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FOCUS

A Guide to AIDS Research and Counseling

Beyond Coming Out: Gay Men, HIV, and Age

Robert M. Kertzner, MD

How do gay men experience the psychological and social passage from young adulthood to middle age and later life? What are the implications of growing older for gay men's psychological and sexual well-being, their behavior, and their capacities to live with HIV? Beyond the stereotype of gay male aging as a descent from "adolescence to obsolescence," how do we understand the diversity and richness that characterize the lives of gay men as they age?

This article focuses on age as a context for HIV prevention and mental health with emphasis on the life span beyond young adulthood, defined for purposes of this article as the years after the age of 30. This distinction is based on prior HIV prevention and mental health research that studies gay men under and over 30 as separate cohorts. It is also based on broad conclusions about psychological development by age. For example, gay adolescents and young adults typically are concerned with coming out, sexual exploration, and consolidating a sexual identity. Gay men over 30—who have had more time to integrate their sexuality into personal identity—confront the question, "After realizing my sexuality, what sort of life should I live?"

The article discusses primarily men who have self-identified as gay since adolescence or young adulthood. Men who have sex with men, but who do not self-identify as gay, may face other issues such as coming out later in life or finding supportive communities for bisexual identity or behavior.

Sexuality and Well-Being in Adult Gay Men

While we know a great deal about how heterosexual adults experience life span tran-

sitions, we know relatively little about how gay men experience growing older. What is so different about gay men's lives in adulthood, and to whom should they be compared? There are many characteristics that gay men share with heterosexual adults, particularly men, as they age, facing concerns about changing physical health, stamina, and personal and professional achievement. In many cultures, the commercialization and medicalization of sex, matched by longer life expectancy and decreased rates of physical disability, creates expectations of youthful sexuality in men and women well beyond young adulthood.

These trends, however, comprise only part of the story of sexuality in adult gay men. Perhaps most strikingly, gay men live outside of heterosexual norms that provide meaning and social coherence to many life experiences and transitions.

For example, cultural rites associated with civil marriage are denied to gay men and lesbians throughout the United States. Implicit in the current debate over same-sex marriage is an awareness that cultural institutions such as civil marriage define the social threshold of adulthood, the start of one's own family, and the legitimacy—or lack thereof—of adult sexuality.¹ Even when gay men conform to these rites—by conducting civil unions, getting married in places that allow same-sex marriage, or having or adopting children—the legitimacy of these actions is frequently denied, if not legally by the state, then by communities, community institutions such as children's schools, and individual community members. The result is that gay men, without societal institutions such as marriage or societal support for their own institutions, must work harder than their heterosexual counterparts to define meaning as they pass through life stages.

For some men, however, the lack of these institutions actually contributes to their successful adaptation to aging. This is precisely the point of gay men who

Editorial: Gay and Shades of Gray

Robert Marks, Editor

It would seem that there is very little one can say that is new about aging, which is, after all, age-old. But aging in the gay male community—the “gay and gray” phenomenon—is new. That is, it is only in the late 20th and early 21st centuries that large numbers of men who embraced a public and explicitly articulated “gay” identity have grown old.

Aging, like any other demographic influence, never acts alone. As do ethnicity, gender, or sexual orientation, it combines with other contextual and psychological factors to influence individuals in unique ways.

But, unlike all these other variables and despite individual differences, everyone ages. Everyone who is 40 or 50 or 60 has been a child, an adolescent, a young adult, has experienced the passage of time and the unfolding of development. We are all older than we were yesterday and maybe—despite the truism that

you are as young as you feel—older than we think we are.

Everyone is bathing in the hot water of our youth-obsessed—or maybe activity-obsessed—culture. This brew is comprised of medical advances that seek to increase longevity and capacity, plastic surgery and other physical enhancements that create the illusion of youth, and community norms of “active” retirement for those with money and extended “productive” working lives for those without.

The challenge of aging in mid- and older life seems to be the same challenge of accepting, adjusting to, and embracing change that we each face as younger people. But as many of us who have passed 30 can attest, change is not as welcome as it once was.

In this issue of *FOCUS*, Robert Kertzner confronts the particular contributions of being male and self-identified as gay to the process of aging and, vice versa, the

effects of midlife and aging on being gay and male. He puts all of this in the context of both HIV prevention and HIV care. Likewise Jeffrey Moulton Benevedes writes about seroconversion among older gay men and the ways in which the archetype of the “dark feminine” can facilitate change and transformation in later life.

Aging is a condition. It’s a perception. It’s also a cliché. As more men are able to live self-identified “gay” lives, it becomes essential for mental health providers to understand three basic processes: how development unfolds during aging, how society influences self-perceptions of age, and how being gay changes the ways men react and adjust to being older.

Counselors, however, should be wary of reducing these processes to generalizations. To truly contradict dysfunctional community norms, providers would be wise to seek to balance their sense of the universally shared experience of physical aging with a particular client’s personal experience of psychological development as it progresses over his lifetime.

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2. Cohler BJ, Galatzer-Levy R. *Self psychology and homosexuality: Sexual orientation and the maintenance of personal integrity.* In Cabaj RP, Stein TS, eds. *Textbook of Homosexuality and Mental Health.* Washington, D.C.: American Psychiatric Press, 1996.

oppose an emphasis on same-sex marriage, saying that the ability to create different pathways of sexuality, intimacy, and commitment are a welcome attribute of being gay. Aside from the debate about marriage, greater freedom from traditional gender roles and the experience of successfully negotiating a life beyond a marginalized existence may nurture in some gay men psychological resilience and the capacity to adapt to change as they age.

HIV, Mental Health, and Aging

For the past 25 years, HIV has been inseparably linked to the adult life experience of gay men. In the earliest years of AIDS, just reaching middle age seemed inconceivable to gay men, whether they were HIV-infected or not. Survivors of these early years lost innumerable loved ones and experienced great uncertainty about their own health. These circumstances have resulted in several phenomena of adult development in gay men: loss of reference points for aging, uncertainty about the future, and difficulties maintaining health behaviors.

Collective memories of experience grow more important to psychological well-being as adults age and increasingly reminisce about their past in order to maintain a sense of meaning and morale in the second half of life.² Survivors whose friendship networks have been decimated by AIDS are deprived of emotional support and a sense of shared history with peers who came of age together. Veterans of the early years of AIDS may feel that their experiences are no longer understood or remembered, which undermines a sense of continuity in their own life. In addition, the death of friends coupled with the absence of built-in intergenerational ties that heterosexual extended families often create can compound the sense of social isolation experienced by those surviving AIDS.

Advances in HIV treatments 10 years ago enabled HIV-positive gay men to resume fuller lives, although certain life choices—such as departure from careers, adjustment to disability support, or psychological change in anticipation of premature mortality—have proven difficult to reverse.

In addition, middle-aged and older gay men living with HIV have outpaced medical knowledge in terms of the effects of HIV on aging and the occurrence of age-associated physical ailments. For instance,

As gay men translate the experience of being “different” into life trajectories that are rich in meaning, a key element that is missing is a recognition of their highly varied stories. At the same time, these stories unfold in a context of the collective history of gay men and of the epidemic.

do cardiovascular or neurological ailments occur earlier, more frequently, or differently in older people with HIV? Does HIV infection or do HIV medications alter an expected course of aging?

After a quarter-century of safer sex guidelines, front-line providers and researchers as well as gay men better appreciate the challenges of sustaining efforts to reduce risk of HIV infection. Many gay men practice safer sex for decades after adolescence, but “safer sex fatigue” over time may raise the cumulative risk for becoming infected as gay men face desires for increased intimacy, roman-

tic yearnings, the vicissitudes of sexual drive, or concerns about aging or desirability. Along with other established risk factors, this perspective may help explain why the mean age of new HIV infections among gay men in cities such as San Francisco has remained in the mid-thirties for many years.

Implications for Counseling

These observations suggest four approaches providers might consider as they approach counseling gay men who are in midlife or older: being familiar with age-related psychological development; supporting risk reduction over time; responding to seroconversion in midlife; and fostering a shared history.

Being Familiar with Age-Related Psychological Development. Providers working with gay men should be familiar not only with developmental issues specific to gay adulthood but also age-related psychological change associated with human development. For instance, many midlife adults, in general, experience an increasing psy-

chological distance from younger adults, as the former become increasingly aware of the need to balance personal aspirations and time limitations. This knowledge is helpful in understanding why adult gay men may decrease their identification with the psychological concerns and social worlds of younger gay men.

As a second example, as adults age, their thought is characterized by greater complexity, uncertainty, and awareness of paradox. These observations have implications for how gay identity is experienced with age: the world is less likely to be perceived as “us” versus “them,” and older adults may be less likely to be concerned about the opinions of others.³ Rik Isensee, for example, suggests that as gay men age, they may become more flexible in their preferences about type of partner.⁴

On the other hand, certain sensitivities associated with growing older may be heightened among gay men, particularly as they start to “age out” of social environments geared toward younger adults. Many of these environments emphasize youthful desirability and devalue the appearance of age. Men who come out during midlife may be doubly sensitive to age because of their desires to experience a long-deferred sexuality and the vibrancy of gay social life and their need, in order to achieve these desires, to be integrated into a gay social scene that may discriminate against them because of their age. To provide a model of psychological adjustment for growing older, Paul Zak describes a second “coming out” in which gay men who are no longer young reject the stigma of being older and find positive ways to think about their lives that include seeking new community and social affiliations.⁵

Supporting Risk Reduction. Providers should periodically check in with gay male clients about their risk reduction efforts, even if clients have practiced safer sex for many years. A longitudinal perspective about risk reduction not only acknowledges the potential for safer sex fatigue, it makes explicit the normal effects of time on behavior, acknowledging that as a person ages, he may experience changes in relationship status, episodes of substance use, or desire to have sex outside of primary relationships. Since life changes, while not explicitly linked by clients to changes in risk reduction practices, may be associated with behavior change, counselors should explicitly assess HIV risk-related behavior. For example, counselors should ask how well clients are adhering to negotiated risk reduction strategies with

3. Cohler BJ, Galatzer-Levy RM. *The Course of Gay and Lesbian Lives: Social and Psychoanalytic Perspectives.* Chicago: University of Chicago Press, 2000.

4. Isensee R. *Are You Ready? The Gay Man's Guide to Thriving at Midlife.* Los Angeles: Alyson Press, 1999.

5. Zak P. *Invisible men: Gay at midlife.* In the Family. 1998; 4(2): 12–15.

6. Isay RA. *Commitment and Healing: Gay Men and the Need for Romantic Love.* Hoboken, N.J.: John Wiley & Sons, 2006.

7. Hopcke RH. *Midlife, gay men, and the AIDS epidemic.* *Quadrant.* 1992; 35(1): 101–109.

their partners and how newly single clients are incorporating safer sex practices into dating.

Responding to Seroconversion. Clinical observation suggests that when gay men seroconvert after years of remaining HIV-negative, they may experience a heightened sense of shame as they imagine others saying, "How could you have let this happen after so many years?" Moreover, having survived many AIDS deaths or witnessed difficulties associated with HIV treatment in others, older seroconverters may express pessimism about their own prognosis despite ongoing treatment advances.

Yet seroconversion can also propel men to more intensely examine psychological impediments to a greater sense of personal fulfillment. Becoming HIV-positive often prompts individuals to re-examine values and re-prioritize commitments. Paradoxically, the prospect or onset of illness can help some gay men who are conflicted about their dependency needs become better able to receive love from others.⁶ Rob Hopcke suggests that HIV causes many younger gay men to experience an "early middle age," by which he means that they confront mortality and meaning concerns earlier than they might have without HIV.⁷ It is possible that midlife gay men who seroconvert might experience not so much an early middle age but that seroconversion might lead them to focus sharply on issues of aging and meaning.

Fostering a Shared History. Having sustained multiple AIDS losses and living outside of heterosexual age norms that plot a "typical" life course, gay men may feel they have lost their "bearings" as they age. For instance, they may question how realistic it is to think about creating new families, partnerships, and, more generally, futures.

Counselors and community programs can address these concerns by providing opportunities to decrease the experience of historical isolation. For example, workshops for creating autobiographies can enhance well-being by creating a sense of shared life narrative among participants. Further, autobiographies can increase a person's perception of the continuity and coherence of his life and foster morale and well-being as he faces the challenges of midlife and older age. Finally, the very process of counseling itself helps individuals experience meaning and coherence regarding life transitions, particularly when these transitions are unrecognized by society at large.

Conclusion

Both the HIV epidemic and large populations of gay men are aging, with unclear implications for HIV prevention and living with HIV. These uncertainties reflect two key factors: the still evolving story of the gay adult life course beyond coming out, and the prevention and treatment questions raised by an enduring epidemic. As gay men translate the experience of being "different" into life trajectories that are rich in meaning and authenticity, a key element that is missing in their lives is a greater recognition of their highly varied stories.

At the same time as these stories are unique, they unfold in a context of the collective history of gay men and of the epidemic. Creating and revising personal narratives of life history becomes an increasingly important task for all aging adults. For gay men, whose lives beyond coming out and young adulthood are often unheralded by families, history, or culture, it is essential psychological well-being to create a greater social recognition of lives beyond the age of 30.

Authors

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Clearinghouse: Older Gay Men

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Making Meaning of Seroconversion in Older Gay Men

Jeffrey Moulton Benevedes, PhD

As a psychologist who has worked in AIDS care and prevention since the early 1980s, people often ask me how I react when I hear that someone I know, usually a gay-identified man, is newly infected with HIV. My first reaction is usually a combination of anger, disappointment, and sorrow. My second reaction is to consider the psychological context in which the infection occurred.

I work with a client, "Ned," who became infected in his early sixties and has lived with HIV for the last seven years. As I wonder how he could have "let" this event occur, I notice my choice of language: the word "let" betrays my belief that his infection is in some way his fault. I have to admit that I do hold older gay men, who I assume have experienced every grueling aspect of the epidemic and would do anything to protect themselves, to a higher standard of sexual behavior than I do younger men. This belief, however, competes with my conviction that each of our lives is embedded in a larger social context that has enormous impact on our actions.

How much do the psychological challenges of being an older gay man in a gay culture that esteems youth and beauty contribute to vulnerability for infection? My 60-something client, Ned, experienced himself as an outsider, as invisible, in the community in which he yearned for membership. He had found himself marginalized in a culture that often excludes older men, acted in a way that he described as impulsive under the influence of alcohol, and engaged in anonymous unprotected anal sex.

Intergenerational Divisions

It became clear that the force of Ned's loneliness, invisibility, and alienation made him so desperate to connect with a man that he violated his safer sex commitment in the flash of a moment. Ned was particularly vulnerable to these forces because of his childhood of abuse from an overly harsh and aggressive father, whose actions made Ned vulnerable to the challenge of creating intimacy with peers. Ned's desire to relate with his peers and his frustration with his aging made him willing to gamble with the future.

After seroconversion, the isolating effects of age combine with the isolating effects of HIV, both of which may be exacerbated by the history that may be most vivid for men

As a Jungian therapist, I have discovered a helpful metaphor for seroconversion: the archetypal "dark feminine," the aspect of nature that has the power both to destroy and re-create.

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See also references cited in articles in this issue.

who lived through the earliest days of the epidemic. For men younger than 40, HIV is more likely than it once was to be perceived as chronic, a disease that may be both manageable and inevitable and, thus, less isolating. For older gay men, especially those over the age of 50, who remember the devastation HIV wrought, this perception may be harder to grasp. This experience of trauma can make the prospect of dating an HIV-positive man frightening and the possibility of sex and relationships for the HIV-positive older gay man even more remote.

Seroconversion as Transformation

Although for some gay men seroconversion strips away social relationships, it also has the power to transform identity. As a Jungian oriented therapist, I have discovered a helpful metaphor for this transformation: the archetypal dark feminine, the aspect of nature that has the power both to destroy and re-create. In Buddhist thought, this figure is represented by Vajrayogini, the female Buddha, while in Hinduism she is represented by the goddess Kali. Symbolically, these figures represent the natural order of change and transformation, which is preceded by destruction in a way that might be sudden, violent, and unexpected.

I often think of HIV infection as an unintended communion with this fierce aspect of the feminine, which, despite its destructiveness, is regenerating. This presents a person with an opportunity for transformation on many levels that can ultimately lay the foundation for a richer life.

Since aging often brings a more settled identity for most people, the encounter with HIV and the dark feminine can lead to even greater change in how a person knows him or herself. The demands of HIV at various stages of progression, and the effects of HIV on relationships and health, can cause a person with HIV, particularly an older person, to long for the stability of a lost self.

While these challenges can be daunting, HIV can also foster and deepen growth and development that might not have occurred in older age. For older gay men, an encounter with HIV offers an opportunity to soften, to encounter the anima—man's feminine aspect—and provide new ways of relating more meaningfully to others. This process can increase access to deeper aspects of the self, open a connection to a larger spirituality, and potentially reduce the normal isolation of aging.

Ned's encounter with the dark feminine could have been frozen in the stage of "destruction." His isolation may have persisted, and depression and anger could

have been the predominant emotional experiences of his day-to-day life. However, Ned was able to use his psychotherapy to recognize the darker experiences that had taken over his life and, with support, begin to experiment with the more integrative and positive aspects of the feminine. While simultaneously "holding" despair, he was able to "borrow" my belief in the possibility of transformation, and experiment with the expression of these dark emotions, take risks to establish connections with other men, and examine his unconscious through dream analysis—all of which helped in the process of healing.

Conclusion

Making meaning of seroconversion for me and Ned has turned out to be a tale of two journeys mediated by the dark feminine: mine from judgment to compassion and Ned's from isolation to transformation. I almost always meet the news of a new seroconversion with a clinical and logical focus. But for me to truly integrate the information and find meaning in it, I have to enlist a spiritual perspective. I have found there to be a parallel process with clients, who often react the same way, moving from struggle with the news to acceptance to compassion for themselves and others.

It is this spiritual context, the potentially transformational aspect of an event, that eases the pain and judgment I feel when I learn that another brother, young or old, has seroconverted. A new HIV infection challenges me to remember that compassion is my most important daily practice, and offers me a lesson in acceptance: we do not control all of the events that occur in our lives. Instead, there are many determinants for every outcome, many of which are beyond my understanding. By embracing all of these contexts, the psychological, social, and spiritual, providers can help themselves and older gay men make sense of the seroconversion experience and, potentially, employ it as a catalyst for affirmative change.

Comments and Submissions

We invite readers to send letters responding to articles published in *FOCUS* or dealing with current AIDS research and counseling issues. We also encourage readers to submit article proposals. Send correspondence to rob.marks@ucsf.edu or to Editor, *FOCUS*, UCSF AIDS Health Project, Box 0884, San Francisco, CA 94143-0884.

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Recent Reports

HIV Prevalence in Older Gay Men

Dolcini MM, Catania JA, Stall RD, et al. The HIV epidemic among older men who have sex with men. *Journal of Acquired Immune Deficiency Syndromes*. 2003; 33: S115–S121. (Center for AIDS Prevention Studies, University of California at San Francisco.)

In this issue, both Robert Kertzner and Jeffrey Moulton Benevedes examine the factors that shape HIV risk in older gay men. In the University of California San Francisco study below, researchers give a picture of the HIV prevalence and behavioral data for urban men over the age of 50 who have sex with men. The following summary was excerpted from the cited article and its abstract:

This large urban study found high HIV prevalence rates for several subgroups of men who have sex with men in four U.S. cities.

Investigators based their data on a probability sample of men who have sex with men conducted in 1997 in New York, Los Angeles, Chicago, and San Francisco. Of the total sample of 2,881 subjects, 507 were older than 50. Researchers determined HIV status through self-report and biologic measures, and assessed risk behavior through self-report. Participants who were HIV-positive and reported unprotected insertive anal intercourse with HIV-negative or HIV-status-unknown partners were categorized as having “high-risk sex,” as were those participants who were HIV-negative and reported unprotected receptive anal intercourse with partners of unknown or HIV-positive serostatus.

HIV prevalence was 19 percent for men in their fifties and 3 percent for men in their sixties. No men in their seventies were HIV-positive.

Prevalence was high for several subgroups of older men: 30 percent for Black men, 21 percent for men who have sex with men and inject drugs, 35 percent for moderately heavy drug users, and 21 percent for “less closeted” men. High-risk sex between mixed-serostatus partners was relatively constant (4 percent to 5 percent)

across age groups of men older than 30 and decreased among men older than 70.

Social Networks, Gay Men, and Aging

Shippy RA, Cantor MH, Brennan M. Social networks of aging gay men. *Journal of Men's Studies*. 2004; 13(1): 107–120. (Pride Senior Network, New York; Fordham University, New York; and Lighthouse International, New York.)

Kertzner's article explores the complicated interaction between the personal and social identities of gay men—and how these identities differ from those of heterosexual men, particularly as they age. In the New York study below, investigators emphasize the social connections among gay men, and how these connections support community and, when needed, caregiving. The following summary was excerpted from the cited article and its abstract:

Results from the first large-scale research project of caregiving in the gay and lesbian communities in New York challenge the myth of the isolated aging gay man. Two hundred-thirty three gay men, ages 50 to 87, reported an average of five friends with whom they were close.

Of these men, 36 percent were in committed relationships with a partner. Nearly 90 percent reported at least fair health and being at least somewhat satisfied with their lives, despite the fact that 30 percent reporting feelings of depression.

Results also dispel the myth that gay men are not involved with their biological families. When present, biological family members were close to and maintained

contact with respondents. Yet relatives were much less likely to be called upon for help. In these situations, respondents were most likely to turn to partners, if available, followed by friends. While this research disproves the negative stereotype of older gay men as socially isolated, the extent to which older gay men are socially integrated within their biological families and their friendship network remains largely unexplored.

Older Adults and HIV Testing

Lekas HM, Schrimshaw EW, Siegel K. Pathways to HIV testing among adults aged fifty and older with

Results from the first large-scale study of caregiving in the gay and lesbian communities in New York challenge the myth of the isolated aging gay man.

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HIV/AIDS. *AIDS Care*. 2005; 17(6): 674–687. (Columbia University.)

Both Kertzner's and Benevedes' article describe the emotions and social reactions older gay men face when they become HIV-positive. The Columbia University study below reveals how these feelings, including fear and hopelessness, can lead older gay men to delay testing. The following summary was excerpted from the cited article and its abstract:

Physical symptoms and encouragement from health care providers were the primary triggers that led to testing among individuals age 50 and older, according to a qualitative study of 35 HIV-positive men and women in New York.

Since adults over the age of 50 are less likely to be tested for HIV and are often diagnosed at a later disease stage than younger individuals, researchers asked participants who had tested HIV-positive after the age of 50 about the barriers to, and facilitators of, their own testing. Participants described a variety of pathways to testing, related to gender, sexual orientation, drug use, and era of the epidemic.

Older gay and bisexual men described three courses: proactively seeking out testing, delaying testing due to fear and hopelessness, and denying exposure to HIV. Older heterosexual drug users and their partners followed two courses, depending on the phase of the epidemic: delay due to the lack of knowledge or perceived risk for infection, and delay due to psychological barriers and drug use despite the recognition of risk. Finally, heterosexual non-drug-users were unaware of their risks.

Risk perception is a necessary, but not sufficient, condition for prompting HIV testing. This suggests that interventions should not only promote risk awareness, but also reduce barriers to testing and encourage earlier HIV testing among older adults.

Age, Race, Sexuality, and Risk

Jimenez AD. Triple jeopardy: Targeting older men of color who have sex with men. *Journal of Acquired Immune Deficiency Syndromes*. 2003; 33(Suppl. 2): S222–S225. (University of Illinois at Chicago.)

Both Kertzner's and Benevedes' articles refer to the critical role of culture and community in shaping the identity of gay men as they grow older. The University of Illinois study below explores the connections among overlapping groups—older men who have sex with men, communities of color, and substance users. It asks how these intersections influence HIV risk, disclosure of same-sex sexual activity, and perceptions about stigma. The following summary was excerpted from the cited article and its abstract:

The results of this Chicago study sug-

gest that older men of color who have sex with other men may be at particularly elevated risk of contracting HIV.

Researchers recruited a convenience sample of 110 Black and Latino men who self-identified as having sex with men. Participants filled out a 73-question survey.

More than 90 percent of men reported sex with other men, with 20 percent reporting unprotected receptive anal sex. Most of the participants also reported drug use in conjunction with sex. Participants also reported often having multiple partners.

Forty-five percent of the sample identified as either bisexual or mostly or completely heterosexual, and 36 percent reported sexual activity with women. When asked who in their lives knew about their same-sex behaviors, 37 percent of participants said that none to less than half of their friends knew, and 53 percent stated that none to less than half of their family members knew. Participants ranked their perception of gay-related stigma and HIV-related stigma high.

Most participants (74 percent) perceived themselves to be at minimal risk for contracting HIV infection. This perception of invulnerability may have translated into reduced concern about HIV: 50 percent of participants ranked their level of worry about contracting HIV infection as low. These data suggest the need for specific and culturally sensitive dissemination of HIV prevention information and promotion of HIV testing.

Next Issue

The 16th International AIDS Conference took place in August in Toronto, Canada. In the November Annual Update Issue of *FOCUS*, **Pamela DeCarlo**, Dissemination Manager at the UCSF Center for AIDS Prevention Studies, reports on the proceedings.

Also in the November issue, **George Harrison, MD**, Medical Director of the UCSF AIDS Health Project, reviews *HIV and Psychiatry: A Training and Resource Manual*, edited by Kenneth Citron, Marie Josée Brouillette, and Alexandra Beckett. **Marshall E. Feldman, LCSW**, Coordinator of Mental Health Services for the AIDS Health Project's REACH Program, reviews *Without Condoms*, by Michael Shernoff. **Andrew Joseph, MFT**, a psychotherapist with the AIDS Health Project, reviews *Positive Prevention: Reducing HIV Transmission Among People Living with HIV/AIDS*, edited by Seth Kalichman.

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