to a society-wide trend towards expanded erotic individualism and pluralism. Increased non-monogamy is one manifestation of this development. Adopting a sociological point of view would hasten the de-homosexualization of AIDS as its appearance would be seen as more historically contingent. Similarly, it would compel us to shift at least some responsibility for AIDS from specific individuals or groups to more general properties of our social structure and culture. Criticism would have to be redirected from, say, individual homosexuals or a gay subculture to social conditions like capitalism, mass culture or a expressive-therapeutic ideology which have molded homosexual desire and behavior. In particular, a historical and structural viewpoint would compel critics of the gay subculture to countenance the crucial role of homosexual oppression. A critique of homosexual behavior must be coupled to a critique of a society whose hostility to homosexuality helped to produce conditions conducive to creating endemic health and social problems for homosexuals. From this vantage point, it is not very plausible to advocate that gays adopt heterosexual models without simultaneously abolishing all those institutions, legal and cultural barriers to gay men choosing them.

Notwithstanding widely publicized announcements of changing sexual patterns among male homosexuals, the available research is much less equivocal. To be sure, studies report a decline in certain indicators of non-monogamous sex, e.g., bathhouse attendance or STD's. However, this may simply mean that non-monogamous sex is occurring in different locations and is confined to safe-sex acts. Indeed, the appearance of sex clubs confined to safe-sex and the rise of new forms of eroticism centered on visual stimuli, sex talk or role-playing suggest that there may be little change in this regard. Even if we assume that homosexual men today have fewer partners, this does not amount to a change in sexual patterns. The latter is not defined solely by whether one is monogamous or promiscuous. Such a
definition omits the qualitative aspects of sex, e.g., its meaning and emotional content or its moral and interpersonal aspects. Moreover, this one-sided view of sex implies an equally simplistic sexual ethic implying that monogamy by itself can serve as the normative standard for evaluating sexual behavior. The conceptual and moral muddle of this discourse is strikingly revealed in the loose and ambiguous way the concept of promiscuity is used.

In both the heterosexual and gay media, promiscuity is taken as the decisive link between homosexual men and AIDS. It is, moreover, considered the essence of a universal or more historically specific homosexual desire. Yet, one looks in vain for a definition or a serious analysis of its meaning. Its sense, however, is conveyed by references to having many sex partners. This, however, is misleading. Promiscuity cannot be defined by the sheer number of one's sex partners. For example, a serial monogamous pattern which involves a sequence of changing partners is not promiscuous behavior. Similarly, promiscuity is not synonymous with non-monogamy. We would not consider, say, an extramarital affair as promiscuous behavior. In general, we must distinguish promiscuity from polygamy or "sexual pluralism." The latter involves multiple sex partners but there may also be established relationships of intimacy and responsibility with each partner. Promiscuity involves a sexually active person whose sex partners change frequently and with each there is an absence of personal intimacy and extended responsibilities. Furthermore, the line between serial monogamy, polygamy and promiscuity cannot always be drawn in a hard and fast way. A serial monogamous pattern involving a sequence of short-lived, emotionally distant relationships has a promiscuous aspect. A polygamous pattern involving one primary long-term relationship and sex with anonymous others suggests a more salient promiscuous element.

At stake is more than a matter of conceptual clarification. The categories used to describe homosexuality carry moral and practical implications. Homosexual behavior cannot be characterized as promiscuous in some generic or essential way. The available studies of current behavior highlight a diversity of homosexual patterns ranging from a monogamous, marital model to promiscuity. Any attempt to frame homosexual desire as some abstract, universal and homogeneous entity whose essence is promiscuity will not find much empirical support in behavioral research. Researchers agree that a more typical pattern for gay men—at least in the 70s—has been to combine an on-going love relationship with secondary affairs centered on sex. The pattern of these secondary involvements range from having a few erotically-centered relationships involving extended responsibilities to having high numbers of changing, anonymous sex partners. To the extent that the latter is more common than the line between polygamy and promiscuity is blurred. In fact, according to some observers, this more promiscuous style characterized a segment of the urban gay population in the 1970s. Indeed, surveys of sexual
behavior show that during this period gay men had, on the average, a much higher number of sex partners—many of whom were anonymous—than heterosexuals and lesbians.\(^4\) It is reasonable to assume some connection between this behavior and AIDS among homosexual men. The error is to assume a genetic causal tie between homosexuality, promiscuity, and disease or to take AIDS as evidence of the pathological nature of homosexuality.

There is a series of wrong moves here. Promiscuity is not the cause of AIDS but a risk-factor. To be even more precise, it is a risk-factor if one engages in high-risk sex and if one does so in circumstances where the HTLV-III virus is widely circulated. Homosexuals do not have to be promiscuous or non-monogamous to acquire AIDS. It is not legitimate to take AIDS as indicative of a particular type of sexual pattern or lifestyle. Furthermore, given its appearance among heterosexuals, who in some nations are primarily afflicted, it is wrong to interpret AIDS as a homosexual disease. There is no evidence that AIDS is congenital or that it is produced by homosexual behavior or that it favors homosexual men. The only statement that can be endorsed unequivocally is that specific homosexual acts are today high-risk. This fact does not, however, require that homosexual men adopt any particular lifestyle or sexual ethic. It mandates only safe-sex practices but how these are incorporated into a lifestyle or pattern of intimate relationships is open to diverse possibilities.

**Conclusion**

Foucault has shown how the original intent and political purpose of a discourse on sexuality can be reversed. For example, the scientific-medical discourse of “the homosexual” as a perverse or pathological human type promoted new forms of social control. Yet, taking the issue of homosexuality out of a religious context and placing it in a scientific one, has allowed an appeal to empirical evidence to challenge stereotypes and, ultimately, to contest the medical model itself. Moreover, this medical discourse contributed to creating a common homosexual consciousness and culture that eventuated in a politic aimed at legitimating homosexuality.

If there is a hopeful sign in the AIDS crisis, it is in the potential unintended consequences of making homosexuality a public issue. AIDS has forced public officials to gather and publicize knowledge about homosexuality. The acquisition of detailed empirical knowledge of homosexuality is deemed essential for public health reasons. The medical profession and the lay public must rely upon social researchers and knowledgeable observers of the homosexual scene for information which is considered vital to controlling AIDS. Much of this research will undoubtedly be done by gay people. It is bound to disclose facts and yield insights and perspectives about homosexuality that will discredit stereotypes. Moreover,
there is a need to disseminate credible information about homosexuality in order
to facilitate behavior that reduces people's risks of contracting AIDS. The enormous
expansion of public talk about homosexuality (in newspapers, radio and television
programs, in books, plays, advertisements and ordinary conversations), may
contribute to making homosexuality more socially acceptable, especially as stereotypes lose credibility. It is likely that AIDS will prompt renewed efforts at sex
education. In so far as AIDS education is part of this effort, the discussion of
homosexuality will become more routine. At the very least, these developments
would provide a context in which to challenge stereotypes and defend homosexuality.

It is, then, possible that AIDS may have a long-term beneficial effect. AIDS
requires credible empirical knowledge of homosexuality. This will stimulate and
legitimate research on homosexuals, much of which will challenge stereotypes.
Finally, this knowledge will be disseminated throughout society and will be taken
seriously because of its link to a health crisis. This could provide a favorable setting
for legitimating homosexuality and gaining the social inclusion of homosexuals. In
the end, this will not result from merely a process of mass enlightenment. Rather,
it will require gay people, in particular, to mobilize in order to play a greater role
in shaping public discussions. Homosexuals must have a political presence if they
expect to shape public policy decisions emerging from the AIDS crisis.

NOTES

1. Cf. Dennis Altman, The Homosexualization of America (Boston: Beacon Press, 1983) and John
2. See Gayle Rubin, "Thinking Sex," Pleasure and Danger. Edited by Carole Vance (Boston:
Routledge & Kegan Paul, 1984); Pat Califia, "The Great Kiddie Porn Scare of '77 and Its Aftermath,"
Advocate, October 16, 1980.
3. See Altman, The Homosexualization of America, Ch. 4; Larry Bush and Richard Goldstein, "The
4. Cf. Dennis Altman, AIDS and the Mind of America (New York: Doubleday, 1985) and Cindy
Parlton, Sex and Germs (Boston: South End Press, 1985); Richard Goldstein, "The Uses of AIDS," The
5. For examples of the public identification of AIDS as a homosexual disease, see "Gay Plague has
Instituted Fear of the Unknown," The Philadelphia Inquirer, June 20, 1982; "New Homosexual Disorder
6. CDC task force study, Annals of Internal Medicine, V. 99, 8/83.
7. See John Martin and Carole Vance, "Behavioral and Psychological Factors in AIDS," American
24. Callen, “We Know Who We Are.”
32. Ibid.
33. Ibid.
37. Ibid., p. 172.
38. Ibid., p. 170.
41. For example; Alan Bell and Martin Weinberg, *Homosexualities* (New York: Simon and Schuster, 1970).


Comment

DENNIS ALTMAN

Steven Seidman may be surprised to find that I basically agree with much of his thesis, in particular the warning against allowing AIDS to be used as an excuse for repudiating the discourse on sexuality that grew out of the gay liberation movement. If he is surprised that we agree, it is because he has taken six pages from my AIDS in the Mind of America, where I speculated on the various consequences AIDS might have for the construction of gay sexuality, and interpreted this as simply “moralizing.” Yes, I used the term “vengeful nature.” Anyone who read what I wrote carefully would realize, however, that I was trying to explain the fears and feelings AIDS has engendered in gay men, not to argue that these feelings are rationally justified. Thus, I raised the possibility that AIDS would lead men to reject a homosexual identity, as AIDS seemed to reverse the gains made by the gay movement in the preceding decade, a possibility that seems to me consistent with the social constructionist view of sexual identity both Seidman and I hold.¹

Two years later I am much more doubtful that this will happen, and indeed my hunch is that AIDS has considerably strengthened a sense of gay identity and community. I can’t blame Seidman for being unaware of my current views; they are summed up in two papers which are about to be published.² What is significant, however, is that Seidman seems quite unaware of the need to locate comments on AIDS very specifically in the context of when they were written. Much of the debate around gay sexual behavior he quotes comes from a period—only three years ago—when we knew much less than we do now about the ways in which the HIV virus is transmitted. The pamphlet, “We Know Who We Are,” which Seidman refers to, assumed that AIDS was the product of “immune overload,” a thesis which has long since been discredited (although previous and simultaneous infections might, of course, affect the likelihood of someone who is HIV-positive becoming ill).

“The existence of a virus” is not “the currently more accepted theory”: it is the explanation for AIDS held by almost every reputable scientist in the world. Unfortunately, the peculiar paranoia of a once great paper, the New York Native, means that every crackpot theory which contests this view gets aired, and is seized upon by those people who desperately want an explanation—any explanation—for AIDS which denies the consensus of the great part of the scientific community. I do not deny that it is possible that the world scientific community will be proved
wrong. But it is dishonest—or ignorant—of Seidman to write as if the “overload” theory and the existence of HIV (the internationally recognized term) were somehow equally reputable theories.

It is equally puzzling to me how someone can comment on the social construction of AIDS in 1987 and totally ignore the widespread existence of the disease in Africa and the very strong evidence that it originated there. It is, of course, true that early perceptions of AIDS lead to it being conceptualized as a homosexual disease—this is one of the main themes of my own book. But, at least outside New York, that perception has been considerably modified over the past few years as reports of its extent in Africa have become common. Other forms of stigma are brought into play—as is also the case for the existence of AIDS among drug-users—but at least we need acknowledge how these complicate the metaphorical uses to which the disease can be put.

The stress on discourse that runs through this article is somewhat apolitical—one would not know from Seidman’s article that the “gay community” has created considerable structures to respond to the epidemic, and that in many parts of the United States, including cities the size of Dallas and Miami, these provide virtually the only arenas for AIDS education and information. If there is a new discourse on gay sexuality being created it is often through the educational work of groups like the San Francisco AIDS Foundation and Gay Men’s Health Crisis, who have deliberately set out to find ways of eroticizing “safe sex” (and whose programs are deemed unsuitable in many areas of the country where governments give greater priority to respectable language than to saving lives; Seidman’s article reads as if written before the appearance of the Report of the Surgeon General).

I strongly agree with Seidman (that if AIDS is not to unleash greater homophobia, it requires a gay political mobilization) but this point needs much greater elaboration. Here, again, the peculiarity of New York comes into play; the gay movement in New York has long been noticeable as having far less impact on city politics than that of cities such as San Francisco, Washington, Boston, etc. An examination of how San Francisco responded to the epidemic will immediately make clear that “making homosexuality a public issue” is hardly the crucial point—rather it is recognizing homosexuals as a legitimate community, with access to governmental decision-making. Without this, the fact that “AIDS has forced public officials to gather and publicize knowledge about homosexuality” is just as likely to lead to a new anti-homosexual vigilantism.

Even more striking is the difference on a national level between the United States on the one hand, and, say, Australia or the Netherlands on the other. In both of these latter countries, the gay movement has had a major input into government decision-making on AIDS which could well serve as a model for the United States. If Seidman had spent a little time reading about the response to
AIDS outside the United States—not one of his references comes from elsewhere—he might have recognized the sad irony that the western country with the highest caseload is also one of the least responsible in developing a national program of public education on the transmission of AIDS.

This comment probably sounds harsher than I would want to be about this particular article. Maybe the harshness is born out of a sense of frustration at both the academicism and the New York centrism of Seidman’s approach. By concentrating so heavily on the media—indeed on the New York media—he seems to me to miss the political significance of the role of gay/AIDS community organizations in responding to the challenge of the epidemic, and their impact on both the lived experience and the discourse of sexuality.

NOTES


3. See R. Shilts, And the Band Played On (New York: St. Martin’s Press, 1987), for a popular account of this theory.
The Motives of Gay Men for Taking or Not Taking the HIV Antibody Test

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This paper analyzes the motives for taking or not taking the HIV antibody test among a sample of 120 gay men. The motives were forged from prevailing cultural constructions of the HIV test. The most commonly cited motives for taking the test were: to take medical treatments for HIV infection, to become motivated to make needed health and lifestyle changes, to clarify an ambiguous medical condition, to inform sexual decision making, and to relieve psychological distress associated with not knowing HIV status. The most frequently reported motives for not taking the test were: to avoid the adverse psychological impact of a positive test result, to avoid social discrimination and repressive governmental actions, to avoid an ambiguous or unreliable test result, and to avoid having to make undesired lifestyle changes.

The present paper explores the motives given by gay men for taking or not taking the HIV (Human Immunodeficiency Virus) antibody test. Following Mills (1940), we conceptualize these motives as reasons, explanations, or justifications for taking or not taking the test. Moreover, we also conceptualize HIV antibody testing as problematic behavior, mainly because of the momentous psychological and social risks and benefits associated with testing. As one noted chronicler of the AIDS (Acquired Immune Deficiency Syndrome) epidemic put it, to test or not to test clearly would become the most important personal decision most gay men would make in their adult lives. To be tested meant learning that you might at any time fall victim to a deadly disease; it was a psychological burden few . . . could imagine. However, not to be tested meant you might be carrying a lethal virus, which you could give to others (Shilts 1987:540).

Other risks include stigmatization, discrimination, and disrupted social relationships (Miller 1987). Among the benefits connected with testing are the opportunity to learn of one's sero-positive status and obtain available treatments, a reduction in the anxiety of individuals who test seronegative, the opportunity to plan more effectively for the future, and support for a differential diagnosis when HIV infection is suspected (Goldblum and Seymour 1987).

To date, not much is known about gay men's motives for taking or not taking the test (Coates et al. 1988). What little data that are available indicate that gay men's motives frequently refer to perceived consequences of learning test results or taking the test. For example, Lyter et al. (1987) used fixed choice mail questionnaires to investigate the reasons why participants in the Pitt Men's Study (the Pittsburgh component of the Multicenter AIDS Cohort Study) did or did not ask to be informed about their antibody test results. These men had their blood tested as part of the research protocol. Out of a total of 2,047 gay and bisexual men, 61 percent chose to learn their results. The chief reasons offered for learning test results

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