Psychosocial Attitudes Affecting Counseling of Homosexual Males with AIDS/ARC

Norma A. Morehouse
University of Nebraska at Omaha
THESIS ACCEPTANCE

Acceptance for the faculty of the Graduate College, University of Nebraska, in partial fulfillment of the requirements for the degree Master of Arts in Counseling and Guidance, University of Nebraska at Omaha.

Committee

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>James A. Hansen</td>
<td>Ge Remote</td>
</tr>
<tr>
<td>Wayne L. Wehby</td>
<td>Sociology</td>
</tr>
<tr>
<td>Michael J. Ten Kate</td>
<td>All Saints</td>
</tr>
<tr>
<td>Richard J. Black</td>
<td>Counseling</td>
</tr>
</tbody>
</table>

Robert Butler, Counseling
Chairman

Aug. 2, 1988
Psychosocial Attitudes Affecting Counseling of Homosexual Males with AIDS/ARC

A Thesis

Presented to the Department of Counseling and Guidance and the Faculty of the Graduate College University of Nebraska

In Partial Fulfillment of the Requirements for the Degree Master of Arts University of Nebraska at Omaha

by

Norma A. Morehouse

August, 1988
ACKNOWLEDGEMENTS

To have been as accepted by the gay community as the researcher has been, has made this thesis a personal experience rich beyond imagination. This acceptance created a feeling of overbrimming fullness which has made it a pleasure to be in the company of so many wonderful men. It is impossible to express the amount of gratitude felt by the researcher whose life has been touched through association with the homosexual males encountered during this project.

Four men, in particular, are given the researcher's heartfelt thanks. The life of the researcher has been enriched by the openness and trust demonstrated by the interviewees. Their contribution made this thesis possible and meaningful, and the researcher is grateful to them.

There is no way the researcher could have selected a more compatible, cooperative, supportive thesis committee. Dr. Robert Butler, chairperson, consistently gave excellent critique of areas needing work, and correctly targeted the direction of the next step. Dr. Richard Blake supplied information early in the project which was invaluable in allowing the researcher to construct the proposal of the thesis. Dr. James Thorson supplied a creative spark from the moment he recommended qualitative methodology. Dr. Thorson's knowledge in the area of death and dying was most helpful and expedient. Dr. Wayne Wheeler exemplified
excellence in teaching as he assisted the researcher with qualitative methods during this thesis. Dr. Wheeler's ability and willingness to share his expertise in interviewing with the researcher made the project "doable". Father Michael Tan Creti, personal advisor, gave both spiritual and scholastic direction. It has been the counsel of Fr. Tan Creti which has enabled the researcher throughout to maintain focus on her responsibility to the people involved. The writer's thesis committee gave support through encouragement, motivation, focus, challenge, and genuine interest in both the researcher and the topic. Assistance was available when needed. Clarity of thought, intellect, and professionalism were modeled well for the researcher by her committee members. Input was specific and invaluable. A sincere and indebted thank you goes to each committee member.

Were it not for one woman, this thesis may not have happened. At the very least, it certainly wouldn't have happened as well as it did. This woman is Reverend Jan Kross. Because of her attitude towards the researcher and this thesis, Rev. Kross paved the way for acceptance of the researcher into the gay community. The researcher expresses special thanks to a deserving woman for enhancing the project's richness.

Technically, Dr. Donna Holmquist in the Department of Teacher Education, and Joyce Crockett and Roger Hubbard in the Training and Computer Information Center were of
tremendous assistance in the transcription and preparation of the thesis. Their time and assistance has been greatly appreciated.

A loving thank you goes to family and friends who have been understanding and patient while this thesis has come about. Loved ones have been willing to loan everything from ears to money as a means of helping the researcher reach her goal.

Being a known observer made it easy for the researcher to be herself, and she was well accepted from the beginning. The second week of attending services at a church, which has a large homosexual membership, brought an invitation from one of the church members to attend a bi-monthly AIDS support group, and also a monthly interfaith healing service. Among these three organizations—the church with a large gay membership, the AIDS support group, and the healing service—the researcher was able to pursue her topic.
# TABLE OF CONTENTS

Chapter 1, INTRODUCTION ............................... 1
Chapter 2, REVIEW OF THE LITERATURE .................. 8
Chapter 3, METHODOLOGY ................................ 17
  Interviewing ........................................ 17
  Population ......................................... 17
    Subject A ......................................... 18
    Subject B ......................................... 19
    Subject C ......................................... 19
    Subject D ......................................... 20
  Analysis of Data .................................... 21
Chapter 4, CASE ANALYSES .............................. 22
  Subject A .......................................... 23
  Subject B .......................................... 30
  Subject C .......................................... 38
  Subject D .......................................... 47
Chapter 5, DISCUSSION .................................. 57
  Changes in Meaningfulness of Life .................... 57
  Attitudes Toward Homosexuality ....................... 59
    Intolerant Views .................................. 59
  Coping ............................................ 60
  AIDS Stress ....................................... 61
  Misconception About Homosexuality ................... 62
  Coupling .......................................... 63
  Religion .......................................... 64
Chapter 6, COMMENTS, CONCLUSIONS, RECOMMENDATIONS..... 65
Chapter 1
INTRODUCTION

As the decade of the 1980s draws to a close, it ushers in the last decade of the twentieth century. "New Age" thinking, which attempts to withhold judgement and accept individuals as unique and necessary to the whole, challenges society to more fully understand those issues such as homosexuality which have in the past caused division. New Age thinking is defined by the researcher as a philosophy in which an holistic approach to health is essential. Mind, body, and spirit—respect for these is a healthy life.

Conversation about holistic health and healing is a common theme heard throughout Acquired Immune Deficiency Syndrome (AIDS)-related group activities. Along with balance in life, holistic counseling methods challenge and increase individual "response ability". Likewise, increased response ability brings increased awareness that each of us is simply an equal part of the whole; and, therefore, necessary. On a universal scale, then, only our problems exist.

AIDS is one of our problems. The Surgeon General's Report on AIDS (1987) states, "The changes in our society...will affect our social institutions, our educational practices, and our health care. Although AIDS may never touch you personally, the societal impact
certainly will" (p. 28).

With death and dying the area of interest during graduate study, the researcher had a natural tendency to be curious about the affects of AIDS upon the gay community. Last August, the researcher began attending services at a church which has a congregation comprised largely of homosexual men and women in order to observe this particular group of people.

The researcher, accepted from the beginning, was scrutinized as time passed. Only two problems arose during the study. Although minor, both problems brought about some self-doubt about the researcher's acceptance.

The first problem was with a man who agreed enthusiastically to be interviewed, and simply kept putting the interview off. After several months passed, the researcher decided she would give the procrastinator an "out" by letting him know she had gotten another subject.

The second situation arose when a volunteer began cautioning one of the interviewees about the researcher. The interviewee informed the researcher of the warning from the volunteer. The researcher was able to overcome the volunteer's gossip by maintaining focus on her relationship with the interviewee. The relationship between the volunteer, who was advising caution, and the interviewee became so difficult that the interviewee insisted on seeking counseling with the volunteer.
The three settings were comfortable and very much aligned with the personal interest of the researcher. Because of the spiritual emphasis in all three settings, but particularly in the churches where the gay community worship and where the healing services are held, a great comfort was available. For the researcher, these experiences caused tremendous processing of personal feelings, attitudes, and values. This was a very emotional experience.

Any concern or doubt about the researcher was overcome by her steadfast participation in the various groups, and in her interest in the well being of the members of the gay community with whom she had become involved. It soon became obvious to the researcher that she had found her niche in counseling. For the researcher, the most important part of the settings was that faith life could be shared. The researcher was very much in sympathy with the participants and the entire homosexual community.

The fact that 72% of "Persons with AIDS" (PWA) have a homosexual orientation is, for society in general, the most difficult aspect of the disease (Bohne, 1986, Fuller, Geir & Rush, 1988, Levitt & Klassen, Jr., 1974, Nyberg & Alston, 1976-77, and Weinberger & Millham, 1979). The problems associated with expression of human sexuality have been with us since the beginning of time. Sexual problems such as incest, abortion, and infidelity prompt many individuals to seek professional counseling. Healthy sexual expression and
well-being are problems for heterosexuals as well as homosexuals.

Due to fear and prejudice, the topic of AIDS can quickly arouse emotions which are often hidden. The AIDS epidemic presents society with the opportunity to respond in careful, nonjudgemental ways. Stories are heard too often of health care workers abruptly announcing the diagnosis of AIDS to a person via telephone.

The doctor called me at work, on Christmas eve, and said, "Yeah, the results on your test are back, and you've got AIDS." That was very bad. I didn't see him again and he did not send me a bill. I think he didn't want to see me again. I have people surrounding me and, of course, I've got a million questions and can't ask one. He was just not interested. I don't know what was part of his make-up to call me on Christmas eve.

Homosexuals with AIDS/ARC are seen as "today's lepers, carriers of a modern-day black plague, and victims of God's wrath" (Geis, Fuller & Rush, 1988, p. 2). Attitudes such as these carry with them a deep sense of confusion and fear for family members and significant others of those who have been touched directly by AIDS or AIDS-Related Complex (ARC). Many times the announcement of an individual having AIDS/ARC is a family member's or friend's way of learning about their loved one's homosexual orientation.

It (Phil's sexuality) was never discussed until I told them (parents) the results of my AIDS test. Never discussed.

I never told them (parents). They just surmised it. You know? I was discreet, but I didn't really closet myself. I had male roommates, and I
think they just surmised it.
Shocked and angered often separate these people and leave no room for communication (Carl, 1986).

Frequently, however, when love prevails and relatives and friends move beyond learned values and social mores to true acceptance of the persons as they are, healing of relationships results. This is obvious and common in an AIDS support group.

I'm introverted enough that I'm taken by surprise when someone has said, "You really helped me", or "I really liked what you said", or they left a message with someone after they died. S_ _ _ wanted to make sure that R_ _ _ told me how much I helped him. I didn't realize that I'd done anything special. I smile all the time and he loved that.

There is joy present, even in the face of physical death, when a person knows they are accepted by others.

Dying young men and significant others come to find their meaning for life in the now.

I don't have no tomorrows. I have goals that are very small.

According to descriptions given by people in an AIDS support group, individuals feel forced into the here and now of life. The here and now is experienced by not only PWAs, but also by those supporting and caring for PWAs. It would be helpful for the counselor to be at ease with experiencing the "now" emphasized by Perls (1973).

...knowing there is some sort of time frame involved, I end up feeling like I'm not as willing to put things off as I might want to do.
Often in times of crisis, life begins to take on richer meaning. Kubler-Ross (1969) states that hope persists through all five stages of dying and is the element that carries one through suffering. Experiences in Auschwitz confirmed Frankl's (1959) assertion that persons in the face of great adversity will survive if there is a meaning to live, an inner strength. "Spiritual well-being...not only has to do with the quality of life, but with the very willingness to live life as well. In short, the person who finds meaning in life will have a reason to live" (Thorson, 1983). It appears evident that many young males are finding reason and meaning in their lives.

I've stopped collecting things. That was a very big part of my life. Enough is enough. I try to be more thoughtful. I think about different things than I used to. Time was I used to think only about my own head and how I could ruin it. Now I think about using what's left of me to help comfort and return the love to others because people have been so very loving towards me.

The counselor who plans to work with gay men and their acquired and/or natural families in AIDS/ARC-related issues will benefit by being very familiar and comfortable with Roger's (1980) "unconditional positive regard." In a counseling setting, it is vital that individuals seeking help be first accepted as they are. We know from many authorities that acceptance is one of the most expedient ways to gain trust which eventually permits individuals to risk the frightening thought of change.
Some PWAs claim the onset of AIDS/ARC prompted them to gain a new perspective of life. Because this new perspective is so invigorating, the disease is experienced in a positive way. It is this tendency to find meaning in life and the inclination to develop the spiritual self that interests the researcher. This interest prompted a survey of PWAs experiencing these attitudinal changes. The study has explored the general question: How is an individual's life affected following the diagnosis of AIDS/ARC?

The information obtained in this thesis will be useful in educating ourselves about homosexuality in general; and also in gaining understanding of people with AIDS. This is important because the emotional impact inherent with the diagnosis of AIDS cannot be overemphasized. Information such as this prepares us for the stark realizations which accompany the diagnosis of family members and friends with AIDS.

The second chapter will discuss information already existing in literature in areas related to AIDS and homosexuality.
Chapter 2
REVIEW OF THE LITERATURE

The researcher could not find literature on the question: How is an individual's life affected following the diagnosis of AIDS/ARC? The related literature does focus on the emotional struggles with which most gay males must deal. Such issues as psychosocial behavior, attitudes toward homosexuality, and changes in meaningfulness of life seem to surface.

It is clear that social support and attitudes of PWAs toward that support play an important role in their overall health (Carl, 1986, Geis, Fuller & Rush, 1986, Moulton, Sweet, Temoshok & Mandel, 1987, Namir, Wolcott, Fawzy & Alumbâugh, 1987, and Zich & Temoshok, 1987).

Zich & Temoshok (1987) studied perceptions of social support in men with AIDS/ARC. They noted that, as physical symptoms increased, social support decreased. Emotionally-sustaining help, when compared to problem-solving help, was viewed as more desirable, more available, more often used, and more helpful when used. "In an ideal world, those most in need of support would have most access to it. Apparently, however, the world is not ideal." (p. 205) The authors caution, however, that conditions unique to researching psychosocial issues related to AIDS/ARC must be taken into consideration when interpreting results. For
instance, subjects recently diagnosed may respond differently than those individuals diagnosed for longer periods of time, the inability to generalize findings due to variances in attitudes among people in different geographic locations, and the fact that news regarding AIDS/ARC has a waxing and waning effect on society in general.

In coping with AIDS, avoidance thinking was positively related to distress (Namir, Wolcott, Fawzy & Alumbaugh, 1987). Avoidance coping was related to greater depression, more anxiety, and lower self-esteem. Sole use of "positive thinking" to master the illness was cautioned because this alone leads to ruminating and obsessive behaviors. Attempts to distract oneself led to better mood, fewer concerns, and a high level of perceived quality of life. An interesting notation was made that avoidance coping is not the consequence of poor health. There was no significant association between avoidance coping, activities of daily living, health limits, or number of medical symptoms. Avoidance coping is not an illness-imposed inability to respond more actively.

(p. 325)

Again, it is pointed out that PWAs who have poor coping strategies are more likely to be in greater need of support. PWAs with poor coping strategies have a tendency to be avoided (Namir, Wolcott, Fawzy & Alumbaugh, 1987, and Zich & Temoshok, 1987).

they experience as a stigmatized and isolated group cannot be overestimated by anyone involved in counseling with these men" (p. 43). Adverse stresses experienced by those intimately involved with PWAs are as traumatic and often the same as stresses for PWAs (e.g., fear of AIDS and social stigma placed on gay men).

While the world focuses on AIDS, more and more gay men scrutinize their past lives, make changes to accommodate the present, and try to anticipate the future. There is no question that AIDS is having a profound impact on the gay male population, both sexual and emotional. ...the pressure on gay men to couple has increased dramatically. (Carl, 1986, p. 241)

Carl (1986) points out that sex and intimacy for many homosexuals are not combined and even discouraged. Coupling is a new trend which presents its own problems because, "The heterosexual male has a reasonably good idea of what a relationship could be like. The homosexual male may have little or none" (p. 243). The gay male with the diagnosis of AIDS faces what Carl calls a "double death." That is, loss of anonymity about sexuality and loss of physical life. Knowing that family and friends are suddenly aware of an individual's homosexuality is usually difficult, but with AIDS it's shocking because two traumatic events happen simultaneously.

Attributions of blame and responsibility in relation to distress and health behavior change in people with AIDS
and ARC were studied by Moulton, Sweet, Temoshok & Mandel (1987).

Both the anticipated morbidity and mortality of the disease or condition and the certainty of such an outcome can be strong forces in determining the type of attributions made as well as the impact of such attributions on psychological and/or emotional adjustment (p. 495).

The authors show reason to differentiate between AIDS and ARC due to the differences of each disease. There is more hope for the person with ARC.

Self-attribution for cause was significantly positively correlated with distress among persons with AIDS. However, no such relationship was found among our ARC subjects. Self-attribution for possible improvement was significantly positively correlated with increased health behavior change among persons with AIDS and significantly negatively correlated with distress among the ARC group. Such differential findings may be related to the prognostic differences between the two groups. (p. 502)

It is clear that double standards exist for homosexuals. In a study by Levitt & Klassen (1974), 68% of the respondents agreed cautiously (38.1% of whom were in strong agreement) that what consenting adult homosexuals do in private is no one else's business. However, 60% disapproved of laws in Illinois and Connecticut which do not forbid sex acts between persons of the same sex if they are consenting adults, and the act is done in complete privacy.

Three of every four respondents express "no particular love or hate" for homosexuals, ... Yet, less than half believe that homosexuals "should be regarded as any other group," and more than 80% prefer not to associate with them. The operation
of denial is evident in these conflicting feelings. (p. 41)

Additionally, Nyberg & Alston (1976-77) stressed that individuals who hold tolerant views toward nonheterosexuals are in the minority.

Story (1979) studied university students regarding the affects of sexuality education on sexual attitudes. Both the treatment and control groups differed in attitudes toward self and attitudes toward others. A two-year posttest indicated the treatment group (students enrolled in a university sexuality course) had continued to become more accepting of sexual behaviors of others while the control group (students not enrolled in a sexuality course) had become less accepting of sexual behaviors of others. This supports others' claims (Well & Franken, 1987) that along with increased education comes increased acceptance and decreased homonegativity (physical, social and emotional distancing).

Blatent misconceptions about homosexuals exist among the general population (Levitt & Klassen, 1974). Homosexuals are seen as dangerous and offensive, especially regarding children.

Nearly 3/4 of the adult population believe that there is at least some truth to 2 different notions about homosexuals seeking to become involved with children.... Nearly 60% believe that more than half of all homosexuals are high security risks in government jobs.... nearly 50% agree (half of these strongly) that homosexuality, as a corruption of society, can cause
civilization's downfall. (p. 32)

Research indicates (Wells & Franken, 1987) that, as more heterosexuals learn of the sexuality of gay family members or friends due to the AIDS epidemic, homophobia will lessen. Homophobia is simply fear of homosexuality. This is encouraging when compared to Nyberg & Alston's (1976-77) research which indicated a more liberal public attitude toward homosexuality could not be anticipated in the near future. Researchers (Levitt & Klassen, 1974, and Weinberger & Millham, 1979) agree that homophobia develops out of cognitions about betrayal of institutional marriage and the jeopardizing of essential social values and stability.

Victor Frankl, Abraham Maslow, Fritz Perls, and Carl Rogers posited theories which are applicable to the experience of new or added meaning in life. A glimpse of each follows.

Psychotherapy in spiritual terms is how Frankl (1965) describes logotherapy. Logotherapy is not meant to replace psychotherapy but to supplement it. Frankl asserts that the spiritual and psychic aspects of man represent different spheres and must be considered separately.

Psychotherapy endeavors to bring instinctual facts to consciousness. Logotherapy, on the other hand, seeks to bring to awareness the spiritual realities. As existential analysis it is particularly concerned with making men conscious of their responsibility—since being responsible is one of the essential grounds of human
existence. If to be human is, as we have said, to be conscious and responsible, then existential analysis is psychotherapy whose starting-point is consciousness of responsibility. (1965, p. 25)

Loss of faith in the future occurs when individuals fail to discover a reason or meaning to live. Many PWAs describe experiencing new meaning in life. "Challenging the meaning of life...is rather the truest expression of the state of being human, the mark of the most human nature in man." (p. 26) Knowledge of approaching physical death can increase meaningfulness in life and the individual feels impelled to take advantage of all opportunities.

Maslow (1970) presents a hierarchy of needs: physiological, safety, belongingness and love, esteem, and self-actualization. These needs are not necessarily in a fixed order, fulfillment of one need does not necessarily lead to fulfillment of another, and most needs are only partially satisfied. Knowledge of these stages can be useful for individuals relating to PWAs who might have needs at any or all levels. Maslow described man's higher nature as part of his essence and stressed the profoundly holistic nature of human nature.

The work of Carl Rogers (1980) introduced the "person-centered approach" to counseling.

The central hypothesis of this approach can be briefly stated. Individuals have within themselves vast resources for self-understanding and for altering their self-concepts, basic attitudes, and self-directed behavior; these resources can be tapped if a definable climate of
facilitative psychological attitudes can be provided. (p. 115)
The counselor must bring to the therapeutic relationship three conditions for promotion of growth: genuineness, unconditional positive regard, and empathic understanding. These conditions bring about a higher sense of value and self-worth which encourages the person to be more genuine. Also, the counselor's self-worth is increased when conditions are met.

The past is gone, the future has yet to be, and the here and now is all we have (Perls, 1973). Perls' psychology is referred to as Gestalt.

A gestalt is a pattern, a configuration, the particular form of organization of the individual parts that go into its make up. The basic premise of Gestalt psychology is that human nature is organized into patterns or wholes, that it is experienced by the individual in these terms, and that it can only be understood as a function of the patterns or wholes of which it is made. (p. 3)

Learning to experience life in the here and now is not typically part of our socialization. People get caught up in correcting past mistakes or planning for the future and the present moment goes by unnoticed. Because PWAs and their significant others realize the importance of the now, knowledge of Perls' theory will prove helpful.

Perls also emphasized "words that deny power" (Corey, 1982, p. 104). Use of words such as will and won't in exchange for can and can't, or I choose to or I want to rather than I should helps increase personal power, which is
beneficial to PWAs with low self esteem.

The research cited identified that most studies addressing psychosocial behaviors in PWAs, attitudes toward homosexuals, and changes in meaningfulness of life have been noted. These behaviors, attitudes, and changes will certainly be the focus of research for some time as the epidemic of AIDS presents society with the opportunity to relearn established behaviors, form new attitudes, and appreciate the full value of life as life's meaningfulness changes in the face of AIDS.

The research methodology used in this thesis as a means of comparing and enhancing the existing literature is discussed next.
Chapter 3
METHODOLOGY

This thesis attempted to detail some of the human dimensions of the experiences of people with AIDS. The specific strategy and methodology used were those cited by Husband & Foster (1987). The specific plan of action utilized entailed naturalistic inquiry. Naturalistic inquiry allows insight into the symbolic and created reality of the individual. It permits understanding of others and the other's world.

INTERVIEWING

The investigating method used to conduct the study was interviewing. Tape recorded face-to-face exchange revealed the opinions, attitudes, beliefs, etc. of the respondent. A nonstandardized interview was used in order to focus totally on the thoughts, ideas, and perceptions of the respondent. Verbal consent was obtained at the time of the interview. Upon completion of the project, tape recordings were returned to the persons interviewed.

POPULATION

Four persons living in a large Midwestern metropolitan community comprised the population studied. Each has been diagnosed as having AIDS or ARC. The four interviewees were known through attendance at both a support group and an interfaith service. Recruitment of the interviewees took place by a simple verbal invitation to be interviewed. One
of the interviewees supplied the final participant. All participants are male homosexuals.

The following are descriptions of the four men interviewed:

Subject A:

This person will be known as Earl. Earl has ARC and experiences the neurological dementia associated with ARC, but he has not been able to qualify for disability. Earl's doctor told him he had definitely deteriorated during the year Earl was under the doctor's care, but that he did not qualify for disability. Until he moved out of this city, Earl was employed by a telemarketing firm. Earl often described great on-the-job frustration he had experienced. He had trouble maintaining his composure and his speech slurred, especially when under stress.

Earl has been an independent person in making decisions, and claims he does not get caught up in what other people think. Having been independent all his adult life, Earl is now experiencing frustration in seeing himself incapable of doing an adequate job if employed, and not having funds to maintain an independent lifestyle. Earl is living both at his brother's apartment and his mother's house. Earl lived with his sister when he lived here. This lack of having one place to call home only compounds Earl's ARC-related confusion.
Subject B:

This person will be known as Frank. Frank is a thirty-three year old man whose name, though fictitious, suits him well. He is never at a loss for words and says what is on his mind. A "genuine character with a lot of charm" describes Frank well. This description is visible when Frank is telling a story. Frank's gestures and facial expressions are very animated.

Until AIDS, Frank simply had no problems in his life. Frank has been a self-made man in that he has no formal training for either computer programming or interior design, but was successfully employed in both.

Frank maintained good health until he was able to get his own house in order. There are always projects on which Frank would like to be working, but projects take physical stamina and money. With failing health, Frank's physical stamina is inadequate to accomplish the on-going projects; and because Frank and his lover of five years, Len, both have AIDS, money is guarded more carefully. Len is Subject C.

Frank is a smoker who complains of pain in his chest. He also complains about the individuals who are always telling him to stop. In Frank's experience the doors of life are closing pretty quickly. Why bother to stop now?

Subject C:

This person will be known as Len. Len is a thirty-
two year old male who has AIDS, but overall has been well. Len is best described as an "all-American male."
This description comes not only because of his good looks, but also because Len has done well in school and in his career and has proven himself to be a very responsible, successful person.

Len and Frank are lovers and have been together for five years. Len's wellness and Frank's illness are presenting difficult stress in the relationship. Knowing the source of their problem helps a little, but there also seems to be some stressful responsibility which Len experiences as necessary because he is the well one. Len also knows the stress of the relationship is not beneficial for his continued good health.

Subject D:

This person will be known as Phil. Phil is a thirty-two year old male whose life has been riddled with despair and tragedy. Life has been difficult since the age of thirteen when alcohol became his instant and steady companion. The alcohol gave Phil a false sense of support and masked his anxiety.

Phil describes himself as a very, very private person whose thoughts about his nude body being prepared after his death for burial are embarrassing and anxiety provoking. Over a year ago, Phil was diagnosed with ARC, and shortly thereafter quit drinking. For ten years prior to the onset
of ARC, Phil was not only a severe alcoholic, but was also taking a combination of drugs prescribed for his severe anxiety. This situation resembled a nightmare, and only upon closer inspection does one begin to experience the underlying thread of strength within Phil which kept him attached to knowing his own goodness and surviving.

A smile is found frequently on Phil's face. In Phil's case it seems appropriate to laugh at or smile about painful topics as those tools (laughs and smiles) help cope with pain. Phil says it is just easier to smile and he feels better doing it. Because of ARC and the series of events in Phil's life until just over a year ago new choices are being made. Phil becomes emotionally and spiritually healthier as he learns to take a day at a time and stay in the here and now.

ANALYSIS OF DATA

The recorded conversations were analyzed for patterns and themes common to the participants. These patterns and themes were grouped according to issues and topics reported in the literature. Detailed case studies were provided, and conclusions were drawn from the analysis of each individual's coping strategy. Implications of the study may be of some use to other researchers in terms of building hypotheses and to society in general in understanding the lives of persons with AIDS/ARC. The following chapter is application of this analysis.
Chapter 4

CASE ANALYSES

A multitude of differences weave through the following similarities:

Male children from large families
Sexual orientation
AIDS or ARC
Age
Christian

It is obvious from the title of this thesis that being male, homosexual, and having AIDS or ARC were necessary to be included in this research. The age similarity was not surprising in that men in their early thirties are the age group most commonly hit by the AIDS epidemic. Given the settings in which the researcher worked, Christianity among all four participants was not surprising either. Family sizes, counting only children, ranged from five to eleven; all interviewees had both sisters and brothers.

Each case was analyzed individually and summarized. Individual cases required grouping and emphasis in different categories. These categories will be reported separately by case.

Some of the excerpts are rather lengthy. A problem in communicating with homosexual men is lack of information about gay lifestyles. Too much information was thought to
be better than not enough. In some instances, several quotations are strung together to emphasize the impact of the topic on the life of the individual.

Only one question was intentionally asked each person. It related to the respondents' attitudes regarding homophobia. The men were to imagine themselves lecturing to a college class on homophobia. Their responses to this question will be at the end of each analysis, after the summary.

SUBJECT A

The content of Earl's interviews comprised three categories: religion, medical disability, and homosexual relationships.

Religion

In examining the references to religion, it appears that Earl selectively adheres to tenets of the Jehovah's Witnesses to which he feels comfortable.

Yeah, because that was very simple. I never in my life felt like that about anyone, no one's even come close. Before, even if I would have a lover or been involved in someone, whether there was love or not, no matter how close it was, I wouldn't have done things like celebrating birthdays, or Christmas. Because what was part of my religious upbringing was that you just didn't do those.

I think I mentioned to you that I'm not afraid of dying because of how I was raised as far as religion. I believe my family's religion is that when you die, it's just like going to sleep.
The first example is clearly Earl's choice not to maintain the discipline of his religion. The second is an example of Earl's belief in his religion's teachings about death.

This picking and choosing, supposedly, works all right for Earl until he is with family or until he is confronted about his personal values. Earl's religion presents a problem because the guidelines do not include homosexuality. Being homosexual, Earl cannot participate in his religion unless he changes. His family believes this change is necessary for Earl's salvation. During the first interview, which took place the late afternoon of the day Earl left the city to move home, Earl was entertaining the idea of trying to give up, or correct, his homosexuality.

Before I would never have even considered looking at my family's religion again. It's not because I felt they were wrong, but it was because I didn't want to hear anything about religion.... Basically, there were things that were not acceptable. More standards and I didn't want to listen to them. It was that I didn't understand some of the reasoning behind it, or maybe I was not willing to understand it. I don't know. Anyway, lately I've been looking into it. So...

It makes sense if you think about it. Like they say, hind sight is 20/20. The guidelines they have are very good guidelines, I must say. I mean, I think it was Abe Lincoln, or some famous politician, who once said if we all lived by the Ten Commandments, think what the world would be like. I guess part of the freedom I was talking about earlier, and the opportunity, is I'm willing to open my mind to my family's religion just because I didn't necessarily understand it. Maybe I got to a point that I didn't want to understand it. I mean it's given me another chance to decide for myself, as an adult, without being under
constant family pressure to decide if that's something I really believe for myself; and if so, then that will mean that I will need to make changes. But if I believe something, I'm willing to change.

The following is Earl's description of his relationship with his mother:

Well, let's just put it this way. We're not fighting. All things considered, it's not too bad because before we were always getting into arguments because she wants me to be a Jehovah's Witness, and I've told her time and time again, "If I do, that will be my decision and I don't want to have you preaching to me. Although there are some things we can discuss and other things we can't, we can't discuss that because you and I argue every time." I said, "That doesn't accomplish anything except it gets us both upset. You don't need it because of your blood pressure, and I don't need it because of stress."

Ambivalence regarding Earl's compliance to his religion's teaching is clearly present in the last two examples. It is apparent that Earl has trouble deciding "for" his religion because he must mentally castrate himself to do so. Religion in Earl's life carries a sense of conflicting feelings which may contribute to his sense of confusion.

Although Earl cannot participate in his religion, he claims to find comfort when he thinks of his beliefs about death.

Except there's no thoughts. Something in the Bible says that you die and your thoughts perish with you. In another place it likens it (death) to sleep. To me that sounds most logical. ... ...It's just nonexistence. ... I feel like so many religions teach that either you go to heaven or hell or nirvana or whatever, and it's all...
You never know what to think because some of them are going to burn you and fry you up and others are going to freeze you, and this one is you're going to go to sleep. You know nothing. All your thoughts perish. But then, the thing that goes with it is that the Bible says that God can resurrect people and that during the reign of Jesus that the dead will be brought back to life. Those who have not... There's a few that won't be brought back, but that's because they completed the ultimate transgression--or blasphemy--I can't think what it is off hand. But the majority of all earth's population will be brought back to life and will be given a chance to grow to perfection and then they will have a choice between obeying God's laws, which if they decide to do, then they can live forever. The other choice is if they don't want to do that then they will be destroyed for eternity; if they don't want to follow God's laws, they will be destroyed for all time, as well as Satan.

**Medical Disability**

Inability to qualify for medical disability puts a tremendous strain on daily living arrangements. Earl is not seeking any employment because of perceived inability to work at any job because of ARC-related symptoms such as slurred speech and visual distortion.

It's frustrating. Well, since I've been down here I found out that, supposedly, the federal government recognized the AIDS-related dementia as a disability effective November first last year. If that's true, then I should have been able to have been disabled in K____. I've got to find out more about that. The situation here is where I'm staying one or two nights a week with my mother and the other nights with my brother. It's back and forth and no set schedule. You know how tired I get anyway. Then, not having a set schedule that I can just be some place and stop, I'm having to move around and that gets to me.

It is important to note that Earl's recent history prior to ARC included an inability to hold a job. This reference
Homosexual Relationships

Earl's sexual relationships have, for the most part, been brief. If, at any time, Earl has experienced difficulty in accepting or expressing his homosexuality, it was neither mentioned nor implied. However, when describing relationships in general, there are traces of judgement and conflict.

Who am I to say he's "wrong" about it? That's not my place; even though, from the way he comes across to me, one of the few people he's fooling is himself; and self delusion, I don't feel, gets a person anywhere.

One of the reasons we haven't seen much of each other lately is because the person he's presently involved with is intensely jealous and hates me!

Nowhere is judgement and conflict more present than in Earl's tumultuous relationship with a married man.

But it ended up there were a lot of good things about it and there was a lot of destructiveness. Because I really wanted a monogomous relationship, and as long as I knew he wasn't willing to do that, then I got more into messing around; and I had an affair for around two years when I was involved with S__ (the lover), with a friend of mine who has died with AIDS. The more S__ put me down and the more he fooled around... It was literally killing me. I ended up in treatment for alcoholism. I'm not saying that was the only factor, but that was the major factor.

Got really heavy into the booze and we were into drugs and group sex. It's not that I haven't been involved with those before, but I never saw that as part of being involved with a lover. I felt... I worshiped the guy. It was even to the point that I told him if he was ever in an accident and had to have a blood transfusion, if we were a match, that I would do that.... It's like I
told him, "I wouldn't take a blood transfusion, but I'd do that for you because you believe in it." That was just saying, "My opinions and values are nothing. Just because I worship you and I am in love with you, I will do these things for you!"

I started going to the park during my lunch hour... It started out innocently enough for me, but then I started noticing his car occasionally going by. And this was T__ _ _ Park (located in a large, metropolitan city), and there were a lot of areas that were very well known for sexual activity--particularly of the gay persuasion, and I saw him having sex with someone.... After I saw him I thought, "Well, fuck you. What's good enough for you is good enough for me." After that it was so much that I eventually got fired from the job. Then we were together about two and a half to three months after that. I hated him. I loved him and yet I detested him.... I didn't trust him.... If I'd still had a job, I would've moved out and left him.

I told him, "I can understand your daughters being important and I can understand your wife being important, but here you say you love me more than M__ _ _, and yet you're not willing to get a separation." He says, "Well, I don't want to take and... I have my marriage vows to consider." I said, "Your marriage vows! Come on, let's get real here. You broke your marriage vows when you first got involved with the person you were involved with before." There were a couple other lovers he had before me. I said, "That (breaking vows) happened then. The first time you went out on your wife, that's when that happened. Don't tell me that."

The love/hate feelings between Earl and his ex-lover are starkly evident. It also sounds like Earl lost himself in the relationship.

The first reference used in this particular case analysis was Earl's response to the following, "You indicated, the day I came over for coffee, something about
the relationship with S_ _ (Earl's ex-lover). Through that relationship, or the end of it, you also lost your will to live and your reason to live." Because Earl was emotionally broken and no longer wanting to live before ARC, it is difficult to determine how this attitude is affecting his ARC-related symptoms.

Summary

Earl has been given messages by his family to not be who he is and to change his unchanging sexuality. Earl wants to think maybe he can go without sex, but Earl likes sex. There is indecision present seemingly in an attempt to keep all bases covered so that any decision he makes will be okay. This possibly keeps him confused.

In Earl's belief system, there is no way he can lose. According to his beliefs, Earl will be able to choose to obey God's laws after he is awakened from the sleep he will fall into at death. It is as if this life doesn't make any difference.

Homophobia:

Well, I think it would be a very short speech. Extremely brief. I would mainly suggest to them the reason so many people fear homosexuality is because they themselves experience attraction to members of their own sex and don't know how to deal with it. Therefore, they fear that maybe sometime they're going to be caught off guard and have a sexual experience with someone of their own sex. I think that out of every ten men who claim they're straight, given the right time and circumstances, nine out of ten will have a homosexual experience.... Not fear they would be homosexual, but that they might have a
homosexual experience. I think there's a complete difference between that.

At the same time, I think—you'd probably find a lot of work that would agree with me—alot of gay men...it's more just wanting love from a man than necessarily—I'm not saying that they don't enjoy the sex, but I think a prime factor in homosexuality is wanting to be able to love another man, and Western society has so many restrictions on that. You can't love them—well, it's loosened up in the last ten or fifteen years, but still basically, if you're very affectionate or really close to another man, whether you're gay or not, you're presumed to be; and, I think society as a whole has been in this process going on the last ten or fifteen years. It's probably the best because people realize people can love each other whether they're male or female and it doesn't have to be a sexual thing.

SUBJECT B

Four categories comprise Frank's material: death, homosexuality, career, and AIDS.

Death

The most influential person in Frank's life had died just prior to his first interview. This person was Frank's mother.

Mama! Mama, Mama, Mama. You could hide underneath her skirt. She had a big belly from all those babies and she never exercised to get rid of it.... That's my mama; and, oh, how I loved her! Oh, God, I would give all the money that I could get together and do whatever I could do just to hold my ma one more time.

Frank's alcoholic father was absent from the home a good deal, especially when the family was young. Just enough was mentioned about Dad to give a glaring contrast between Frank's mother's and father's deaths.
Do you think there's hell?... The reason I ask is I think my father's there.... Oh, he was such a bad man here on earth. He used to beat up my ma; but then on the other hand, there was good points.

All his life, death has been a frequent visitor in the lives of many close to Frank. It is not surprising, given Frank's physical condition, overall poor health, and terminal diagnosis, that talk turns to remembering the deaths of others.

My brother drowns in 1964. I saw him drown. I was there. My sister was there.... It's the worst thing in the world to lose a son or a daughter...a child. That's how come I am very thankful that my mother is gone because she don't have to cry about me.

That (Frank's brother's death) was very hard. I can still remember my brother holding me. I was crying to get my brother out of the coffin. I wanted him home. "No! Don't bury my brother! He's okay!" It was hard for a nine year old to take.

I've been surrounded with death quite a bit so I guess I know what it's like. You know? There's all my ma's aunts, or her sisters.... She had eleven. She buried them all.

You kind of understand, I'm really used to it! ... Yeah, I'm used to the tragedy, the sadness. Much more than alot of people are because I've been with it all the time. It still hurts.

For instance, talk about death and dying. My buddy was murdered. They killed him, honest. They murdered him. They cut his throat.

Now, Frank is aware of his own mortality.

There's other people out there that haven't listened, that don't know about me, Frank. They don't know what it's like to be dying with AIDS. They don't know.... I hate to use this phrase cause a buddy used it on me. He says, "It's later
than you think." You know what that means? My time is running out faster than I think.

Talk of burial and funeral arrangements arise inevitably when death is as obvious and threatening as it is to Frank.

...I want the traditional burial. Traditional. I want to be in the casket. I want an open casket and I want you to walk me to the grave site.

You know what we have to go through? Going to buy caskets, the funeral home, the grave site, the whole thing. I want to make sure all these if, ands, and buts are taken care of. I'm going to be buried in town, N, so if you want to put a rose on me, I'll be out there.

You know, S__ said, "What kind of music do you want?" You know, I never thought of it. I really never thought of it. She says, "Well, how about harp." You know, I thought, "That's a real good idea!" ... Something quiet, something soft, something that's really pretty. I could go for that cause I'm not one to make people sing. I'm just not. But a harp would be cute. It would be pretty in the background. That would be sufficient. Of course, she said she's going to talk and T__ said she was gonna. I didn't ask for that! I really didn't. But how do you tell somebody that they can't? ... Because I don't want a big to-do about this. I mean, yes, I'm going. I'm gone. You know? Grieve as you may have it, but I don't want a long thingamajig. You know?

Ambivalent feelings are evident throughout Frank's talk of death.

Lots of friends are dying. They just die! What the hell is this? "Come on! You're not supposed to die! You know, hang in there! Be strong!" It's kind of pulled me down.

I don't get the gist of all this living and dying stuff. That's another thing. I thought I did, but I don't. I really don't.
My will to live is strong even though I have a killer disease. I figure God wants it that way. He doesn't want me to (he begins to get teary) lay down and die yet. If He wanted me to, He'd do it. He would have took me a long time ago when I was in the hospital. He gave me the faith and the courage and the power.

In the following references Frank relates two conversations with his mother. In one conversation Frank is describing his death, and the other is describing Frank's mother's death.

And so I said, "Ma, guess what?" She says, "What's wrong?" I says, "I got AIDS." "Oh!", she cried. I said, "Ma, it ain't that bad. Yeah, sure, I'm gonna die, but we're all gonna die some time. Some of us sooner and some of us not so soon." I said, "I'm a good Catholic, I'll go to heaven. So, in a sense I got nothin' to worry about."

I took her by the hand, she was pretty much out of it from straight morphine, and said, "Ma, go! Go through those gates. I'm coming, I'll be with you. I don't know when, but I know I'm going, so go ahead of me and just let loose." She died two hours later (he whispers very softly). Just like that. She died two hours later just like I told her, "I'll be with you, Ma."

**Homosexuality**

In meeting Frank's lover, Len, they would discover that both had pursued serious relationships with women, only to discover in adulthood they wanted to follow their homosexual urges.

I was married for three years. Unfortunately, I found out I was gay. This part (he points to his head), my brain, did not want to accept it because I love kids. I love children, number one. I love the family symbol, the family circle--the whole thing.... Did we cry! Oh, N! (He gets teary at this point) It was very
painful for me because I loved my wife, but I'm not going to love a man and a woman at the same time and hide behind a towel. I'm not that person. My heart cannot be separated like that. My heart... I'm a one-man boy. I was a one-woman boy. I never had sex with any other woman except my wife... and E_ _ (Frank's first male encounter). See, that was driving me nuts. I'm gonna have sex with a man and then go home and have sex with my wife? Oh, no! I'm sorry! Ohhh, no! I'm not that way.

I've been gay for what? A hundred years it seems. Of course, it's not as "gay" as we would like it to be. It's not "happy" as the word goes. I don't know where they ever got that name for us— for gay men. I'd rather have homosexual because it's hard for a lot of people. It was hard for me. I had to tell my ma that I was gay.

I had tendencies. I...you know, I would say I was what you would say a meat gazer is. That's where you look at males' penises, but I thought it was just a phase I was going through, but maybe not!

Well, at this point, I don't want to look at another man. I'll fuck him, I'll play with him; but go on your way, cause I ain't setting up house no more!

**Career**

Frank's life until AIDS was fulfilling and productive. Frank was very industrious and yet seemed to find time to enjoy life.

I had a job that was twelve hours a day, okay? I stayed working for twelve hours, three days a week. It was great. On the other four days that I was off I could do whatever I wanted.

We've done a lot together. We've travelled, not a lot but enough to whet my appetite.

Well, my past life, the one before AIDS, I enjoyed. I extremely enjoyed it. I had fun. I partied. I was a hard worker. Everything in moderation, nothing out of moderation. I enjoyed
it. I enjoyed working.

AIDS

AIDS is, in many ways, the largest part of Frank's life. Frank's health is poor, but for some reason, Frank's body has withstood infections which have taken the lives of others. Frank's life is a steady stream of medications, IVs, doctor's appointments, tube cleaning, etc. The descriptions which follow relate to Frank's battle with AIDS and how it has affected his life.

I've just got a lot of things, N, I want to do and I can't do them. That's so hard for me to sink into my head.... I'm like a fish that's trying to swim up river and it can't, but yet he still tries. You know, like a trout or something? I still try and it hurts. It hurts here (he places his hand over his chest tubes on the left side just below his heart) in my chest, in my tubes.... Well, one of the things, N, is I know how it is to feel eighty. All my friends are dying.

I'm tired. That's another thing. I get tired easily. It's unusual. It's peculiar. You could never see me sleeping during the day. That's what the night's for. But I get too tired. Yesterday I thought I was gonna stab a big pig in the butt. I was going to go downstairs and wash walls. What happened is I got mad because I was so tired and so crippled with pain that I couldn't do it no more. That's sad. I find that very, very, very sad because that's not Frank. Frank is a do hard. Do or die, do or die. Let's get it done. Let's do the whole thing. Let's do it! You know what I mean? It's very frustrating! It's like I want to pull out my hair it's so frustrating. This isn't me.

Oh, God! I'm very mad. Very, very mad and upset. It's like a lot of my social workers, they say, "It's okay to be that way. It's okay if you're mad." But, it's not a nice way to be. I don't like being mad.
I think a lot.... Now my hands are idle and I have nothing to do but think. Yeah, alot more now that my hands aren't busy. I've got nothing to do. You know it drives me nuts, it does, but what can I do? So, I think about all different things. Basically, I think a lot about Ma. About her pain, suffering, the way she raised us kids, good times, bad times.

I really think I kind of done in my ma when I told her I was kaput. I wish I didn't have to tell her, but how do you think she'd feel if I died and she wasn't there?

I'm totally content.... You know how I feel? I feel great! Just to relax, that's all. Yet, I don't want to relax because I've got a lot of things to do. It's always eating at me. I've got things to do. I've got things to do. I think that keeps me alive.

I'm leaking (he refers to his chest tubes). I don't know if I should have those tubes pulled out or not. What's the use? And you know, my teeth are all rotting I found out. I just got a bill from my dentist. I don't know if I'm going to get them fixed. I don't know if I'm gonna get my teeth fixed. For what? ... They just don't understand that idea of why I would say something like that, but I say that because why would I put that money in my mouth when I'm gonna be in the ground?

Well, with that nasty word, AIDS, I can't work as hard. Is there any playing? Well, I don't play that much now at all because, number one, what do you do, go to a bar? Get sauced? That's no fun. It's just real rough for me to sit still, but yet I have to because I'm not strong enough to do normal work. As far as the future, God bless me that I'm here--period.

The sense of frustration is high. The largest part of the problem is Frank feels unproductive. Again, we have ambivalent feelings throughout.

Living with two healthy people in a house can be a challenge, but living with two terminally ill people in a
house is almost impossible at times. Frank's illness and
Len's wellness exaggerate the situation.

This poor household is in a lot of trouble. What
has happened to our relationship? You know what I
mean? Uh, he used to be loving. He used to kiss
me. He was just different; and now since I'm
sick, that's all changed. It's all changed now
and it's kind of sad to see because you could hold
me. You could give me a peck on the head and
that's sufficient for me in my relationship now.

"Do you still love me? You know, what's
happening here?" He goes, "Yeah, I love ya." And
I says, "Well, why do you treat me the way you
do?" Because he has a habit of forgetting I'm
alive. You know? It's weird."

What would Frank say to someone who's just been
diagnosed with AIDS to try to prepare them?

Be easy on yourself. You didn't do anything
There's gonna be good days and there's gonna be
bad days. There's gonna be sad days and there's
gonna be happy days, but try to make the most of
your life that you have left here. Really, try to
make the most of it. Do the best you can under
the circumstances. Do the best you can. We're
all kind of fighting for air. We're trying to
overcome this thing. Maybe we will. Maybe we
won't, but let's look at it positively...

Summary

Frank is anxious and frustrated about his life with
AIDS. As his physical condition deteriorates, problems
only increase, especially in his and Len's relationship.
Frank just isn't ready to die.

Homophobia

Do you go to the bathroom in the morning?
Because I do. Do you eat breakfast every
morning? I do. Do you comb your hair in the
morning? I do. I do nothing different than you
do. I don't act any different than anybody else
does. I'm not different than you are except I
like men instead of women in bed. Now, because of
AIDS, I don't even like men in bed.... I'm not
different. And that disease (AIDS) is showing you
that I'm no different than you are because you can
get AIDS just as easy as I can and go to bed with
women. You could be a stud on the streets of
L_ _ _, and you could get it just that easy. It's
just that we're (homosexuals) a little bit more
promiscuous than should be.... We've lost too
many brothers. They've all died in Frisco. Talk
about a ghost town. What are you gonna do? But
that's life.... Right now the whole population
is at risk; and for those college kids, tell them
to pretend it's raining every day and wear your
rubbers. It's too risky. You don't know. You
don't know what's down the line. God, tell the
college kids to screw around all you want, just
wear a rubber, for crying out loud! We're not
telling you, "No". Cause, you know, you gotta
try it before you buy it.

SUBJECT C

Homosexuality, career, AIDS, and homophobic attitudes
are the categories used for Len's analysis.

Homosexuality

Len had what appeared to be a very normal heterosexual
life until eight years ago. In Len's case, everything was
so well thought out and planned that it was a smooth
transition.

There wasn't really anything traumatic about the
whole thing. You just kind of know. Then you
just kind of think about it. That's the way it
was with me anyway. You kinda know all the way
from puberty on that you're a little bit
different. In high school, you know. Although, I
dated in high school and had a real normal high
school career and college career. I dated all the
way through college and dated one girl for seven
years. We almost got married. Luckily we didn't,
but you kind of know from the very beginning.
Because, you know, you're with the rest of the guys in high school and they talk about things. They talk about girls in a different sense, and I couldn't understand what the big deal was. So, you kinda know. You get that feeling.... It wasn't there for me. Although it was okay. It was no big deal. I was real shy around girls. I'm a really shy person anyway today, and I'm not very outgoing with other people and have a tendency to stay to myself.... I met a girl when I was at the beginning of my sophomore year. We dated about seven or eight years that we went together. We came really close to getting married towards the end. It was probably seven or eight years ago that I came out (sexually), so that would have been 1980--somewhere in there. Things started to change. You kind of mature and you know what's going on in the rest of the world and so you want to experience that. So, when I was living in Q__ I had to go to Z__ to work with X__ remodeling stores; and when I was up there, I knew a little bit about gay life in Z__ and so I kind of went into the one bar--the H__ it's called--and met a person there and we became very good friends. We didn't live together but we saw quite a bit of each other during that summer because I was up there all summer long. So, that's when it really started, and he was a real nice guy. I enjoyed him and he really brought me out and everything. He was real tender, you know? ... I told her, I said, "I'm gay, and I would be happier that way." She said, "Well, I kind of thought you were."

Really, there wasn't any one day you wake up and the sun is shining on your face through the window and you think, "Today is the day!" It's kind of a slow process. It was a slow process for me, and I had really thought about it as whether this is the way I wanted to go. If I wanted to forego having children and having a normal suburban relationship, as I call it, and having 2.3 kids and doing the Kiwanis. If I want to go this other way, and possibly... It was really scary. It's a real scary-type thing because you don't--your life sometimes is very seedy because of the way people view you. You have to do everything secretly and you have to guard yourself all the time. So, I thought about it a lot. Ever since I'd been in high school and I knew there was something different about me....
I think because of the way people view gay people, it (people's ideas) attempts to drive people underground and I think because of that, it just... If it was out in the open more, I think it would be...there would be better relationships. ... Healthier relationships because it's hard to form a relationship. So, that's why alot of men go from sexual encounter to sexual encounter because they don't want to form a relationship with another man because when you do that you put yourself out in public's view. When you get an apartment, all the people in the apartment know what's going on, and so I think that's one of the "whys" that it's that way.

Career

Len has been a person who has set goals and reached them. Len has proven himself to be conscientious and responsible.

I think I'm pretty happy where I'm at right now. Really, I don't have any goal like to climb Mount Everest or anything like that. Basically, my goals were just to do well at the job and eventually work my way up into a position in the home office or whatever.... We have a sales seminar every March and I found out this year that I was on the promotable list to go into the home office.... That was just good enough for me to know that I was even being considered. It made me feel good. I feel like if I would have been healthy and everything, I probably would be moving up and so forth.... Because I know if they were to offer me a promotion, I would not take it.

AIDS

The stress of AIDS is with Len. Not only does he worry about his own health, right now he must worry also about the comfort of his dying lover, Frank.

Frank went in (the hospital) the end of September with his bout of pneumocystis and that really wore me down cause he was in the hospital for like nine weeks. It was every night I'd go to the hospital and then try to take care of the house and
everything. I think I just wore myself down during that period. Emotionally, he (Frank) practically died twice. You know, wondering if he was going to live. Emotionally it was just really tough. It was like, one day he'd be okay and the next day he'd be real sick. Up and down, up and down, up and down.

I'm just used to his being here. Basically, he's always just taken care of me. He's taken care of a lot of things like the house and laundry. I've just learned to rely on him for that. It's gonna be real tough. I think about it every now and then and I guess the best way to describe it is I get real depressed. Sometimes I cry. I guess I'm just putting it off until I have to deal with it.

Len speaks with compassion about the true victims of AIDS, and his concern about preventing the spread of the deadly virus.

The people I feel really sorry for are not the gay people because there is--the gay community has really rallied around their own people--a lot of support being given. The people I feel sorry for are people who are not gay who got AIDS from blood transfusions, or kids who got it through blood transfusions or whatever, and they're not homosexual. People who are very homophobic seem to lump those people with AIDS into one group and if they don't like gay people, they don't like the straight person who just unluckily got a blood transfusion. Like that one guy who comes to group with that lady. I feel really sorry for them because they're such...some of the things that are put on him by other people, I'm sure that he's probably experienced, are not fair. ... They're (prostitutes) really victims, too, of the early stages of the disease when they thought it was just a gay disease. They really weren't looking for a cure because it was a gay disease and they just happened to be unlucky. Those are the true victims of the AIDS epidemic--people who are not gay.

You know, there are certain things that could be done now that are not being done. Laws that could be enacted. There are three adult bookstores right over here in B_ _ _, okay? I've been to bookstores before and I've been to those
previously when I lived in Q_, and I know about those places over there. I do know that every one of them have "glory holes" where sex can be exchanged between booths and that's one way of spreading it. I don't know why, instead of worrying about mandatory testing, why don't they go after places like that? ... If there are constant violations, then those places should be closed down. All they're doing is spreading AIDS. That's all they're doing. They worry about mandatory testing, and really, mandatory testing doesn't stop the spread. It doesn't really do anything. It creates a file of people who have the disease so they can be discriminated against and they let things like that (the bookstores) go.

The following references relate to Len's illness and how AIDS is affecting his life.

I've got a real bad problem with fungal infections on my forehead and on my face here and on my legs and on my toes and that started about two years ago. ... It's just the body can't fight off all the little infections that are bombarding it.

There were certain things we did healthwise. When we went out, we drank very little alcohol because that's not good for the immune system and so forth. We try to eat a little bit better. That's really all you can do unless you want to lead a totally healthy life and remove all the stress and it's hard to live that way. You know when you have to go out to a job, you're going to have stress on the job, and so forth.

Then right after Thanksgiving, when Frank came home, I had a bout with bronchitis and that was real scary. They say you have shortness of breath. It's hard to breathe. I had all those symptoms. I thought, "God! I can't come down with pneumocystis now." This was the day after Thanksgiving. I didn't work. I went to see the doctor on Saturday because I was so sick. ... When I was on the antibiotic, my symptoms left. I didn't have pain or the cough or fevers any more, but it was like it didn't totally...there was something still there. I probably should have taken more time off from work and that probably might have saved me from getting to pneumocystis.
I don't know. ... I made it til about the end of December and then I got sick again and couldn't breathe and it hurt to breathe. With that, I went to the clinic and they put me into the hospital. They did the bronchoscopy on me and they said, "You probably do have pneumocystis. It looks like you do have pneumocystis." I was kind of prepared for the worst. ... I kinda figured I had pneumocystis anyway because what else could it be with all the symptoms. It hurts to breathe, you're short of breath, and you're running a high fever. That's life. But that was real traumatic and scary. I was real scared. You're really scared when you get pneumocystis for the first time. ... "This is it (Len is thinking to himself). This means I won't be able to work any more. I'll probably be dead in six months. I might die while I have the pneumocystis." Something like half the patients die with their first bout of pneumocystis. It's very dangerous. If you can make it through the first bout, you have some good time ahead of you, but some people don't make it through the first bout. It used to be something like 75% of the people who got it, died with the first bout. You hear these facts and you just wonder, "What's gonna happen to you?" I was real scared. Just real, real scared. ... They felt that I must have been in the very early stages. So, that probably was good for me. I was able to take Bactrim initially and that's the best antibiotic you can take. It takes the least amount of time to rid your body of the pneumocystis. So I took that and I was out in a week-and-a-half--back home and at work a week-and-a-half later. So I was only out for three weeks.

I've never told anybody. It's possible they (people at work) might know. ... There's really no need for them to know. If they knew, what difference would it make? It probably wouldn't make my job any easier. They probably would make it harder just so they could get rid of me or something.

With this particular illness, you can just pick up anything; and an infection, if it starts in your body, is serious enough even if you are healthy. It doesn't take long and you're gone. And that's the way the disease started out earlier, in the early part of the epidemic. There was no way to
treat it and they really didn't know what they were treating. You would be healthy one day and go into the hospital the next day with problems and be gone in two weeks. I hope it doesn't happen that way.

I'm not ready to die yet and at this point in time I want to lead as much of a normal life as I possibly can. I'm not ready to give in and become a basket case.

Homophobic Attitudes

The following are situations Len experienced to which homophobic attitudes could be applied.

I went to the emergency room, which I will never go to another emergency room in my life—especially the one I went to. I ended up seeing an intern who had worked on Frank, so she was familiar with AIDS and pneumocystis and all this. She just bluntly came out and said, "Well, we haven't got any results back, but it looks like you have pneumocystis, and I'm going to start you on Bactrim (he mimicked her in a short, whining voice)." (He laughs.) "Okay," I said. You know, that's like saying, "You're going to die." That's like coming right out to someone and telling them, "You're going to die." That's (pneumocystis) the first step for AIDS. A lot of the interns at that hospital are like that. I don't know if they breed them that way, or if their program does that to them, but a lot of the interns at the hospital are very tactless.

Again, an intern walked into the room, stood by the doorway, didn't even come near the bed and said, "Well, your test came back and you have pneumocystis." That was a male intern. The first one was a female intern who told me I had pneumocystis, so gender doesn't mean anything. That kind of threw me for a loop.

...we had wanted to set our will up so that one person, you know, if one passed away, then the other person would automatically get everything. We wanted to make sure it was set up so that the family—his family—couldn't come in and say, "Well, here, piece of slime, we don't want you here. We want the house. This is my brother's
house. I want. I want."

My sister has said, "You know, there are some people in the family who don't want to be around you because they're afraid that they might get the disease from you. I know that's stupid, but that's the way they feel."

Summary

Being a well person with AIDS and living with a seriously ill person with AIDS makes for a very stressful situation. Len observes daily the fate which awaits him, unless he is taken quickly by a nasty infection. Both prospects prove frightening. Len tolerates the situation well because he is caring, organized, and knows how to manage.

Homophobia

I basically believe that gay people and any type of people are all people, and that we're (gays) really no different than anybody else. We really don't pose any type of threat to anybody else. We're not going to change people into our way of thinking, and we're not going to stalk school yards waiting for kids to come out. ... I think you first have to educate them as to what gay people are really like. In colleges and high schools there's not that much (on homosexuality) other than what you see in the media, newspapers, and television. Sometimes it's the right information being presented but they really don't know gay people. There isn't an openly gay community in the high schools. There isn't an openly gay community in the colleges because of the feelings people have towards us. Younger people tend to be more negative to it than older people. As you get out into the world, and you start to deal with it and the types of people, and so forth, are more tolerant of the different view. So I think you would really have to educate them and try to make them understand that we're really no different than anybody else. We go to work and work eight o'clock to five o'clock. We have
relationships that last. We have relationships that don't last just like anybody else. We own homes. We drive cars. We're really no different than anybody else. There's really been a lot of very smart, very intelligent, very talented people who've been gay. Just as there are very smart, very intelligent, very talented people who've been straight. So really, it's no different. People are either straight or people are gay. We really have no control over it.

I think the problem before was just attitudes way back from Biblical days that drove it all underground. It looked kind of seedy to people because it was hidden. It wasn't out for everybody to see. Things started to get better before the AIDS crisis. People were more accepting of gay people and things were starting to come around. Then when the AIDS crisis came about, that kind of reversed everything that had been accomplished and then people were afraid and they felt that gay people were responsible for killing young children or people who had blood transfusions and all this. The AIDS crisis has really hurt any progress that had been made by gay people.

Really, when the disease first hit, the medical profession thought it was strictly a gay disease and so the information wasn't there. They didn't think there was any need. You know, if it's going to get rid of that group of people then they'll be gone forever, and we won't have to worry about it. Then it started to spread and people got concerned and they got concerned real fast and there just wasn't any information about AIDS out there.

There's a lot of homophobia around. We have it in this neighborhood. ... The neighbor on one side of us told Frank that--and she didn't even know he was sick at the time--he would, just because he was gay, disease everybody in the neighborhood just from living here and probably kill all the children. She called him up and told him that on the phone and we had been friends with them. We'd been to their house and talked with them quite a bit. Then this happened and it was like weird.
SUBJECT D

Six categories are required to analyze Phil's case: childhood, ARC, alcohol/anxiety, caustic attitudes, religion, and the "now".

Childhood

Childhood was not a very happy time for Phil. Communication of meaningful consequence between Phil and his parents did not occur until after Phil's diagnosis. Phil's sexual interest begins very early and he remembers having a strong urge.

At age four or so I experimented with the neighbor boys. I'd plot and scheme and arrange everything and the boys were always cooperative.

I like to start a ways back in time to sixth grade or so when I first started to realize my sexuality. Things change so much after that time. I came to realize, finally, why people treated me so shabbily. That went on for a long time. My attractions were very strong at times and were very soon quelled by drugs and booze and things. I was an active athlete in junior high and always worked after that so was no longer in sports, but if I wasn't at school or work, then I was awake and drinking with people and the only thing we had in common was partying all the time. I had my first hit of acid fed to me when I was thirteen by older boys in the neighborhood. I certainly didn't know what was in store for me with that! That was most unkind of them.

I have an elder brother, a younger brother, two younger sisters. My folks had five kids in about seven years. I don't know how they did that. I really can't stand staying very long with all the nieces and nephews that I have anymore—the screaming and the fighting. I remember a whole room full of screaming kids as I was growing up. I don't know how they did it.

Eating difficulties go back many years. I was a
very finicky eater. With the family around the table with Mom right next to me, I was forever getting yelled at and beat upon for picking at my food, being thrown to the floor, nose plugged and the mouth pried open. This went on for my first twelve years or so. I was fifteen or so before I picked her up and slammed her against the refrigerator and said, "I don't ever want you to do this to me again!" She never did.

I was myself molested in school.... Junior high--probably thirteen or fourteen--a school teacher. He was my wrestling coach. I was really tough and strong and quick and he loved to wrestle with me. We wrestled one time in the locker room. No one ever found out about that. I was really too frightened to say anything.... Probably if he had done it again, I would have talked.... He liked me very much. He gave me good grades. It was the first time I ever had good grades in Science. I think he was doing more than studying anatomy.

I can remember at times of great stress, it was much more than butterflies in the belly. My whole body would stiffen up and the blood pressure would go up from age thirteen or so.

ARC

ARC and alcohol/anxiety are referenced separately, but they are very interrelated because the onset of Phil's sobriety happened with the diagnosis of ARC.

So, I had AIDS and started drinking very heavily for the next couple months, you know. I was drug into the hospital by the roommate and my mom. And Mom went with me to the next several appointments. That was the start of her thinking. At that time, she told me of her own denial and apologized for all I had gone through. It made me aware of a few things she'd gone through, too.

M_ _ _'s death affected me very much. A week ago tomorrow I found out that he had died. A friend came over and told me. Right away the roommate said, "Oh, yeah, we were kind of expecting that." Well, I hadn't been expecting it at all! That really hurt my feelings a lot.... I thought it
was most unexpected. ... It all came so quickly because I'd been visiting him at the hospital and I knew he wasn't well, but I had thought most certainly that he would rally for a while and get back home. I've always mirrored his illness with my own and he did the same towards me. I haven't been sick yet. Not at all. Other than throat problems, that's it. M_ _ _ went the other way.

Saturdays are hell for me around here by myself. I just can't take it. It's too quiet. I sit and bang on the piano for a couple of hours and maybe watch a movie, but mostly sleep.

I was very glad to find out what was wrong. And knowing that AIDS was fatal, I was quite pleased because I had been wanting to go for a long time. This was my ticket out. The roommate, we're celebrating ten years now in this house, we're very close. And my parents think that those thoughts are all gone. They aren't--too much. And it gets stronger. Life becomes less interesting all the time. I think it's cause I'm always so darn tired.

Dr. D_ _ _ changed that to ARC. It was a bit of a disappointment. I hate the prospect of putting my loved ones through a long, painful death. Of course, I don't relish the thought for myself, either, but I have been kind of looking forward to the adventure of death and still continue to.

Alcohol/Anxiety

At the high point of the drinking, I was easily putting away a liter of vodka daily. So, I was being comatose for a few days at a time--during the weekends. I'd get off from work on Friday and drink a liter of vodka. This was towards the end of my drinking experiences. I would be out cold until Monday morning and just be in a kind of half life. Mostly bad dreams. I haven't been drinking for...it was a year the first of March. At the same time, gave up some prescriptions that a psychiatrist had given to me that were very psychotic and potent and were absolutely not to be taken with alcohol. ... drinking was the only thing I did for a long time because I'd given up pot smoking eight years ago. It (pot) was no fun at all. It (pot) brought on too many anxiety attacks. ... It turned into agoraphobia
problems. So unless I could make a quick dodge to the liquor store or some place real fast, I just wouldn't go. I had to give up church. I had to keep working, but at times it was very hard to even get to work because of that—the blood pressure soaring, no breathing. The anxiety attacks are very horrid. I still have them occasionally. Certainly not on a daily basis any more. I've been able to return to church choir and do a few other things. Giving up the booze was very good. It would have killed me by now, I'm sure.

I would try things that I would really enjoy without drinking, but somewhere along the line it would creep in. I'd sit at the piano, and for hours I could play—things right from my own head, making it all up—and enjoy it immensely, and then I would begin drinking while I was playing and it ended up being a mess. I'd go thrift shopping. I'd have to buy a plastic tumbler just so I could pee between shops. Everything was ruined by drinking all the time. I couldn't enjoy anything without drinking. I hate to keep talking about drinking, but it was such a huge part of my life for such a long time, and I just had so many very bad experiences because of it.

As long as I was drinking, I was having a good old time, but the next day would be very horrible. Hangovers... Most people, I've found, that are homebound due to anxiety, are alcoholics. I used to go to a support group for dealing with anxiety problems. They all looked pretty boozy to me! (He laughs hard.) I didn't ever bring it up. I'd always drink a couple beers before I went, to relax. I've stopped going to those.

...what I'd characterize as a most severe attack wasn't until about '79 or so—it's nearly ten years. ... I didn't know what it was! It felt like I was having a stroke. It felt like I was having a reaction to bad LSD. It was just very frightening! I was sitting at my receptionist's desk. I got up and walked as fast as I could in as straight a line as possible, to Health Service, and they got me to the doctor and they couldn't find anything wrong. After that, I had to doctor shop until I found someone who knew about anxiety.

I feel disappointed whenever I have an anxiety
attack. That only happens if I'm late at taking my medication. It (anxiety) might come on a couple times a month rather than several times a day, every day--unless I was drunk. Then they wouldn't come on. So, I like that very much. Those attacks wear you out real good. As the warmer weather comes on, I think alot more about drinking, so I have to be real careful by refusing invitations to people's houses where I can get in trouble. I don't go. I don't go to bars anymore. I'd sure like to. I'd like to drink very much.

Caustic Attitudes

For some reason, Phil has experienced rudeness and abuse since early adolescence because of his sexuality. Phil was surprised as a child when he knew people could tell from his appearance that he liked boys. It may be his homosexual appearance which attracts caustic social responses. The following are good examples of how homophobia can distort thinking.

The whole rape thing. I'll never get over that. I went to the ten-year reunion for high school, and several people thought I was dead--or should be dead. People can be so mean sometimes. I'll always be resentful of people like that. It would have been nice to have gotten a note from someone wondering if I'd been permanently disfigured or something other than thinking it was fair that I should have been killed. That wasn't such a good experience. I won't go through another one like it.

I had a few friends who thought it (the rape) was just hilarious. People are so stupid!

I was brutally raped and beat up and it hit the papers back on Memorial Day of '75, and my name, address--everything--where I work, all that information was in the newspaper. That should have brought on some conversation from my folks but it didn't. ... I don't know why they wanted to distance themselves so much because I was not going to change. For years after the rape thing,
Mom always talked about, "Well, as soon as you get married you can have this quilt I made for you, or you'll have to wait until you're thirty-five (he said in a whiny voice)." Well, I had been drinking and during that conversation, blew it with her and told her, "I'm never getting married. I have no reason to. I'm not attracted, nor attractive to women." I had said something there but she was never too willing to make a response.

Society is scary to gay people, for sure. To make it seem natural to the gay person, you have to go through so much that it's unnatural. With yourself, your family, society, especially in those young adolescent years. I really fault the school systems for making it so hard on the gay lifestyle. I should have had the choice, and been given the knowledge, that I was not the only person my age like this. I knew it was not correct. In the last fifteen years, so much has changed. I hope that it's easier for people.

He (a friend who recently had died) didn't have a great deal of friends. Several of his friends turned on him when he told them of his illness. That was really hard on him.

I don't want to work in an environment where people know because I supervise people and they get to chattering about AIDS and are very unkind. ... I've asked my parents not to tell anybody. There's no need to. I hope that they'll talk with a professional if they're having some real problems. ... They already know me as, "P, the queer. P, the faggot." That's enough. I find AIDS rather humiliating. It's just another blow. "Of course he has AIDS, he's always been a queer."

Oh, years later these same neighbor boys in high school were so awful to me. I was never going to hurt them and tell. Never did. Even at the reunion the awful people were saying things and sharing deep secrets. Heck, I could have talked.

...a bad beating from the blacks, from the police, from my landlady. So...(he pauses)...my parents. I only had one person to support me at that time.

I was new, yet well known throughout the building. I travelled all around for my first
six months delivering supplies to every department. People always made fun of me. I was the topic of gossip for a long time. "Running for Miss Credit Union this year, P?" That kind of garbage which also will no longer be tolerated. I used to have to tolerate a lot of things. We don't have to do that anymore. That's harassment. I won't put up with it.

Religion

This part of Phil's life obviously brings him much comfort. Attendance with his family at church has always been a strong point. Now, attendance at monthly AIDS prayer services becomes the catalyst for healing old family wounds. Phil draws upon his faith for strength.

They do go to the prayer services every month. They even went before I did. They're very supportive. I wish more people that are battling this would bring their parents along.

There's four men in the church choir and three of us are O____'-s (Phil's family name). I have a sister who lives out of town so she no longer attends, but of us five kids, four of us are usually in church every Sunday. I'm sure that my parents are very pleased with our attendance and that's my church, too, as much as it is anyone else's. I stopped going for a few years and I dropped out of choir for about six years. A year ago, I got back in again, and it's something I sure missed.... I have some spirituality problems. I forget to talk to God too late sometimes. I'll work for weeks to take care of a problem or toss and turn all night, not being able to sleep because of something, and by 4:30 in the morning, I'm really tired, but I'm not going to sleep. If I remember to pray at 2:00, at 2:10 I'm asleep. Sometimes I just forget about God.

It's so strange. Remembering God could be so easy. It's still part of the life process, being dead. None of us know what it's all about. There's living and then you die, so you're dead. There must be something more than nothing.... I've lost too many very good friends and a few nice
relatives to believe that there has to be something more than nothing. The comfort that all of us Christians share, I think, is the beauty and the family of heaven and everlasting peace. I'm anxious for that. I think death is life's reward. I'm not afraid of dying other than being extremely modest. I'd rather die and just be gone. I do not want to be disrobed. I guess those things are necessary.

Both of my parents going to the prayer meetings at St. W__'s. I'm really pleased. And discussion on it! They let their feelings out a little bit and started to--my mother just mentioned this the other day--forgive herself for things that have happened. Things I guess she's done to me and to herself; and she had to forgive herself before she could help me. So I think she did a lot of real quick work.

Though secure in his beliefs, a little doubt creeps in regarding unhealthy attitudes about death.

Not enough or I would not still have this feeling of relief that I'm going to die. That is an incorrect belief. I don't feel I have the right to say, "I'm glad that I will die," because, heck, I could go on with this ARC thing for a very long time.

The "Now"

Because Phil's onset of ARC also marked the onset of his sobriety, some interesting, positive changes have occured since the diagnosis a year-and-a-half ago. Phil's awareness of the "now" is exemplified in the following.

I have had some rough times. Indeed, I just try to always make improvements now. You see, it's too late to turn back the tide or to try and work with people that I don't want to work with, "old friends."

I'm trying to get things in order. It's awfully hard to get your house in order when you work all day. I would like to have things prepared. I need to do the will thing. I need to buy a
funeral plot so my folks don't have to. I'll get around to that some time. I'm not ready to go yet. I go to parties occasionally. People are not drinking like they used to drink. I haven't seen a joint being passed around for a year or more. It's the same parties. The same crowds. The people are different. People are asking each other how they feel rather than, "Did you cop a feel?" People are caring about each other's lives and that's very nice. I wish I could do more. I have a lot of breaking down to do. I don't think about things. That's not good.

I try and be thoughtful. I keep working at it. ... I would like to have more than dusty nick nacks. I would like to have the friends that I used to have, though most of them would no longer want me. So, I need to work real hard at making new friends.

I'm clearer on many things and less clear on things I thought I was very clear on. That I was witty and marvelous and gorgeous and attractive only if I was stone drunk. Or that everything evolved around that drinking.

Liz Taylor is such a dear. She says, "It's time to grow up." That really made me think so much. It's a good line. I don't know if she wrote it herself. Time to grow up and that's just what it is. It's time to be responsible with your body and your mind. Even if you already have the virus, there's all kinds of things you need to change.

So many of us have to work very hard to be where we want to be at spiritually because time is so limited. It certainly may not be AIDS that's going to end up limiting my life. It left me with some bad scarring and made me, at that time, unable to think about having a real relationship or any kind of natural sex life. I still could use some counseling on all of that.

Summary

This case is unusual. Because of severe alcoholism and anxiety, Phil was an unhealthy person physically, as well as emotionally, prior to ARC. Phil has turned ARC
into an opportunity. Because of ARC, Phil is discovering and creating the first good in his life since adolescence.

At thirty-three, Phil is feeling loved, is learning to love himself, and can love others. At times, Phil seriously doubts himself. Given the situation, self-doubt is to be expected. Old patterns don't vanish because a decision for change is made.

**Homophobia**

Right off the top of my head I would say, that's their own business. "Do what you can live with." They will be judged for their own actions at their time. I'm not particularly offended any more by someone who's homophobic. I've gained enough strength in my own character to overcome that.

Having analyzed the data, the next chapter compares cases, pointing out important patterns and themes.
Chapter 5
DISCUSSION

Results of the data support most of the research findings referenced in the Review of Literature. Support from this data is very specific to the reviewed material. Two areas are discussed: Changes in Meaningfulness of Life, and Attitudes Toward Homosexuality. Attitudes Toward Homosexuality will be discussed from a psychosocial perspective and include: Intolerant Views, Coping, AIDS/Stress, Misconception About Homosexuals, Coupling, and Religion.

Changes in Meaningfulness of Life

Data in this area yielded only a small amount of important information. The quality added to one person's life because of newly found meaning to live, compensates for the quantity of data. This section will overlap with Attitudes Toward Homosexuals.

Generally, there is an emphasis more frequently on the here and now in the lives of men with AIDS/ARC. Priorities are reestablished and quality of living is given more emphasis. Too much of the time, however, it requires increased stress to prompt the individual to step back a moment and think about what is happening; and then, what is meaningful.

One interviewee, Phil, seems to have had more of a
permanent shift, rather than intermittent grappleings, in living in the present moment. It is obvious that Phil has his doubts, but overall, he has made many changes in the past year-and-a-half because of healthy choices. The quality of Phil's life as well as concepts about himself have improved tremendously.

Phil's meaning in life today is to return some of the love which has been shown to him through the support of loving, forgiving parents. The sense of well being which Phil experiences came with finally being accepted as he is. This cannot be overemphasized.

Phil's descriptive experiences indicate a life full of change. A life free from alcohol and drugs is not the only improvement for Phil. Phil is teaching himself to think differently. The best assist Phil has in this area is his religious faith. According to what he expressed in the interview, Phil is learning to use prayer and meditation as a support. Phil was poetic as he spoke of God:

> Because God is, I believe, in each of us and just ready to be held and caressed and we just don't do it sometimes.

Earl, who's family is still not accepting him as he is, presents a strong contrast to Phil, whose experiences have proven that love (unconditional acceptance) and support are healing.
Attitudes Toward Homosexuality

Intolerant Views

The data yielded in this area refer to the citations in which the interviewees (Phil and Len) gave examples of first-person experiences of intolerant views demonstrated by people.

In all of the caustic experiences described by Phil, other people appear to be relating through hierarchical thinking, placing homosexuals low in the hierarchy. Friends, relatives, and acquaintances, along with Phil's rapists, thought it better to blame and attack further. Only one person gave Phil emotional support regarding Phil's victimization and brutal rape.

Because of acceptance by others, Phil's improved feelings allow him the capacity to take responsibility. Phil's quality of life is improved because people have learned to relate to Phil, first and foremost, as a person, and not a homosexual.

The attitudes toward homosexuality experienced by Len include rudeness and lack of tact. Len's experiences are not as extreme as Phil's, but one does not surmise homosexuality when looking at Len, either. Although not as extreme as Phil's, these experiences were stressful for Len. Professional people, to whom Len referred, seemed to be void of any interpersonal skills, or interest in applying them.
Coping

The diagnosis of AIDS/ARC carries a life in which coping mechanisms are necessary. For those who don't have good coping skills, life is a much greater stress. Coping mechanisms vary greatly and should be quite specific in addressing the problems and personality of the individual. The best way to know if coping skills are working is evident in reduced stress. For example, monitoring thinking and altering self-talk are excellent coping mechanisms. Learning to accept responsibility for choices in behavior is another. Silent meditation is an extremely helpful coping mechanism for the individual who is spiritually inclined. Visualization and relaxation are commonly used techniques for reducing stress. Emphasis on self-love and self-acceptance provides a powerful means of coping with stress. Anything which helps the individual feel better about himself is a good coping mechanism. As the individual's desire to cope increases with increased stress, he will search out mechanisms which will help in relieving stress.

As Frank's condition worsens, his coping mechanisms have long fallen away. Len is attempting to supply coping mechanisms for Frank in the form of support. When his attempts to support Frank fail, Len finds it increasingly difficult to display affection. One difficult situation for Frank is his mental and, most especially, his physical activeness. Frank admits he cannot sit still. Because Len
has a strong support system of friends, his level of acceptance of Frank is tolerable and within his capacity.

Earl's coping mechanisms, at best, are shaky. When Earl turns to religion, as he does, he experiences confusion and doubt. This does not help him cope well. Earl has not wanted to take responsibility for his choices in the past. For instance, Earl blamed his ex-lover (not completely, but mostly) for his being fired from his job and having to receive treatment for alcoholism. Apparently medical tests for ARC-related dementia have been negative. Is it because Earl's coping mechanisms were lacking from the beginning that he has not been able to receive medical disability because of ARC? Can anyone know for certain in Earl's case whether his dementia is ARC-related, caused by some other disease, or merely a product of his life choices?

One of Phil's best coping mechanisms is monitoring his thoughts. He also monitors his behavior; for example, not going to parties when he has the urge to drink. Phil now places value on being responsible, and these coping skills help. Phil uses coping mechanisms to prevent stress, as well as alleviate stress.

AIDS Stress

Everyone with AIDS is bound to experience stress. The amount of AIDS stress cannot be over emphasized when referring to homosexual males with AIDS, because of the double stigma.
Phil has had a very stressful life in experiencing people relating to him as a social stigma, repeatedly trying to ostracize him; and, on at least one occasion, literally trying to wipe him out.

Len and Frank share their stress. Frank has the stress of living each day as pleasantly as possible, never knowing how he's going to feel. The stress in Frank's life is that he isn't ready to die. Part of the difficulty is that Len is so healthy. Len has the stress of working full time (which Frank envys) in an executive position, and assisting with Frank's medical regimen and running the house in his time away from the office.

Earl's stress runs very high because of a great deal of lack—lack of ability to work (possibly self-imposed), lack of ARC disability funds, lack of a permanent dwelling, lack of family support.

**Misconception About Homosexuals**

The data which helps prove misconception about homosexuals came from Phil's sexual molestation committed by his junior high school science teacher. This experience is a fine example of blatant misconception. More than any misconception about homosexuality, child molestation is one of the greatest. Homosexual men are seen inaccurately in this way. Phil's sexual molestation was a traumatic experience for an adolescent boy. Phil talks of the need at that time to have someone tell him he was okay, and that he
wasn't the only one.

Len voiced agreement with Phil that information, if made available at an appropriately young age, would go far in lessening homophobia in general. As Len says, "We're not going to stalk school yards waiting for kids to come out."

**Coupling**

Of the four men, two (Phil and Earl) had been aware since early childhood of their sexuality. Both, incidentally, were severe alcoholics. The other two men went through childhood, adolescence and young adulthood before realizing their homosexual urges. As described in the reviewed literature, coupling is a problem among gay men.

Actually, Phil didn't have trouble coupling, he had no interest in coupling and intentionally avoided it. One must acknowledge the fact, however, that Phil has lived very compatibly with the same person for ten years. Phil referred to his roommate with a great deal of affection and gratitude. In a sense, Phil and his roommate have lived as a couple with the exclusion of sex.

Earl obviously had a great deal of trouble in the area of coupling. Until he fell in love for the first time, Earl had no interest in a monogamous relationship. With the failure of the relationship, Earl lost himself. Through Earl's words, he revealed that he had laid all his values aside and declared they meant nothing. That declaration has
left Earl with nothing to live for, going from pillar to post, and waiting out his time to die.

Religion

It is evident from the data of all participants that people carry the religious beliefs learned during childhood into their adulthood. Beliefs do not change. They are simply restructured and remodeled. Regardless of condition of life, religious beliefs are shaped to work for one's benefit. Earl's restructuring of the meaning of the resurrection serves as an example.

The information obtained from these interviews is very helpful in gaining insight into how the lives and lifestyles of male homosexuals with AIDS/ARC are affected. Chapter six describes the findings of the data through concepts and applications important and obvious to the researcher.
Chapter 6
COMMENTS, CONCLUSIONS, AND RECOMMENDATIONS

Comments

The AIDS epidemic has prompted many people to want to know more about homosexuality. Usually this interest is because of illness of a friend or relative, rather than general concern. This interest, however, does lead to acceptance of the homosexual individual. There has been a great lack of information about homosexuals and homosexual lifestyles. AIDS is changing this.

What appear to be complex situations confront people daily when involved with AIDS-related issues. There is no way this thesis, or any other, can fully address the scope and magnitude of the problems with which AIDS presents us.

The necessary requirement (unconditional acceptance) for society to begin to respond properly to AIDS is simple to understand, but difficult to apply. We must accept the individuals with AIDS, or any illness, as whole and complete. This is very difficult in that we must lay aside social value systems through which we experience people. This is fearful because we rely heavily on our social systems to provide for us an image of who we think we want to be, and to rate for us how successful we are in living out that image.

There were three instances in the data in which
doctors were perceived as rude and thoughtless. Concern for each individual may be rather idealistic, but it may also be time for medical schools to emphasize professional ethics and genuine interest in the patient as a person. Using the holistic health model, all three of these doctors, who should be serving as role models for other medical staff, fell terribly short in their personal response. We know attitudes of others affect how we feel about ourselves. Doctors are supposed to make us feel better, even if it is simply by showing compassion for our sick.

Conclusions

On the basis of the limited data pertaining to differences in attributions of blame and responsibility among people with AIDS compared to people with ARC (Moulton, Sweet, Temoshok & Mandel, 1987), the data obtained in the four interviews fully support the reviewed literature.

Male homosexuals with AIDS/ARC are definitely stigmatized. Even for healthy homosexual males, public settings are often stressful. As the disease progresses, it becomes more and more difficult to hide the physical appearances of AIDS. This accentuates the stress of public situations. AIDS/ARC definitely compound the stigma and stresses of homosexuality.

Data supports the fact that coupling is difficult for some. The lack of ability or interest in many gay men to establish lasting relationships takes a heavy toll
emotionally. The data from Len and Frank raises two questions: Of homosexual males who have successfully coupled, how many did not recognize their sexuality until adulthood? Is there a correlation between successfully coupled homosexual males and a desire to have children?

When asked the topic of this thesis, the reply given was simply to state, "Interviews with homosexual males with AIDS or ARC." Responses varied greatly. One man, a dentist, threw himself against a wall and sucked in a loud gasp. He was horrified! A large number of people who truly seemed to care and voiced concern about various problems relating to AIDS frequently brought up conversation about the bath houses and "that type of thing" as largely contributing to the situation. More than any stereotype associated with homosexual males, sexual promiscuity has probably been their greatest enemy. Sexual promiscuity has obviously exaggerated the problem. As the data reveals, sexual promiscuity has also been recognized as a problem among homosexual males. Sexual behavior, overall, is more responsible than is used to be in the gay community. Sexual expression is an area of significant change for many gay men. The person with AIDS talks about changes in sexual behavior as an opportunity to have increased personal responsibility. These changes in sexual behavior, though not complained about, result in additional stress.

The following is a good example of how lack of
communication has affected our entire social structure. According to all interviewees, they've known males or had sex with males who were supposedly heterosexual. One interviewee had a five-year relationship with a man who is married and has children.

After we got back together that last time, he told me had had never loved anyone else in his whole life as much as he did me. ... I strongly believe that, but he was not willing to get a legal separation from his wife, much less a divorce.

It would appear there are yet "straight" men who aren't doing what they want to do, but rather what they think they should do. Has it been better for us to force homosexual persons to conform by playing on their guilt with messages of "shoulds" and "don't bes"?

We need to educate ourselves about what homosexuality is and what it is not. It certainly is not what our fears have had us think it is! We need to start examining our homophobia. We have no right to let our fears run away with us to the point where we do others harm, emotionally and physically. Yet, this seems to have been the case up to this time. What are the bothersome aspects of homosexuality which prevent us from understanding?

Persons' religious beliefs have important counseling implications. Acceptance is, again, necessary. It would be unwise for a counselor to think s/he will be able to help the individual by correcting or altering his religious
beliefs. According to the data, this will not happen. The counselor needs to be able to help the individual by keeping in mind the religious beliefs of the individual, and by discovering how the person finds comfort in those beliefs.

The counselor who is not secure about his or her own values, especially regarding sex or religion, will have a difficult time working in this area. The counselor who feels secure about self must also be prepared to examine and process ideas and concepts in his or her own life. It is inevitable that the counselor who increases in ability to give unconditional acceptance will be experiencing ever greater self-acceptance and change.

What must it be like to live in a social environment which says, "How you feel and what you experience is sick and unnatural"? We contribute to the AIDS nightmare by allowing judgement to rule our hearts rather than understanding and acceptance. AIDS is a label used by the medical profession to describe a physiological condition. Man's attitude toward AIDS suggests our inhumanity toward each other.

Recommendations

Attention needs to be given to understanding our fears. Intentional public education is the means whereby we will gain understanding. Because homosexuality carries with it an undeniable social stigma, the public in general--professional and lay person alike--know little about this
sexual orientation. Until the AIDS epidemic, there was no reason to attempt understanding or acceptance of something which prompts many to experience a wide range of unpleasant emotions: hate, fear, and anxiety. Judgemental detachment, which stems from these emotions and which blinds us to pain and agony, cannot be allowed to push us past empathy and concern.

Acceptance is the key to healing emotional scars. The person with AIDS who is given social and emotional support, even if only by a few individuals, begins to accept himself and to tolerate the illness better. Acceptance can bring an overall improvement in the individual. Modeling of self-acceptance by the counselor is the most expedient way to teach self-acceptance which can lead to healthy change in the individual. It is strikingly evident that persons receiving social and emotional support maintain healthier attitudes about themselves and about their disease.

Ability to cope lowers stress. Successfully applied coping mechanisms improve one's feelings about oneself. For people who have no coping skills in place, these can be learned if the desire is there. Teaching of coping skills, with emphasis and reinforcement of these skills by health professionals, could be greatly increased.

Acknowledgement of change in the individual is necessary. Change in sexual behavior is one area that most gay men are feeling good about these days, and rightly so.
Because promiscuity magnified the spread of AIDS, positive change in sexual behavior is often glossed over. Many homosexual men have made new choices to behave responsibly. These new choices need to be given reinforcement (praise and encouragement) by the counselor. The individual choosing new responses in sexual behavior is making changes in an area in which the majority of civilization is most deeply rooted—our sexuality. This is difficult work.

Atonement (at-onement) and other similar concepts bring comfort to the person with AIDS/ARC. Atonement refers to the fact that as we are, we are truly equal and necessary parts of the whole. This is, of course, an idea related to spirituality. Ideas such as this carry a great deal of significance, especially to individuals who turn to their religion or faith life for comfort. The counselor who communicates comfortably about the person's personal beliefs of God will find a plethora of assistance available in helping the individual to feel good about himself.

Attention to understanding our own fears, acceptance of the individual, ability to teach and implement coping skills, acknowledgement of change, especially in sexual behavior, and use of spiritual concepts such as atonement will bring the counselor tremendous assistance in working with male homosexuals with AIDS/ARC.
BIBLIOGRAPHY


preliminary examination of the effects on gay couples and  
coupling. Journal of Marital and Family Therapy, 12(3),  
241-247.

Corey, G. (1982). Theory and practice of counseling and  
psychotherapy (2nd ed.). Belmont: Brooks/Cole  
Publishing Co.

Boston: Beacon Press.

York: Alfred A. Knopf, Inc.

AIDS victims: a minority group experience. Death  
Studies, 12, 1-7.

Geis, S. B., Fuller, R. L., & Rush, J. (1986). Lovers of  
AIDS victims: psychosocial stresses and counseling needs.  
Death Studies, 10, 43-53.

research: a strategic approach to qualitative  
methodology. Journal of Humanistic Education and  
Development, 26(2), 50-63.


Appendix A: First Interview with Subject A

E: So what are you going to do with these tapes?

N: Well, what I'll do is transcribe them. The next step will be to edit them and the third step will be to analyze the edited version--my final copy--and then to report my data. Four steps. The first one was the hardest. Well, there are five stages all together the way that my experience of this thing has gone so far. You know, I guess I never really dreamed that...

E: ...you would actually be doing it?

N: I guess I can't say I didn't dream it. You know what finally got me going, E? I finally said, "Okay, wait a minute. I don't care about the thesis. All I care about is a group of people who are experiencing some tremendous emotional conflict in their lives. A lot of change.

E: I don't feel that.

N: Well, a lot of different things. I think a lot of change. For you, no. I think that's true. But I guess I would ask you to consider some people like W_ _, like you say, who are...

E: Well, there's others. Like, you've seen that older guy, T_ _, who works at D_ _ _ _--one of the upper guys in management there--and he's got AIDS and he seems well adjusted to it. Yet, while in many ways he seems well adjusted, it makes me curious (if I were the one doing the interviewing) to find out more about that because I'm not saying he's not dealing with it. It's just that I'd like to know how he's dealing with it or whether he's just bluffing it off. It seems like to me there are basically three, well maybe four categories to this. This was all inclusive from the time they find out they're exposed, to whether or not they have ARC/AIDS, and even if they are advanced into AIDS. And that is their initial response to it. I would say that's the first thing. I'd say, not necessarily a stage but... It's either those who deal with it, cope, and how they carry forward with their lives, whatever the condition of that life may be; or those who are totally denying it or those that are completely panic stricken. Denial...

N: So, denial...

E: Denial, acceptance, what's the other one?
N: Well, you mentioned panic stricken or terror.

E: Yeah.

N: So there would be acceptance, and denial, and then terror seems to go kind of hand in hand to different degrees?

E: (He nods yes.) But my basic experience here, as far as that support group goes, is basically I don't quite know that you need support at all. Seldom do I feel the need to have somebody hold my hand about this. Very seldom. For me, I want to know as much as I can find out but it doesn't mean I'm going to live my life finding it out and that--living AIDS. I'm not going to do that. Yet, even W_ _ says he doesn't. Frankly, I disagree. From what I've seen, he does live his life AIDS.

N: Have you talked to him one-on-one? Obviously, by phone or what?

E: I've talked to him one-on-one a couple times but nothing of any real depth or length of time. Because I mean, as far as I'm concerned, if he wants to believe the way he believes and if he wants to try to convince himself that he's comfortable dealing with it then... I mean, we can paint our own world. Who am I to say he's 'wrong' about it? That's not my place even though, from the way he comes across to me, one of few people he's fooling is himself; and self delusion, I don't feel, gets a person anywhere.

N: Well, the only experience that I've had with T_ _ one-on-one would lead me to agree with you. To the largest part I would say. Yet, at the same time I would have to say there was a realness and he did let me see the walls--and he knew that I could see them.

E: Well, yeah. In a way though that's not being real because that's saying, "Here, I'm so open about all this and I'll show you all my walls." Big deal!

N: Well... Oh, not his walls, but his experience, if you will, and that's what I'm really seeing more and more. Boy, the experiences are really different and coping varies. It really varies.

E: He's afraid to die.

N: Do you think about death more often?
E: No. No more than I ever did. At first maybe I did, and for a while there I was even getting it in my mind that I need to work out the details (of his funeral) and everything, but I don't feel the need. Sure, as it (death) gets closer, I want to do that just so my family doesn't have to, but it's not that I feel it's something I have to do. It's just that I realize that it will be a necessity, and death is traumatic enough for the people left behind that if you can go ahead and make as many of the arrangements, or at least have an outline of things, then it makes it less traumatic.

N: Yes, and less burdensome. Those things are really a burden at that time. You know--the details.

E: The emotional state is such that you don't make your best decisions.

N: What about plans to come back to L_ _ _ (the city in which we are) at all?

E: No.

N: So, if I'm to see you, it means N takes a trip? Is this how I'll have to look at this?

E: Oh! Well, I haven't really thought of that.

N: Well, what if I become rich and famous and want to fly you on a trip somewhere and say, "E, come lie in the sun here with me and let's talk on the beach for a couple of days then I'll fly you back home."

E: Although I don't see that we'd want to spend it here in L_ _ _.

N: Oh, no! I'm saying...

E: Someplace else.

N: Oh, yes! Someplace warm. There are no...

E: I was going to say, "Where's the beach?"

N: Yeah.

E: I know there are some lakes around here but I don't really consider those beaches.

N: I'm a native L_ _ _an, second generation, and I've become more and more proud of that.
E: How pathetic!

N: Yeah, I thought it was, too, a few years ago and I really have this new love for my hometown and I think a wonderful energy is going... And here I'm getting into my own thing which I can't...

E: Sure you can!

N: Well, yes, I can.

E: You can edit, remember.

N: That's true!

E: No, I don't see coming back. I didn't see coming back this time. I wouldn't have come back had Q_ _ not been coming back.

N: How do you look at that decision, that choice, in retrospect?

E: Stupid.

N: Really?

E: Definitely stupid. Well, in some ways. In a lot of ways it was stupid. I would have made more money if I'd stayed there. I probably would have been able to keep my truck. But then, too, I've learned some things by coming back. Well, religion is one. Before I would never have even considered looking at my family's religion again. It's not because I felt they were wrong, but it was because I didn't want to hear anything about religion.

N: What did religion mean to you that you didn't want to hear anything about it?

E: Well, basically, there were things that were not acceptable.

N: Guidelines?

E: Mmhm. More standards and I didn't want to listen to them. It was that I didn't understand some of the reasoning behind it or maybe I was not willing to understand it. I don't know. Anyway, lately I've been looking into it. So... It makes sense if you think about it. Like they say, hind sight is 20/20. The guidelines they have are very good guidelines, I must say. I mean, I think it was Abe Lincoln, or some
famous politician, who once said if we all lived by the Ten Commandments, think what the world would be like. I guess part of the freedom I was talking about earlier, and the opportunity, is I'm willing to open my mind to my family's religion just because I didn't necessarily understand it. Maybe I got to a point that I didn't want to understand it.

N: Mmmhm. So that's the opportunity.

E: Yeah. I mean it's given me another chance to decide for myself, as an adult, without being under constant family pressure to decide if that's something I really believe for myself, and if so, then that will mean that I will need to make changes. But if I believe something, I'm willing to change.

N: It seems to me that what you're saying to yourself is you're ready to give yourself some loving guidelines.

E: Yeah. I haven't been that disciplined in my life, as you might have gathered.

N: You're doing it sooner than I did because...

E: Well, you didn't have a timetable.

N: Well, I didn't have, no.

E: Or, maybe you didn't feel a need to (have one). But I feel like, oh, a combination that something's got to give and being I already believe some the things they do anyway, and I do have a timetable--I don't know exactly what it is--I figure I'd rather do it while I can.

And I think we've pretty well skipped around my relationship with S__ (Earl's ex-lover) because that's had a marked influence on this. Oh, boy. I'll probably never see him again. The first time I've ever been in love. I sent pictures of him to the family and, of course, that sent them into orbit.

N: You really did have a lot invested. Emotionally anyway, it seems.

E: Yeah. But it ended up there were a lot of good things about it and there was a lot of destructiveness. Because I really wanted a monogomous relationship, and as long as I knew he wasn't willing to do that, then I got more into messing around and I had an affair for around two years when I was involved with S__ (Earl's
ex-lover) with a friend of mine who has died with AIDS. The more S_ _ _ put me down and the more he fooled
around... It was literally killing me. I ended up in
 treatment for alcoholism. I'm not saying that was the
only factor, but that was the major factor.

N: You indicated, the day that I came over for coffee,
something about the relationship with S_ _ _. Through
that relationship, or the end of it, you also lost your
will to live and your reason to live.

E: Yeah, because that was very simple. I never in my life
felt like that about anyone, no one's even come close.
Before, even if I would have had a lover or been involved in
someone, whether there was love or not, no matter how
close it was, I wouldn't have done things like
celebrating birthdays, Christmas. Because what was part
of my religious upbringing was that you just didn't do
those.

N: No special days.

E: Well, no, they (Jehovah's Witnesses) celebrate one
day a year and that's the memorial of Christ's death,
which in the Bible is the only thing you're told to
celebrate. Uh, but I did those. Got really heavy into
the booze and we were into drugs and group sex. It's
not that I haven't been involved with those before, but
I never saw that as part of being involved with a lover.
I felt... I worshiped the guy. It was even to the
point that I told him if he was ever in an accident and
had to have a blood transfusion, if we were a match that
I would do that.

N: And that's a lot for you to...

E: Oh, yeah! Because I personally... It's like I told
him, "I wouldn't take a blood transfusion, but I'd do
that for you because you believe in it." That was just
saying, "My opinions and values are nothing. Just
because I worship you and I am in love with you, I will
do these things for you."

N: How long was that relationship?

E: Three weeks short of five years.

N: At the beginning it sounds like it was tumultuous.
E: It was tumultuous with us all the time.

N: Even in the beginning?
E: Even after we both got into AA.

N: How far were you into the relationship when that happened?

E: When that finally happened, we were about three and a half years and three or four separations, even though we were involved in a lot of ways even during those separations.

N: Mmhm. You mean, like you had other relationships when you say you were involved in other ways?

E: No, I mean we were involved with each other even though we were separated.

N: Oh, okay.

E: He kept in touch. We'd see each other, go to bed with each other. It was just we didn't live together.

N: You did that to kind of create distance for the two of you?

E: No, we were breaking up every time!

N: Oh, okay. But kept coming back.

E: Mmhm. And last time he just beat me to the punch; and I sort of lost it because last time we'd gotten together, we'd decided it was going to be a monogamous relationship and I had started this job as a _______, and I started going to the park during my lunch hour because I had a lunch hour--a real hour--and I didn't just want to stay in the office all that time. It started out innocently enough for me, but then I started noticing his car occasionally going by. And this was T_____ Park (located in a large, metropolitan city) and there were alot of areas that were very well known for sexual activity--particularly of the gay persuasion, and I saw him having sex with someone. I never told him about it. It was about that time that he started telling me--started getting on me--telling me things that I was supposedly screwing around and up to that point in time I wasn't. But then after I saw him I thought, "Well, fuck you. What's good enough for you is good enough for me." After that it was so much that I eventually got fired from the job. Then we were together about two-and-a-half to three months after that.

N: So that I can really understand, describe your being
upset.

E: I hated him. I loved him and yet I detested him.

N: Strong love/hate feelings going on.

E: Definitely. I didn't trust him. If you don't trust anyone, you certainly have no...you're in no place to be in relationship with them. And I was thinking again, and had it not been... If I'd still had a job I would've moved out and left him. But it didn't work out that way.

N: So it was like an unrequited love?

E: No. He loved me, too.

N: But just not in the way you wanted him to, or...

E: Well, he just... He wasn't willing to... It seemed like we both had points in time where we were not willing to give up others and I guess that was the final straw as far as I was concerned. After we got back together that last time, he told me he had never loved anyone else in his whole life as much as he did me. And I believe that to be true. From what I've heard from my friends after I moved out of N_ _ _ (city) that time, about what he went through. I strongly believe that, but he was not willing to get a legal separation from his wife, much less a divorce. I told him, "I can understand your daughters being important and I can understand your wife being important, but here you say you love me more than M_ _ _, and yet you're not willing to get a separation." He says, "Well, I don't want to take and... I have my marriage vows to consider." I said, "Your marriage vows! Come on, let's get real here. You broke your marriage vows when you first got involved with the person you were involved with before." There were a couple other lovers he had before me. I said, "That (breaking vows) happened then. The first time you went out on your wife, that's when that happened. Don't tell me that."

N: Did you know he was married when you met him?

E: I found out the second night.

N: Was this a love at first sight-type thing?

E: (He opens his eyes wide and whistles.)
N: Well, that describes that accurately. Did I hit the nail on the head?

E: I never had anything like that happen in my life. It was the most powerful thing I ever experienced.

N: And your gut tells you, from what you've said, you don't believe that there will be another love like that for you in this life?

E: No. I don't want a relationship. Q_ _'s the closest thing I've had to a relationship.

N: And, how has that relationship been with him?

E: Q_ _?

N: Mmhm.

E: Well, that was one of the things I was referring to earlier when I mentioned about something in regards to D_ _ _ and one of the mistakes—that then one of the good things to come out of it was that I found out that (about S_ _) from moving back here. So many of the things I found out by relationship with Q_ _ were true (about S_ _) and hadn't been a figment of my imagination, even though he (S_ _) tried to convince me at a lot of points in time that I was wrong. He (Q_ _) told me, "No. You were right. You knew what you were saying. You practically always know what you're saying." He's (S_ _) basically happy in his relationship now although things are starting to get a little sour.

N: Did you have any more recent conversation with P_ _ _ from work? (P_ _ _ is a person with whom the interviewee worked and became acquainted. According to the interviewee, P_ _ _ had more than a casual interest.)

E: About a week-and-a-half ago he called. He was wanting to get together. I sort of sloughed it. I would have loved to see him again. In a lot of ways he was a nice person, but more than a little childish. So it was probably just as well. Like I mentioned to Q_ _, though, I think he just... One of these days a situation will come up and he'll end up going to bed with some guy.

N: Kind of seems that's the scenario, doesn't it?

E: Yeah.
N: Just a minute ago...

E: You've got to watch the time. You've got an appointment, don't you?

N: No.

E: I thought you did.

N: Well the only one it would be would be group, but I don't think I'll go tonight.

E: Good idea!

N: I just... Well... I had made that decision earlier. I kind of wondered through the day (whether I'd go to group). It's been a different day. Boy, it's been a different day! This (E's sudden leaving) has been totally unexpected. It's been a very creative day...

E: Well, good.

N: I was pleased that I was able... I had enough things to do... Like I said, all of a sudden it was 2:30 P.M. My gosh! It's like, "Hello, goodbye!"

E: Yeah, I know. It's like I was talking to Q__ and we were talking and talking and talking. One of the reasons we haven't seen much of each other lately is because the person he's presently involved with is intensely jealous and hates me.

N: Oh, my. That borders on dangerous, huh? Would you way that's accurate?

E: Well, I don't really know the person so I don't know if it would be dangerous physically, but it certainly doesn't do anything for Q__. Q__ was telling me today his dad and B__ (Q's lover) are so much alike. I said, "I noticed that a couple months after you got involved with B__. Your dad no longer has hardly anything to say to me." Q__ said, "Well, let me tell you about my dad. First of all, you're too independent for him. He can't stand that." He doesn't like the fact that, for example, when I get in a crazy mood and do something wild with my hair, not that I think it's particularly wild. It's just I have an attitude that if it feels right for me, I'll do it.

N: Let me clarify who this person is. You're talking about Q__ who has a relationship with B__. And Q's father.
Where does Q's father come into the picture?

E: They (Q_ _ and B_ _) are living with Q's father.

N: Oh, okay. And you know Q's father just because you know Q_ _.

E: Right.

N: Okay.

E: Well, in fact, when Q's father was down to visit us, he more or less at that time gave me his blessings for Q_ _ and I. But Q_ _ was telling me today that one things his dad doesn't like is my independence and that he just cannot stand it. He doesn't like my attitudes— that I don't care if somebody doesn't like something I do and I don't! I mean, I'm sorry if you're offended by it, but I cannot control that. That's you're problem, not mine. And he (Q_ _) said, "I'm involved with B_ _ now and B_ _ can't stand you." So his dad doesn't have anything to say to me either. Q_ _ says, "Well, as far as I'm concerned, fuck them both." He (Q_ _) says to me, "You're the best friend I've ever had and I don't care what they think."

N: Now, how did your friendship develop with Q_ _? Do you know him from school?

E: No. I met him up here in L_ _ _.

N: Since... No, but you followed him. You mean you met him in L_ _ _?

E: Yes.

N: I missed a piece of the trip, didn't I?

E: Okay. We met in L_ _ _, became friends, and we ended up moving...we left L_ _ _ at the same time. I stopped in N_ _ _ for three months...

N: When was this? What time period?

E: This was a couple years ago.

N: Okay.

E: I've known Q_ _ for about three years.

N: So you met him about three years ago and then you moved to N_ _ _. 
E: Yeah, about thirteen or fourteen months after we met that we both left L_ _ _. He went to D_ _ _ and I stopped off in N_ _ _ for three months; and during that time, he got a house and then I went down to join him.

N: And then...

E: We've been lovers and everything except for the fact.

N: Except for the fact?

E: Fact.

N: I don't... Why don't I follow that?

E: The only difference is that we have not actually had sex.

N: Oh.

E: Everything except for the fact. Get it now?

N: Is that unusual?

E: For who?

N: Let's say, among gay... Do gay male friendships usually include casual sex?

E: It depends on the gay males.

N: Okay.

E: Some do and some don't. It's like anybody else. Some straight people have sex with their friends, some don't. Most don't. Well, that two year fling I had while I was involved with S_ _ _ was with a friend. Well, I met him and then we became friends and we had a fling for about two years, off and on. It was not anything constant, but we were good friends and that's why it was such a shock, not this past December but the previous December, to find out he had died with AIDS because I hadn't even known he was sick. But I found later the reason I didn't know was because he didn't let any of his friends in to even see him at the end there because he had the Kaposi's sarcoma and had all the marks and everything and didn't want them to see him that way. That's one of the reasons, too, that B_ _ _'s so jealous of me is because how close Q_ _ _ and I are. Q_ _ _ likes to go out dancing and he and I used to really get sleazy dancing. We love it! Because we can get into the music and it's really fun it doesn't have to end up in sex. It never
did for us. It came close a couple of times but I restrained myself. So, B__ just can't stand me.

N: So in your experience, your friendship with Q__ which, how did you put it? Except for the fact?

E: We were lovers and everything except for the fact.

N: Right. Okay.

E: He still loves me to this day even though he's in love with someone else.

N: Have you had other friendships like that though, or as a rule do they lead to sex or include sex, let's say.

E: No. That's the only friendship I've ever had like that because before we were in a position, but Q__ wasn't... He's very special. He's a lot like me in a lot of ways and I didn't want him to get hurt and I didn't want to do something that he might feel hurt about later. So I exercised very firm control over myself. He's a special person. Special people you don't trample on.

N: Yeah. I was thinking about H__ (E's sister) a little bit earlier. What would... When you look at... How long have you lived with her now?

E: This time... Oh, shoot. Let's see... Six, six and a half months.

N: Six and a half months. And you've lived with her before?

E: Mmhm. On two other occasions.

N: Was it different this time?

E: Yes and no. It was different in that before when I was living with her I was not having the neurological problems. And this time we discussed a little bit some... Well, more than we'd ever discussed about what was going on.

N: But she hasn't liked talking about things, in general.

E: She doesn't want to talk about it. She wants to pretend it's not there. And yet she wants to take care of me. So that shows that she knows it's there. She's seen the manifestation of it and she wants to pretend it's not there and that's not good—either for her or me.
N: What about the rest of your family, in general? Do you feel that you are at closure with all of them?

E: It probably would be easiest to take them by name. H__ (sister with whom he's been living)--no. J__ (a sister)--definitely yes--it's been over for years.
K_ (brother)--I'm comfortable with where things are.
S__ (sister)--yes and no. It's not something that's going to upset me either way as far as S__ goes. It's just we don't talk much any more. M__ (sister)--basically yes. M__ is a liar. She lies so much. I don't know who she thinks she's convincing. N__ (sister)--she puts out the effort. S_ (brother)--we've gotten along for years. We have squabbles from time to time, but then that's only natural.

N: Where is he in birth order?

E: He's just younger than me.

N: Are you giving me the birth order as you've gone through them?

E: Yes. V__ (another sister). V__ and I will always talk. We always have. P__ (brother)--I seldom have contact with P__. He's the youngest and toward the end of the time that he was home... He and I were...well, I felt very close to him and it was almost like having a kid of my own. We're not close any more.

N: The brother who died. Were you at closure with him the last time you saw him before his death?

E: Well, for something totally unexpected, as far as that goes yes. He's been over on a Friday night and spent the night and was there until Saturday sometime. That's the last time we saw him. We went to church on Sunday morning. There was a call for us and it was unusual because all of the family was there and this was when we'd already started spreading out to the four corners.

N: So it was like a reunion.

E: We were all there except L___.

N: And that just kind of happened?

E: Yeah. Car/train accident. Well, there were two that weren't there--M__ (sister) and L__ (sister).

N: To those sibblings, when you were saying that you really
hadn't come to closure with them, can you in just a
statement or two phrase what it would be that you would
specifically want to let them know?

E: Well, one thing for L__ is something that I've talked
to her about before and we discussed it just in passing
basically last night was, "Take care of yourself. Do
things that make yourself feel good." She did that.
Last Friday night she went out with a friend just for an
evening out and she got tickets and a new outfit and
went out to a Chorus Line last night. She was saying
how it made her feel better. I said, "Good! Sounds
good to me. Now why don't you try it a little more
often? Quit feeding the damn birds.

N: Did that feel good to be able to see a bit of that
before you leave?

E: Oh, yeah. If maybe now she would take... If she can
keep doing that then, and feels better about herself,
and eventually, hopefully, she will quit her job, get
into something else. She's intelligent. She'd be a
good manager.

N: M__ is the one you said that you wouldn't, that you
would be at closure, there wouldn't be anything you'd
say to M__.

E: As a rule I talk to M__ about... M's really had
little use for family and in the past ten years or so
other than to rip them off. She's owed me about $300
for over ten years and even when there have been times
that I've been out of work, and say I had had
unemployment and it had run out and I desperately needed
the money. "No, I can't afford it." So I would
suggest, well try with your credit. "No, they won't
let me have it." Finally, I've just given up. She
lies. She says she's... I mean, like the thing about
Christmas presents. She lies. She says "Well, I'll get
you a Christmas present." Then the next thing you know
it's a month after Christmas. You'd hear from her and
she'd say, "It must have gotten lost in the mail." They
can't get lost in the mail every year. "Well, I sent
one. Didn't you get it?" "No, of course not because
you didn't send it!" Birthday cards."You didn't get
it?" Come on M__, why the lie, don't even pretend
you sent it. You're not fooling anybody. What's the
point in telling her.

Oh, J__(sister). I've been over her for years.
(Long pause)
N: Gee, you know it really seems funny. I hope we'll be able to keep in touch.

E: Well there are such things as paper and I've been known to use the phone now and then. I don't know. It will probably be a while before I have a phone of my own.

N: Will you go to group tonight, do you think?

E: I can't. I've got to...I'm not finished packing. I want to sleep a couple hours if I can. I'm sure I can.

N: Do you like to drive at night?

E: I love it. It's the best time to start a trip--at night. Although I normally don't like to wait that late. Normally I like to leave after it's getting dark or just as it's getting dark. Preferably, if it's dark, I can go for hours. Driving in the daytime wears me out sooner.

N: I suppose.

E: A lot of people don't understand that. But it's true for me.

N: Is there anything that you haven't said that you would like me to know about or that we just haven't covered that you were hoping we would?

E: I really had no idea what to expect. I figured we'd probably be doing several interviews but the way things--and this all of a sudden. I had no idea how it would go at all. I figured you'd have certain questions you would want to ask and we'd go from there.

N: Yes, I'm pleased. At least I've felt very comfortable as we've done this.

E: Yeah. If you have any questions, you can always write them down and I can write you the answers.

N: I can correspond with you to inquire about it.

E: Definitely.

N: Good.

E: Because I didn't really think we'd try to do it in one session.
N: It's not really a tremendous surprise though, either.

E: The way we work! Of course not.

N: Two intense personalities. Get things done, fast. I'm just glad we could do this. It's a closing that I'll remember for certain.

E: Closing? Who's closing?

N: Well, of sorts. It's a closing, let's say of a chapter of your life in M_ _ _ until April 2, 1988.
Appendix B: Second Interview with Subject A

N: When you left L__ the first Tuesday in April, and this was a question on a section of the tape that got lost, if you recall...

E: Did any of the tape turn out?
N: The last hour and fifteen minutes did. But that first hour got lost.

I had asked you how your life had changed since the diagnosis of ARC. You used three words to describe it. You said: peace, freedom, and opportunity.

E: Right.
N: Would you still use those three words?
E: I guess pretty much, yeah.
N: Would you add any?
E: Oh, that's a good question. I don't know that I would add any because it seems like since I left there (L__), I've had seemingly more days where I don't feel good that it's hard to think of anything more positive. Yet, at the same time I don't feel negative as a result of what's happening, it just gets really confusing and stressful at times. No, I think...peace, opportunity and freedom. Yeah.

N: Can you expand on those three things a little bit for me?
E: Okay. Let's start with the freedom. Being I have nothing left to loose, in essence, therefore, it gives me freedom to do things that I wouldn't have done before because you think, "Well, I'll do it later, I'll do it later." Not really having a clearcut time frame, but knowing there is some sort of time frame involved, I end up feeling like I'm not as willing to put things off as I might want to do. So I think that's basically where I was coming from with the freedom bit.

I think as far as the opportunity, you know, I've had an opportunity to learn more about myself and my beliefs. There are so many opportunities. Well, I mean, all the people I've met. I've met some really interesting people, yourself included, of course.

N: Well, thank you.
E: It (AIDS) has broadened the horizons. What was the other one?

N: Peace.

E: Oh, okay. That one's fairly simple because I think it's accepting one's own mortality that you finally get rid of a lot of anxieties. So many people are so hell bent on pretending they're not going to die and nothing can happen to them, they basically pretend that they've got it--just a total avoidance of reality. So, that's how it (ARC) gives you peace, because you--I'm not saying there's complete peace and at all times a person accepts it, but the vast majority of the time there is.

N: You're more aware of your finiteness?

E: Right.

N: You can feel that sense of peace just being at a different place now than you were at one time?

E: Yeah. Although I think I mentioned to you that I'm not afraid of dying because of how I was raised as far as religion. I believe that my family's religion is that when you die, it's just like going to sleep. Except there's no thoughts. Something in the Bible says that you die and your thoughts perish with you. In another place it likens it (death) to sleep. To me that sounds most logical.

N: So the sleep is a sense of... What is that state like?

E: Well, it's just nonexistence.

N: Just a slumber?

E: Right.

N: There must be some sense of restfulness in this belief of this particular kind of sleep since it doesn't carry anxiety for you.

E: Not really. I feel like so many religions teach that either you go to heaven or hell or nirvana or whatever, and it's all... You never know what to think because some of them are going to burn you and fry you up and others are going to freeze you and this one is you're going to go to sleep.

N: In this sleep, will you know God?
E: No. You know nothing. All your thoughts perish. But then, the thing that goes with it is that the Bible says that God can resurrect people and that during the reign of Jesus that the dead will be brought back to life. Those who have not... There's a few that won't be brought back but that's because they completed the ultimate transgression—or blasphemy—I can't think what it is off hand. But the majority of all earth's population will be brought back to life and will be given a chance to grow to perfection and then they will have a choice between obeying God's laws, which if they decide to do then they can live forever. The other choice is if they don't want to do that, then they will be destroyed for eternity; if they don't want to follow God's laws, they will be destroyed for all time, as well as Satan.

N: So this slumber is an anticipatory time that you're not aware of. You're sleeping. You're devoid of thought. You're simply waiting for this return call and then at that time, it will be like the final judgement where those who are willing to obey and to live into God's laws will live and flourish and be able to do that without the threat of these other people who do not wish to live into that life and the fullness of God.

E: Plus the prospect of perfect life and health and living forever.

N: And that comes, again, after you awake.

You said that right now there are times that are confusing and frustrating. Can you describe that a little bit more fully for me?

E: Oh, I don't really know that I can. It's frustrating. Well, since I've been down here I found out that, supposedly, the federal government recognized the AIDS-Related dementia as a disability effective November 1st last year. If that's true, then I should have been able to have been disabled in K_ _ _. I've got to find out more about that. The situation here is where I'm staying one or two nights a week with my mother and then other nights with my brother. It's back and forth and no set schedule. You know how tired I get anyway. Then, not having a set schedule that I can just be some place and stop, I'm having to move around and that gets to me.

N: It's wearing on you?
E: Yeah. Then I've had some incidences with my vision again. It's where in one eye I can look at an object and it likes multiplies—you know how these video effects that start out with one image and gradually gets smaller and smaller off into infinity?

N: Mmhm.

E: Well, it looks somewhat like that, in my right eye. Then it's like there's electrical edges on each one of these items. Then sort of like bursts of strobe lighting on top of that. Then another time I was watching television. What was on the screen was two people standing side by side and they were about the same height. The next thing I knew I was seeing one guy taller than the other and they were still in the same general location. That lasted for a while. And just health problems. Nothing major. Just wondering and not knowing. All that sort of thing sort of drives me nuts.

N: Some days are better than others?

E: Yeah. I had a good evening, Friday—or Saturday—I don't remember which. It's like I told J_ _ _ (his sister), "It's the first time since I left that I felt like I'd had a really good day where I felt good for any period of time." I've had thrush three or four times but it's always gone away on it's own so far.

N: They say thrush is nasty. Would you describe it that way?

E: Yeah. It feels like you've always got something stuck in your throat. Your tongue tastes weird. Yeah it's nasty. They have some stuff you can take for it but I figured as long as it was going away on its own, I'd just leave it alone. I had had it before, but never like this. It was like I'd get over it and a few days later it would be back again. I think it's just more of the system breaking down.

N: Mmhm. So, are you going to try to pursue about disability. Will you be able to be disabled down there or would you have to come back here, or what?

E: I really don't know. I would assume I could probably be disabled here.

N: How is your relationship with your family at this point in time?
E: In general, it's pretty good. There's a little bit of communication problem. I was talking to my sister, S_ _ _ _, yesterday about it. J_ _ _ _ (my brother), was feeling like I wasn't doing much to help him around there and I told her that I've talked to him several times and would be glad to help if he'd tell me what he wants done and where he wanted things. See, he recently moved from one apartment to another and it's not all together yet. I can't decide where to put things. It's not my apartment. I've even told him that. Until he's ready to tell me what he wants done and where he wants things, I don't feel right in just putting it away. A lot of times I have to get up in the morning and within thirty to forty-five minutes be out of there so he can have his clients in. Then getting back a lot of times late at night, it's hard to get anything done during the times that I do feel well.

N: So he works out of his apartment?

E: Yes. He's a professional masseur.

N: Your relationship with your mom is good?

E: Well, let's just put it this way. We're not fighting. All things considered, it's not too bad because before we were always getting into arguments because she wants me to be a Jehovah's Witness and I've told her time and time again, "If I do, that will be my decision and I don't want to have you preaching to me. Although there are some things we can discuss and other things we can't, we can't discuss that because you and I argue every time." I said, "That doesn't accomplish anything except it gets us both upset. You don't need it because of your blood pressure and I don't need it because of the stress."

N: So she's really a staunch Jehovah's Witness and would like you to more fully participate in her religion and you're just not ready to do that.

E: I'm not willing at this point in time maybe I could say, "Yes, I'm going to be one." I'm not ruling it out but I'm not saying yes, I'm definitely going to do it.

N: One of the things I've been aware of during the whole thesis process is the whole area of homophobia. My question to you would be, if you were asked to guest lecture to a college class about homophobia, what would you want to say to them?
E: Well, I think it would be a very short speech. Extremely brief. I would mainly suggest to them the reason so many people fear homosexuality is because they themselves experience attraction to members of their own sex and don't know how to deal with it. Therefore, they fear that maybe sometime they're going to be caught off guard and have a sexual experience with someone of their own sex.

N: Do you think we all have these tendencies?

E: I don't know that I would say all. I was talking with some friends of mine Sunday, B__ and G____ (females); and B__ was asking me something about—we got to talking about my past promiscuity and things like that—she was trying to understand it more because she's not been the promiscuous type, and I was explaining to her that I think that out of every ten men who claim they're straight, given the right time and circumstances, nine out of ten will have a homosexual experience. I don't know enough about female sexuality to make any comments on that, but I feel there's a large number of people that would definitely.

N: So the fear is fear of homosexuality within themselves?

E: I would say in the majority of cases that's true. Not fear that they would be homosexual, but that they might have a homosexual experience. I think there's a complete difference between that.

N: So there might just be a tendency to want to maybe experiment.

E: Right. At the same time, I think—you'd probably find a lot of work that would agree with me—a lot of gay men it's more just wanting love from a man than necessarily—I'm not saying that they don't enjoy the sex, but I think a prime factor in homosexuality is wanting to be able to love another man and Western society has so many restrictions on that. You can't love them—well, it's loosened up in the last ten or fifteen years, but still basically, if you're very affectionate or really close to another man, whether you're gay or not, you're presumed to be and I think society as a whole has been in this process going on in the last ten or fifteen years. It's probably the best because people realize people can love each other whether they're male or female and it doesn't have to be a sexual thing.

N: So in some ways it sounds like you think it ties back to the thing that the mother has been the figure, at least
in Western culture, who does the nurturing and it's always more okay to have those love feelings toward a female, but when it comes to a male, that paternalistic love has been more remote and more removed?

E: Yeah.

N: It (paternal love) hasn't been modeled for us as well. Does what you're saying tie back to this?

E: I think it has some definite influence on it.

N: It's just being okay to express love to another male?

E: Out of 100 men, how many do you think would feel comfortable being able to go up to another guy and tell him "you look very attractive today"? Or, I mean, make a compliment that was specific and not just focusing on an outfit or clothing.

N: Okay. One that had some emotional attachment to it?

E: Well, not necessarily. Well, that could be emotional like "Hey you look great", you know? Or, "I like your hair", or compliments on the body.

N: "I really find you attractive today."

E: Umhm.

N: I would say that out of 100 men, not many men would feel very comfortable with that.

E: You don't say that among women, do you?

N: No. No that is true. Women are not afraid to tell one another that they look nice just themselves. So it is a cultural thing, too.

E: Oh, definitely. It's like many people feel like gay men hate women. Sure there is a segment that does, but the majority of us sure don't. In fact, if it were not for, I am not saying exclusive but a large percentage of designers, that whole industry going from hair, cosmetics, clothing, a large percentage of that is gay.

N: Umhm.

E: I enjoy seeing a beautiful woman as much as I do a beautiful man. I mean, anything that is beautiful is beautiful.
N: Yes.

E: Okay, now that I have gone from right field to left field, probably totally off your subject matter.

N: No, not really because it all relates, you know? What were you going to say in relationship to that?

E: Oh, did I miss something?

N: No, but when you said now that you have gone from right field to left field...

E: Oh, nothing. I just felt that I travelled around a bit, and I don't know if I even answered your question.

N: Well, it was interesting because you said what you had to say would be brief, but I think maybe there is more to be said than one would think. You know, in trying to reach a population of people and to really overcome their fears, I think it does take being able to give examples and situations like that.

E: Okay, I can give you an example of this from personal experience. Uh, this was when I was coming back from M_ _ _ in April of this year. I picked up a hitchhiker in S_ _ _ , M_ _ _ and well, it turned out--he was getting a map and I had some magazines in the glove compartment and he saw those and--we got talking about one thing and another, sex, and everything. It ended up he was some sort of labor construction worker, something like that. An attractive man, but one who'd never thought he would be interested in another guy, you know? We had a minor little "whatever" and he rode all the way with me up to R_ _ _. One of the comments he made to me after we kissed was that he couldn't believe it. He said, "I didn't know that it could be as intense a feeling between two men as a man and woman.

N: Um.

E: He sort of wanted to stay in touch but I really wasn't sure where I would be staying. But that was the first time he had ever had a gay experience. I mean, when I finally let him out, we spent about ten minutes standing talking. This was when a storm was coming up and it was getting gusts of wind, so I must of made some impression, because he just kept hanging around and it was like, "Wow!" I felt like saying, "Well, if I had a place of my own, I would keep you with me."
N: That leads me to another question then. Right now, are you still sexually interested?

E: Yeah, probably till the day I die.

N: Okay. So none of your illness has affected any part of your sexual drive, or your interest in sex in any way really, at least up to this point?

E: No.

N: And you don't think, the way you see it, you think that you will be sexually interested always.

E: I think in general, most people are.

N: Well, this sounds pretty good. What I think I will do is transcribe what I've got now and read over what I was able to get from our... you know, what I had left over from the first recording and then see what else I got, what other questions I've got and in the meantime, if you think of anything that you want to cover or touch base on, write it down, and then when I call again, we can talk about it.

E: Okay. Um, I guess I was... I don't know, maybe this is me, but I am not sure I exactly get the focus of either this talk or the one we had the day I left. Maybe I was expecting more specific-type questions, I guess.

N: Right, and see this isn't geared that way. I didn't have any specific questions in mind. There were general areas that I was looking at, one of which was the homophobia just because of my own interest, you know?

E: Umhm.

N: Because I think that this is a necessary staring place for people--for society--to start and deal with some things and the development of the faith life. I guess that would be something right now that I could even ask is, "Do you think that your attitude towards your belief system has changed since you have been diagnosed with ARC?"

E: I am not so hard-nosed about it...now.

N: You were before?
E: Yeah, I didn't want to hear about it.

N: Umhm.
E: But when I was thinking, oh, its been this year, I was thinking about that for some reason. I don't even remember the occasion, but I do remember... Oh, yes, I do remember the occasion because it was at a support meeting down here and there was a new guy in our group that was asking. He wanted to know how we all seem so comfortable with talking about that and because even though he had the pneumonia, that was when he first found out he had AIDS. We (support group members) told him, "Well basically, after dealing with the diagnosis, you just more or less come to accept it and there's not a lot that you do to change your attitude towards that. It just sort of happens."

It was about that time, too, that I had realized that, uh... No, I'd realized this, I guess, while I was still up in L_ _ _, but that is one of the things that made... Even though I panic at times, it's not the fear of dying because I always believe what I was brought up to believe. I mean, to me, it makes so much more sense. And, um, I panic if I don't have information about something.

N: Mmhmm.

E: Because to me, information just makes... If something is logical to me, then I can accept it much easier. Or even just having some information on it, it takes away some of the unknown, so it makes it more comfortable. Whether more pleasant or not, is beside the point. But it does make it more easy to deal with.

N: And you had information all along about death.

E: Yeah.

N: You just hadn't really thought of it, or had no need to, but at the time you needed it, the information was there for you; and, therefore, you had a coping mechanism already built in.

E: Right.

N: Okay.

E: You said it so much better than I do.

N: Baloney. Well, gee, I sure enjoyed visiting with you again.

E: I did, too.
Appendix C: First Interview with Subject B

F: You know me, okay? You have a pretty good idea where my head is at, but there's other people out there that haven't listened, that don't know about me, F. They don't know what it's like to be dying with AIDS. They don't know. I honestly can't say my partner knows what it's like because he's strong. He's very healthy now. But when I tell you, and I hate to use this phrase cause a buddy used it on me. He says, "It's later than you think." You know what that means? My time is running out faster than I think. Now what do we do? I don't have my garden in. I didn't do half the things I wanted to do; and I want to do these things or have somebody else do them, but I want it done. I've got my statues, you know. I've just got a lot of things, N, I want to do and I can't do them. That's so hard for me to sink into my head.

N: How do you sink it into your head?

F: I don't know yet. I'm still trying. I'm like a fish that's trying to swim up river and it can't, but yet he still tries. You know, like a trout or something?

N: Yeah.

F: I still try and it hurts. It hurts here (he places his hand over his chest tubes on the left side just below his heart) in my chest, in my tubes. You know my tubes go... Did you ever see that?

N: I haven't seen them. You told me that you had them. (He raises his tee shirt and exposes two drainage tubes.) Oh, yeah.

F: You know, I mean, I didn't even go to the doctor this week. Well, one of the things, N, is I know how it is to feel eighty. All my friends are dying. Lots of friends are dying. L__ _, P__ _,... They just die! What the hell is this? "Come on! You're not supposed to die. You know, hang in there! Be strong!" It's kind of pulled me down.

N: I can imagine.

F: I want to be strong and I want to do these things. Not big things. As a matter of fact I gotta find out somebody who could work in my back yard.

N: Would you be content with that?
F: Yeah. Yeah. Yeah! Oh, God! I'd love that if I could get a teenage boy here and do some work. I'd give him a sawbuck. I'd give him twenty bucks to cut my grass, do this and do that. Oh, yeah. I'd be content with that. At least it would be getting done.

N: It's the not getting it done that's the bother to you in addition to not being able to do it yourself?

F: It drives me loco. Plus there's a lot of things... I want to put plexiglass in some frames for my storm windows in the basement. Well, I could show a boy how to do it, but can he do it? You know what I mean? I need a person whose able bodied. I'll teach him how, you know. I'd pay him, you know. But he's gonna first want to do it and then...

N: Yeah.

F: I'm tired. That's another thing. I get tired very easily.

N: And that's unusual for you?

F: Yeah. It's unusual. It's peculiar. You could never ever see me sleeping during the day. That's what the night's for. But I get too tired. Yesterday I thought I was gonna stab a big pig in the butt. I was going to go downstairs and wash walls. What happened is I got mad because I was so tired and so crippled with pain that I couldn't do it no more. That's sad. I find that very, very, very sad because that's not F. F is a do hard. Do or die, do or die. Let's get it done. Let's do the whole thing. Let's do it! You know what I mean?

N: So this is a very frustrating experience for you.

F: It very frustrating! It's like I want to pull out my hair it's so frustrating. This isn't me. I had a job that was twelve hours a day, okay? I stayed working for twelve hours, three days a week. It was great. On the other four days that I was off I could do whatever I wanted. Most of the guys that had that job sloughed it off. They'd sit in front of the boob tube and they'd just relax. Not me! No, I can't. I had my own interior design business. I don't know if you know that or not.

N: You mentioned that you would go in and redo houses.
F: Yeah, and that's hard work! That's hard work. You do a roller over you head, you wallpaper and tile. It's a lot of work. It really is, N. It's a lot of work, but I loved it because I saw what I was getting accomplished. I was getting something accomplished. Lay down a new tile floor.

N: You were creating.

F: Yeah.

N: The canvass was the house and you were the painter.

F: Exactly. Now I'm lucky if I could, like I said, wash the walls. Do you know how hard that is to take?

N: I really don't.

F: It's like... Give me your car keys. Now your stuck, aren't you?

N: Mmhm.

F: You have the bus, of course, but that's secondary transportation. Really, you are stuck! You know, if you're not two blocks away from your house, which probably you aren't. It's just very hard. You feel... I'm stranded, N. My back hurts me for number one which never hurt me before. My chest hurts me and God only knows why. And I'm mad. I'm pissed off. That's the jist of it too. I'm very mad.

N: Have you been most of the time, have you been pissed off most of the time?

F: Happy, go lucky, F! Are you kidding? I'll give you ninety numbers and you can call them all and they will say, "Oh, he's a good kid!"

N: Well, I mean since the AIDS?

F: Oh, God! I'm very mad. Very, very mad and upset. It's like a lot of my social workers. They say, "It's okay to be that way. It's okay if you're mad." But, it's not a nice way to be. I don't like being mad.

N: Mmhm.

F: You know, it takes alot of energy to be mad.
N: Boy, you've experienced that, for sure.

F: No, it's true! I don't want to be mad.

N: Yeah, I know. I can tell though that when you say it takes a lot of energy, I know that you've been mad and that you're not accustomed to it either.

F: I'm not accustomed to it. I like to be loved and I like to love. I don't get the gist of all this living and dying stuff. That's another thing. I thought I did, but I don't. I really don't.

N: Hm.

F: See K__ was very close to me.

N: The K__ that just died Saturday?

F: Yeah. He was very close to me and he's gone. And I don't understand. I went to go see him in the hospital and my friend said, "Well, don't go see him again because he's this and that." How thankful to God I went to go see him when I did. Do it and get it done. Do you understand what I mean? If you have a premonition, or you have a feeling to do something, please do it. Tomorrow may be too late!

N: Yeah. You don't have tomorrow anymore, do you?

F: No, I don't have no tomorrows. I have goals that are very small. I usually, normally, never get to complete my goals. Somebody else has to complete my goals. I start them and they finish them and that's not me either. You know what I mean?

N: Mmhm.

F: You mentioned about being satisfied with people working in the yard or this and that. Well, yes, but no. I would be very satisfied with somebody working in the yard, but I don't know if I would be really. See I come from a very funny family, N. It's not a funny family. I guess it's a normal family. I don't know, but they all work. We weren't born with telephones in our hands and we just don't make phone calls to have other people do things. We did it ourselves. That's the way we were raised. You know, my dad could fix anything that was broken. Build anything that wasn't built.

N: You were productive. You were taught to be productive.
F: Very. Yes, exactly.

N: Did that come from both your mom and dad?

F: Yes. My mother used to can hundreds of tomatoes. You know, quart jars. Jam, jelly. You name it, my ma would do it. Cook, she'd cook up a storm. Fried chicken, by the barrel and I ain't kiddin' ya! But, of course, that comes from a large family.

N: How many?
F: I've got one sister and six brothers.

N: Eight all together?
F: Yeah. That's the way we were.

N: What did your dad do?
F: He was a janitor. Not his whole life. He started out in 1955 as being a janitor and that's what he stayed. Before that he used to drive a truck across country hauling batteries.

N: Oh, my. Those were days, too, when trucking was hard. The trucks, the way they rode and things. Even now it can be kind of rough on the body, but I guess then it was pretty bad. Well, that's interesting. This was all in M_ _ _?
F: No, back in 1940, my dad and ma took half the crew and went up to X_ _ _. This is a more exciting story than my life story, let me tell you. My dad was always gone on these trips and my ma had to be with these four boys in X_ _ _ on a farm and it was rough for my ma. She lost her eye chopping wood. Alone, again, you know? I mean... And my father was an alcoholic. So that was something to deal with. It was just hard. Hard for her. Her one son, J_ _ _ got polio, but she pulled him through it...faith, the Lord, Jesus. It hurt. I don't know how she did it because those were war times, right? She siphoned gas out of cars to make it to see my brother. That was the next town over and she didn't have enough money to get gas so she had to steal gas to do it. But she did it! She really did it!

Then, guess what? My brother drowns in 1964. I saw him drown. I was there. My sister was there. She had to bury him and you know, I don't know... It's the worst thing in the world to lose a son or a daughter--a
child. That's how come I am very thankful that my mother is gone because she don't have to cry about me. Because I will go soon enough. See, when I went back to see my ma, I was a little upset, but not really.

N: You mean right at the end there when she was dying?

F: Right. I took her by the hand, she was pretty much out of it from straight morphine, and said, "Ma, go! Go through those gates. I'm coming, I'll be with you. I don't know when, but I know I'm going. So go ahead of me and just let loose." She died two hours later (he whispers very softly). Just like that. She died two hours later just like I told her, "I'll be with you, Ma." These other bozos, my brothers, you know, they're about as spiritual as a tomato in a garden. You know what I mean? They have no idea what death and dying is about. I'm not saying I do because I don't know what it is about. I have a pretty good idea.

N: Do you think you have a good idea about it?

F: Yeah, and it's great. It's great. All your problems, the weeds, the flowers, the trees. I really do believe that it's beautiful. I really do believe it's beautiful, and I'll be sad, very sad, if it isn't. I will be very sad if it isn't.

N: That's an understatement! I think I will too, but it was so sweet the way you said that. "I'll be sad if it isn't." When you say that, I would be too because I think it will be also a wonderful beauty.

F: You see, my ma had a heart attack when my brother drowned. (He gets up from bed and walks to the dresser to get a picture of his mother and hands it to me.)

N: This was in '64? How old was he then?

F: He was twenty-one. Such a healthy lad. Such a nice boy. He looked just like me.

N: Where was he in birth order?

F: Me, sister, J _ _ _ _, so he was down the line, but he was a strong boy. He went to sea scouts and the whole thing. The trouble was it wasn't stupidity for drowning. It was an undertow that sucked him in, you see. The water was warm on top and cold on the bottom.

N: In an undertow you can be a good swimmer and if one gets
F: That was the problem, see, and that was about a fifty foot quarry. No, it was more than that! It was a quarry where big trucks go in and everything. You know, they hit a water main, so...

N: Did you say you saw him drown?

F: Oh... (he sighs). Yeah, I saw him. I was trying to get to him but I couldn't. I was nine years old.

N: Oh, F.

F: My sister went totally, off-the-wall bizzerk.

N: She saw it too?

F: Yeah.

N: You were swimming together?

F: We weren't swimming, you see. He had a motor boat and it got stuck on some moss in the water and the boat lost the little propeller. He said the little propeller came off so what he wanted to do was get the boat in and he knew better not to go in that water.

N: Now, how old was he?

F: He was twenty-one when this happened.

N: And you were nine.

F: I was nine.

N: So there was quite and age difference between you.

F: But, you know, he was one of the greatest brothers to have because for number one he liked to tinker and he was slow. At the time of being nine, I didn't realized it, but today I do. He was just kind of slow for a twenty-one-year-old. You're not supposed to play with toys maybe, I guess. I don't know. But he was slow. And he always hung around me. See I have another brother that's, let's see, how old is he? Well, I don't know how old he is but he's the next oldest brother, and he doesn't show me any attention at all. So there was only my brother and he was good to us. See the reason my brother, my sister, and myself were at that pond is he used to always take us. He used to let the boat go
across the lake and on the other side I'd turn it around and face it towards him and that's what it would do.

N: So he got out thinking he could get the propeller?

F: Yeah, and see this boat was bought by my aunt and my mother was never one to go in for a boat cause she didn't like water so she didn't like boats. That's the way it goes. I don't know. I guess sometimes I got all the answers and sometimes I don't, you know, about death and dying and things like that. Do you think there's hell?

N: My belief is that... I don't think hell is a place. I think that we make our hell.

F: Here on earth, in our mind? Where?

N: Well, through our mind here on earth and even after we die I wonder if the potential isn't there to have that experience be beautiful if you want it to be.

F: The reason I ask is I think my father's there.

N: In hell?

F: Oh, he was such a bad man here on earth. He use to beat up my ma, but then on the other hand there was good points.

N: And she looks like she was just full of life.

F: Oh, yes she does. Mama! Mama, Mama, Mama. You could hide underneath her skirt. She had a big belly from all those babies and she never exercised to get rid of it.

N: (Looking at the photo) She just looks like she is just...

F: Doesn't she, though? Doesn't she, really? That's my mama and oh, how I loved her. Oh, God, I would give all the money that I could get together and do whatever I could do just to hold my ma one more time. I held her hand and stuff.

N: How old was she when she died, F?

F: Seventy-two. She raised all of us real smart. You know? She raised all of us real smart. Today with AIDS, you know she knew.

N: She did know?
F: Yeah.

N: Did she know all along?

F: She knew without me telling her. But then my mother was psychic so... She said to me, "What's wrong, son? Are you sick?" "No, I'm not sick," I replied. "There's something wrong here," she would say. She said, "You're sick." And this was way, way long before I got really sick, cause you know they don't consider AIDS AIDS unless you get pneumocystis or have lung disease.

N: Yeah.

F: I was trying to hide it from my mother so she didn't have to bear that stone again, you know, of something wrong with her family and it was impossible. She knew I was sick and that was it. I'd say, "Ma, why do you keep saying I'm sick when I'm not sick?"

N: You were not feeling well at the time, is that right, or you were and she...

F: Yeah, I was feeling fine, I had a little bit of fungus in my mouth but that's no big deal. You know, I didn't have circles underneath my eyes or any way that you could really tell that I was sick, but she knew I was sick. And she'd say, "F, what is wrong with you, there's something wrong with you." "No, Ma, there's nothing wrong with me." Well, finally at Christmas time I had to tell her because that's when I got the pneumocystis and my lungs collapsed and that.

N: Was that a year ago this Christmas or was that this Christmas?

F: This was this Christmas.

N: Up until then she didn't know, or she suspected. She knew at a gut level.

F: Yeah. And so I said, "Ma, guess what?" She says, "What's wrong?" I says, "I got AIDS." "Oh!" she cried. I said, "Ma, it ain't that bad. Yeah, surc, I'm gonna die, but we're all gonna die some time. Some of us sooner and some of us not so soon." I said, "I'm a good Catholic, I'll go to heaven, so in a sense I got nothin to worry about."

N: It makes sense to me.
F: Yeah, but it's hard to admit to the fact that you are going to die, that this life that we are accustomed to on earth is going to be over soon. Now, a lot of people can't handle that too well. They really can't.

N: How is that apparent to you, that they can't handle that well?

F: Well, for instance, I have a girlfriend named S_. She is a volunteer and she doesn't want to come to grips that one day I will be dead. She can't handle that. I says, "But S_, you must. That's reality." I guess it's because we're close friends, you know what I mean?

N: Mmmhm.

F: It's hard for her to grasp it. You know, we're having fun and the whole thing, but it won't last forever. This is supposed to feel...

N: Is she helping you, or do you think that by your presence, you're helping her?

F: That's what she says. She says, "You know, I will never learn this much anywhere like I'm learning from you."

N: This is right.

F: I said, "Oh, yeah?" You know what I mean, "Oh, yeah?" But I guess she's right cause, like you know some times I sit here laying in my bedroom, just like I'm doing now and I think a lot. I really do. I think a lot.

N: More than you used to or are you just more aware of it?

F: Oh, God, yes because my hands were busy. Now my hands are idle and I have nothing to do but think.

N: Mmmhm.

F: Yeah, a lot more now that my hands aren't busy. I've got nothing to do. You know it drives me nuts, it does, but what can I do, N? So, I think about all different things. Basically, I think a lot about Ma.

N: Now that she's died?

F: Gone, yeah. Now that she's gone and I think a lot about her. About her pain, suffering, the way she raised us kids, good times, bad times.
N: Like kind of a life review in your head?

F: Yeah. I just thank God. I wasn't there for thirty years, I mean I was there for thirty years of my life. I would have loved to have been one of the older brothers that spent more time with Ma. Like getting the quart bottles of beer in a canvass bag for her cause she used to drink. Then she quit just for the sake of quitting. She quit. And my ma and I had disputes where she would want me to get her beer and I wouldn't get it. I refused to get it. Not only that, I was too young. Then she would go and get in the car, she never drove, and she'd go in the liquor store and get beer. Quart bottles. That was cute. Quart bottles of beer. Oh, lordy, lordy, lordy... But then it got to the point where ma used to argue, and I think it had a lot to do with alcohol. My ma and I use to argue. Then all of a sudden, she quit.

N: Just one day.

F: And that's the way my ma was with smoking cigarettes. She just quit. Enough was enough, I guess, for her. She just quit. Never any need for AA at our house. She just quit, so...

N: Would you, as you've looked back in doing some of this life review since your mom died, do anything differently?

F: Nope. No. I mean it was rough when my brother drowned. It was, cause my ma went through a change of life I guess you would say where she actually had a nervous breakdown is what she had.

N: How old was she when this happened?

F: Oh, let's see. She had me when she was thirty-nine, so tack on nine years.

N: Forty-eight. That is a time for a woman to be in the change anyway.

F: It was just so hard for my mother to get grips of losing my brother. You know, she didn't care about us. She didn't have no kids. She only had one and that was my brother, J_ _ _ _.

N: You mean at the time...

F: When he drowned, he was the only son that my mother ever
gave birth to. All of her other kids she could care less about. They didn't matter. But then, you know, that happens, I guess, when a mother loses a son or a daughter. That's the only child that they care about then. And my ma made a picture and it said, "God bless..." You know, I should get that from A_ _ __. A_ _ _ _ wants me to write up a note and state the things I want and I want that picture.

N: What does it say?

F: "God bless J_ _ _ _." And it's got a picture of Jesus and Mary and it's got some religious items in it also. I remember when ma made it. I remember when ma made it. I remember... Well, anyways, that's what she used to do. She used to make a lot of these things.

N: So you were all her natural children...

F: Oh, yeah!

N: ...but it's as if he (the brother who drowned) was the only one.

F: Right, right. He was the only one.

N: Was he the only one ever to have any serious illness like he did with the polio?

F: Yeah. Yeah, he was the only one. I mean, kids get measles and mumps and that. That's not serious. Polio's serious. And to go about it the way she did, visiting and this and that. Even the nuns at the hospital asked my ma, "This is your only child, right?" Because she was there all the time! She was always, you know what I mean? And it was. It was just that she put in a lot of time, by hook or by crook, she'd do it and cook on the tops for those kids. It wasn't like here that the wife or the mother just goes to Wendy's and gets a couple of hamburgers.

N: Or have somebody come in and cook.

F: There was no way to do that.

N: Well, and probably no money either.

F: No, God! Exactly, no money cause that was a big tadoo. But you know, I always loved my ma. I loved my sister. See, when this happened to my mother, my sister took over the job of being mother at being the age of
sixteen. We used to play games. My sister played some neat games with me. Like, close your eyes and hold my hand and we're gonna walk down the street and you tell me where we're at. We used to play store. We used to go downstairs and cut up a carrot and cut up celery. We made noodles. We used to play grocery store and we made a scale on rubber bands and a piece of cardboard. Four corners of a cardboard and that rubber band would be attached to a string and it would be stuck in the ceiling and that's how you weighed you produce.

N: Creative!

F: My ma showed us that game. She showed us how then she'd go upstairs and cry.

N: Your brother's death was a real loss for her.

F: (Great sigh) A very traumatic, gigantic loss for her.

N: Did she ever get over it or did she always grieve his loss.

F: She never forgot him, let's put it that way. Because that was my brother, J___ _. And we, all of us, I don't know so much my sister, but I know for myself I never forgot J___ _. I always remembered him in my prayers and whatever. That was my brother J___ _. And he was a good boy, that's the hard part about losing somebody. If he was a bad boy that would be another story. You wouldn't mind losing him, but if he's a good boy, boy, that's hard to lose.

N: It's a real loss.

F: Yeah. Do you know, he had so many cars at his funeral. And it was basically grown up people... Back then in '64 when you're twenty-one, you're still a kid. But, you know, today that's a different story but back then it's 1964 and he was still a kid. He had more friends. Adult friends than you could imagine from cutting grass. He used to cut grass for a lot of people. He used to shovel snow. He was just very gentle. Just very gentle. He was a gentle kind of kid. And all my nieces and nephews just loved him. They used to just attack him if he was there. Climb on him. Jump on him. They had fun with him. They really did.

And I don't know where we're going though. I mean, I guess... I've been surrounded with death quite a bit so I guess I know what it's like. You know? There's all
my ma's aunts, or her sisters.

N: She came from a large family?
F: Yeah, she had eleven. She buried them all.
N: Really?
F: Oh, yeah. She was the only one left. The only one left.

N: Was she the youngest, one of the younger ones? (He shakes his head no) No, oh my!
F: You know, it makes me laugh because my ma always said she's dying, dying, dying, dying. I said, "Bullshit. If it wasn't for us kids you wouldn't have nothing to live for. That's why you're here because of all of us." You know what, N? That was the truth. I really think I kind of done in my ma when I told her I was kaput.

N: That was a turning point, you think, for her.
F: Yeah. I wish I didn't have to tell her, but how do you think she'd feel if I died and she wasn't there?
N: Yes.
F: But my ma was smart. Like I said, she knew I was dying. She knew there was something wrong, but she couldn't put her thumb on it. She knew my brother was gonna go, but she didn't know it was my brother that was gonna go. But she knew that somebody was going to drown that was in her close-knit friends because my ma was a card reader. She told all the boys that were there that somebody was going to die. Somebody was going to drown, but she couldn't say it was her son. Because that not how the cards works.

N: Were they tarot cards?
F: No, real cards. Just playing cards. Yeah, my ma was smart. She was a smart woman and that was just a normal deck of cards and she'd tell all about you. We buried her with them because that was a good part of my ma's life. She made a lot of money and ... She made a lot of money and she helped a lot of people because she used to preach a lot about St. Jude and St. Jude is patron saint of loss. Like a lost soul type of thing. And she just used to believe in St. Jude a lot. If you want anything, pray to St. Jude and he'll get it for you if
any saint will get it. It's just how my ma felt and that's what she preached to people that came to her with problems. You know, I mean you can make a real killing on this type of behavior of people if you want to. But my ma didn't really want to. She wanted the person to be happy. You know?

N: She wanted to help them.

F: She wanted to really help them.

N: Was she raised a Roman Catholic?

F: Oh, yeah. The whole D____ crew was Catholic. That was my ma's maiden name. It's Polish. Of course, there's Irish mixed in there, there's German mixed in there, but it's basically Polish.

N: Where had she learned to read the cards? Someone in the family taught her do you think?

F: No. It was a friend. Now we're going back, okay? Let's see, my ma was born in 1915, so maybe... You know, she had friend that had taught her how to read cards, I think. She used to do it just for fun. Just like young, teenage girls would do. That's how she learned in M_____. Because most of her life she lived in M_____. Oh, N. It's very hard for you to picture, I'm sure, but as a kid she used to have to go in the dumps and pick food and stuff like that to eat.

N: Times were bad.

F: Yeah, but she made it. My ma had a spirit about her that she wouldn't leave it go. A good spirit, a happy spirit. Yet on the other hand she had a sad spirit, but... When times were rough, times were rough! She had a cousin that lived in the village of V______. that's where I come from—and died. P____ was young. I used to call her Auntie P____. She was my cousin but she was so much older that I couldn't call her just P____. That was Auntie P____. Well, anyway, she died in the village. I remember that death because it was Easter time that she died.

N: Was this in M____ or near M____?

F: Well, yeah, it's a village, the village of V____. I mean, if you'd spit, you'd hit M____.

N: So it's kind of like an outlying suburb.
F: Yeah. I remember when my Aunt P__ died. All the deaths that I've had to deal with. Really, N. You know, I talk to people today about death and dying and I don't know if they understand how easy it is for me to take it.

N: Because of all the deaths that you've seen?

F: Yeah. Uncles, aunts, a brother. You know what I mean?

N: Do you think this has helped prepare you? Do you think that's why this has been part of your life?

F: Yeah, yeah. Do you know alot of people my age have never seen somebody in a casket?

N: Really? How old are you?

F: Thirty-two. How could you go through life that long without...

N: ...experiencing that? I guess I didn't know there were that many.

F: N, what I want is I want the traditional burial. Traditional. I want to be in the casket. I want an open casket and I want you to walk me to that grave site. See, in M__ they don't do that. In M__ they don't do that. They leave the body in the chapel and when the people go they put the body in the grave. I don't want that. I want a traditional burial and put the rose petals on my casket. I don't know if they do that. Do they do that, N?

N: Sure, they'll do that and go to the cemetary.

F: Okay! For instance, talk about death and dying. My buddy was murdered. They killed him, honest. They murdered him. They cut his throat.

N: God, was this in M__?

F: A suburb. See, my buddy... They did it for money. They caught him off guard like five o'clock in the morning. He knew the people. Black kids. He let them in and said, "Hey, you want to sleep on the floor or something like that," because they were run aways. So anyway, he let the kids in but they clobbered him with a mean dog and slit his throat. I guess one of them must have watched him one day and they saw where he kept his money because it was underneath his speaker in his
living room. I didn't know about this until he was dead but that's another friend that was murdered. It was strange because I knew he was murdered. I knew he was murdered! Something was wrong. Casey wasn't the type of friend to leave you hangin'. And that Monday, he left me hangin'.

N: You really had a bad feeling about that?

F: Yeah! I called up my ma and I says, "Ma, look in the cards. Tell me what happened." And she did and she said, "There's something wrong with C_ _ _ _." I had C_ _ _ _ out to the house one time to watch TV or whatever it was. Now remember, C_ _ _ _ is sixty-three and I'm thirty. C_ _ _ _ was a neat man. He was an artist. He travelled to Europe all over. He had neat stories. Well anyways, I was upset. I didn't know what to do. I didn't have a car then so I had to wait until my buddy, D_ _ _ _ came home and then we'd go over there. Well, when we went over there, there was black kids trying to get in the front door. Well, I recognized them, okay? But they didn't recognize me. So that's good. Well, we call the cops and, of course, the police won't break into the apartment unless it's twenty-four hours that they haven't seen him and blah, blah, blah. I said, "How can we get in there, can we have the janitor..." He (the policeman) says, "Oh, yeah, you can have the janitor open up the door." I said, "All right." So we have to go into C_ _ _ _ to get the janitor. Well, we got the janitor. The janitor wanted to do one more round on bowling. We turn around and come back to the apartment and those nigger kids, not only do they have the door open, they're moving out all C_ _ _ _'s stuff.

N: Oh, gee.

F: So, of course, we call the police and I'm standing outside in a sheltered area while this is happening underneath the stairs while they're moving all C_ _ _ _'s stereo equipment out. Well, yes, finally the police arrived and those kids took off running before the police arrived because they realized they were in trouble.

N: Where's the body all this time?

F: In the closet.

N: Oh, my. Then did you find him?
The cops went up there first and then I didn't look. I didn't see him. I didn't want to, I guess, and the police didn't want me to either. I think it was best for all of us cause it was too grim to look at. But see that's another part of death and dying. You kind of understand, I'm really used to it!

The grim aspect of it?

Yeah, I'm used to the tragedy, the sadness. Much more than a lot of people are because I've been with it all the time. It still hurts.

What about this daily thing... It seems to me one of the things that's become most prominent to me, in being involved in issues surrounding AIDS, is that people do take for granted that they have tomorrow. Life is lived either for something that's going to happen. Here, tomorrow's appointments, or thinking, about what they did. The now really has taken on much more meaning for me living in the now and my experience in getting to know people with AIDS and people with ARC is that the "now" becomes more important and that's really all we ever have. Ever.

From the beginning. But, you see, we take it for granted. You know, you can't do that, N. I don't know if I was raised this way or what, but I was always... No, I was raised that way. Do it now, don't wait until tomorrow because tomorrow may not come. That's my philosophy.

That's why you were so productive. That's how you've always been.

Yeah, do it today, don't wait til tomorrow. Don't sit on your can. You know, we could never sit on our can but that's beside the point. Get it done with, get it over with. Let's do it.

Now you're having to learn to let it go or to delegate?

I would like to delegate. Really, I would. If I could get a college student that either wants to make twenty bucks or something on a Saturday because... See Len (F's lover) is really too busy and tired.

Sure. Is he a person who likes yard work?

Yeah, but he can't do it. I mean, we know he can't do it.
N: Because of his time constraints?

F: That and he's too tired. He gets way, way, way, much too tired for that work today or tomorrow. You know what I mean?

N: Mmmh.

F: It's just hard for him.

N: How long have you and Len been together?

F: Six years. So... We've done a lot together. We've travelled, not a lot but enough to whet my appetite; but then again, I'm not a traveller. I'm just not. I don't like to travel. The best place for me is at home. We've gone to Rio, Brazil. We've gone to Puerto Vallarta, Mexico. We've gone to Toronto, Canada. That's fine. I could lay down and die and say I've went where I wanted to go. You know what I mean?

N: Yeah. These were all pleasure trips that you took?

F: Yeah. See that's another thing that people don't understand about me--that I've got everything in the world that I want. There is not one thing that I don't have that would make me want more.

N: You're content with what you have?

F: Yeah! I'm totally content.

N: Boy, that's neat!

F: It's very neat! You know, how I feel? I feel great! Just to relax, that's all. Yet, I don't want to relax because I've got a lot of things to do. It's always eating at me. I've got things to do, I've got things to do. I think that keeps me alive.

N: Mmmh. Living. I was going to say, "What is living and what is dying--if there's a difference at all?" I was thinking about that earlier today.

F: Is there a difference between living and dying? I don't know. Well, wait, you know, there's gotta be. Sure there is. Here you are living. You wake up, you brush your teeth, you comb your hair, what have you. When you're dying that doesn't happen anymore. You know what I mean? You're at a different spiritual level of life. You know what I mean? There's no such thing as body
odor or that in that spiritual level. You know, you're different.

N: After you've died?

F: Sure it's different. In living, things need to be done.

N: You still want to do a lot of things like...

F: The back yard. Oh, did I tell you about the basement? Maybe I didn't.

N: I don't think so.

F: See, I'm having friends come in from M_ _ _ on the fifteenth and I wanted to fix up the basement so it would be clean, set it up. I have a sofa bed down there and that's gotta be all fixed up for them. I can't do it. I cannot physically go down there and wash the walls and clean everything (on the verge of tears). I cannot do it. I tried, N, and all I did was throw the rag cause I can't do it. Now, that's sad. It's real sad because I used to be real strong. I used to be. That's sad because now it's like something took all my muscles away.

N: What have you been telling yourself to be able to accept that somehow, or haven't you yet?

F: I haven't been able to accept it yet.

N: This was yesterday, right?

F: Just this week. It's finally dawned on me that I can't be the person I was before.

N: You've noticed then that you've physically deteriorated. You're at a place right now where you can experience that.

F: Yeah. You know? My friend says to me, "You know, it's later than you think." The virus is getting stronger in my body even though I am on AZT, it's no miracle drug. It's a prolong drug.

N: So when you friends come this weekend, the fifteenth is this weekend, isn't it?

F: Yeah. I wanted the basement all ready for them so they could stay down there because see he smokes and I used to but I don't anymore. You don't smoke, do you, cause
I'd bum a cigarette.

N: I do. I bum one if somebody has one. Once in a while I'll bum one, too.

F: God have mercy should I do that because that's the worst, not physically but mentally. It's bad for me with Len because Len doesn't want me to smoke so one thing leads to another. It's not worth it.

N: You don't feel like one cigarette is going to hurt you.

F: No, I'd smoke a whole pack if I had them. Man, I love smoking. (We laugh.) I do! What can I say?

N: You're just so cute.

F: I love to smoke.

N: When did you quit?

F: Sunday.

N: Oh, just recently!

F: Again, again. No, again.

N: I can identify with that.

F: See, when my ma passed away I started smoking again after so long with these lungs I was off the cigarettes. I thought, "This ain't too bad." Then, of course, with them doing this to me... See, I had hoses off this side. There's the scars. (He points to his left side.) You know, I had no choice but to stop.

N: Yeah.

F: It's like a walking, whatever you want to call it because I had hoses in my chest all over the place. That was miserable! When I was sick... Oh!

N: With pneumocystis?

F: Yeah, but not only that as I had the thing with the lungs collapsing and they didn't know how they were going to keep them up. They wouldn't stay up. They really didn't know how they were going to save my life. They honestly, N, thought... They read my last rites and the whole shot.
N: Oh, really? This was around Christmas time?
F: October, was it? November or October. Then I had another bout, another thing with pneumocystis in November, I think it was. I don't know.

N: They say that's really tough, the pneumocystis. How many times have you had it then?
F: Twice. I came out and had to go back in again. J_ _ _ stepped out easy. He really did.

N: That's what I heard.
F: That was good for him.

N: He'd been singing and somebody was there playing the guitar.
F: Yeah, he just stepped out real nice and quite like. He went into a coma for a couple days and that was it. It was all over with.

N: If it's the same person I'm thinking it is, I didn't realize he was that ill. Was he a slight man?
F: Yeah, that's him, older.

N: Short hair. (At this point F asks me to turn off the recorder while he goes to the bathroom. From the bathroom he says, "This is really sad, N.")

F: There are alot of things I want to cover.
N: I want to take as much time as we have to with this.

F: There's another subject that we didn't bounce upon. My relationship. How's that surviving? (He pauses)
N: With Len?
F: You know? Because we're both kind of sick, but then again, Len is much better off than I am. He's stronger and he doesn't have that much to worry about. Where I'm the lesser of the two.

N: Has he tested positive for the HIV?
F: He's got AIDS.
N: He does have?
F: Yes, he had pneumocystis at Christmas time. I came out of the hospital and he went in.

N: I didn't realize that he had AIDS, too.

F: Yeah. This poor household is in a lot of trouble. Well, anyway. What has happened to our relationship? You know what I mean? Uh, he used to be loving. He used to kiss me. He was just different; and now since I'm sick, that's all changed. It's all changed now and it's kind of sad to see because you could hold me. You could give me a peck on the head and that's sufficient for me in my relationship now. It really, honestly is. Because something happened to me when I found out I had AIDS and I got it through sex. She don't stand at attention anymore if you know what I'm saying. Nothing could arouse me now. I'm sure it's a lot of mental. You know, what I mean? It's probably all mental, but that's the way it worked on me.

N: So, do you have an interest sometime that's frustrating that...

F: None.

N: It's like your celibate?

F: Right. Oh, I am! Yeah. If that's what celibate is. I still want the kiss and the attention and the hug.

N: The closeness.

F: Yeah, but... And that would hurt us. That would hurt Len or me if we had sex. I guess masturbation would be okay, but I don't know, why bother.

N: You're not even interested, it's not...

F: No! I'm just not interested in it anymore. Um... Len can't understand.

N: Cause he still is.

F: Yeah. He's, you know, the guns are loaded, you know. But I'm not interested. I don't want to have nothing to do with it. I don't know.

N: Do you think he's not being close to you in other ways physically because you're not interested in the sex or do you think that that would happen anyway.
F: I thought of that. I thought of that this week and I said, "Do you still love me? You know, what's happening here?" He goes, "Yeah, I love ya." And I says, "Well, why do you treat me the way you do?" Because he has a habit of forgetting I'm alive. You know. It's weird. You know what I'm saying? It's just like I don't understand him as well as I should. I guess he is a male but I don't know, it's just weird. I just didn't understand it quite—the way he's treating me. But see, now his mother has raised him that way.

N: Raised him what way?

F: To be cold. To be cruel.

N: Detached?

F: Yeah, detached. See, I was raised just to opposite.

N: But you two were attracted to one another.

F: Yeah. When the say opposites attract, they really do mean it because that's the way it goes. I felt a little... You know, you get to know the ins and the outs and that and I guess like Len said he never got a birthday present or if there was a birthday present it was, "Here's five dollars, buy yourself a shirt." Something like that. Well, Jesus, man! I can remember my ma, and we had movies of birthday parties and stuff like that because my sister was born on the twelfth and I'm born on the thirteenth of June and... I just remember everything. (Suddenly F calls out to someone he hears downstairs, "G__G__? G__G__?"") He's out there, he just...

N: He's your renter?

F: Well, he's a buddy. Do you know what a buddy is?

N: Sure. (A buddy is a person who's committed to helping a person with AIDS until their death.) Is he also a renter though?

F: Yeah. It's very nice to have.

N: Oh, yeah!

F: Cause it's somebody to talk to, someone I can kind of depend on.

N: Aren't you glad you've got somewhere in you house for
him to be? That's ideal.

F: He likes it too. He really does.

N: Did you know him before?

F: Just because he used to take me to the doctor. He used to drive me to the doctor. That's what his job was, you know. He'd sit with me the whole time and that's about it. Well, we heard through friends that he needed someplace to go, he needed a different apartment. I said, "God, I got that room up there. If we could fix it up, then he could go... Better, yet, don't say nothing. Give it some time. I'll fix it up up there and then well say, 'How about it, do you want to rent it or not?'" This was a good three months that I took to do that. In the meantime another fella wanted the upstairs but I said, "Too bad, 'G__G__' did it already. He rented it." Once you don't have nobody then you got too many.

N: So your relationship with Len is kind of a disappointment to you right now? Cause I know there's some things about it that have been very...

F: Special to me.

N: Yes. Like with his becoming a Roman Catholic and going into the church.

F: Isn't that weird? I find it very weird.

N: Do you think it's some kind of a balance that that's the way...

F: I don't know what it is to him, but there's a reason that he did it and he told somebody that because I'm Catholic, he wanted to be Catholic so we'd both reach heaven at the same time. I said, "Len, that's not how religion goes." I didn't think I had to tell him that. He thought because he was a Lutheran he was lesser than I. It doesn't go that way! Sorry, N. I mean, if your Episcopalian, it don't make you still worse than me...

N: Or no different. It's not really different. The religion makes it different.

F: God is God. If you believe there's a God, that's all that's important. How you practice. In the end, it doesn't matter. I don't know how else I can say it.
N: Yes. I do believe that. To Len somehow, maybe that's his way of making some kind of a statment to you that he couldn't make otherwise.

F: I don't know. He told a friend, maybe it was Sr. S_ _ _, that we'd go to heaven together. You know, not die at the same time, but we'd reach the same plateau. No big deal. You know what we have to go through? Going to buy caskets, the funeral home, the grave site, the whole thing. I want to make sure all these if, ands, and buts are taken care of. I'm going to be buried in town, N. So, if you want to put a rose on me, I'll be out there.

N: Are you going to be?

F: Yeah, right here. I want to see if I can get into this place that's on __th Street, I think. Not __th, it's closer to...

N: By Y_ _ _ Hospital?

F: No. It's out here. You know where I_ _ _ Street is? There's a small cemetery that's there.

N: I can't think of the name of it, but I know right where it's at. My sister lives right by there.

F: Yeah. That's where I want to be buried. Now if I can't be buried there, I don't know what I'm going to do. I guess go out by Y_ _ _ Hospital.

N: Boy... (I can't find any words)

F: What? Oh, you didn't think of it?

N: Well, I think it's wonderful that people are planning their own funerals and things.

F: I don't think it's so hot! (We both laugh) I really don't, but I have to do this so Len doesn't have to.

N: That's just it and the thing is, it also then becomes yours, it becomes more... The only time I was at a funeral like that, the wake was for M_ _ __, and it was the first time I'd been to a burial service in which the person for whom the service was being held had a hand in the planning. It meant alot to me because it was obvious to me that M_ _ _ had a hand in the planning of that.

F: S_ _ _ said that he talked alot and they were close, like
L__ _ and I don't talk alot. We're still close, but we
don't talk that much and he told him what he wanted and
the whole shot. What are you gonna do? You know, S__ said,
"What kind of music do you want?" You know, I
never thought of it. I really never thought of it. She
says, "Well, how about harp." You know I thought,
"That's a real good idea!"

N: Harp music is beautiful.

F: Yeah. Something quiet, something soft, something that's
really pretty. I could go for that. Cause I'm not one
on making people sing. I'm just not. But a harp would
be cute. It would be pretty in the background.

N: It would be lovely.

F: That would be sufficient. Of course, she said she's
going to talk and T__ _ said she was gonna. I didn't
ask for that! I really didn't. But how do you tell
somebody that they can't?

N: That would be really hard, F.

F: Exactly. Right.

N: Maybe time will take care of it or maybe just as you
make yours plans...

F: Because I don't want a big tado about this. I mean,
yes, I'm going. I'm gone. You know? Grieve as you may
have it, but I don't want a long thingamajig. You know?

N: Who's your priest?

F: Fr. B__ _._

N: Is he at St. T__ _?

F: No. I won't go to St. T__ _. It's too much facade for
me. People that go there put on aires. That's not my
style. I went to that church and I couldn't understand
that I felt bad. I felt funny. You're supposed to feel
good after you go to church, not funny! (We laugh) I
was below all those people. I never felt that way
before in a church in my life. I used to go to St.
Pete's in M__ _ on my lunch hour at work, you know,
with the bumbs and the derelicts and the whole group.

N: So, where do you go now?
F: I go to the C_ _ _ Church.

N: That's where Fr. B_ _ _ _ _ is?

F: Yeah.

N: I love the church where healing services are held. Last night I went to the healing service and, F, it must have been the time of day and the light outside. Those windows, were more radiant than I've ever seen them. It was like looking at jewels that the light was shinning through. I just stood in there all by myself and just, if it hadn't been so close to the time for the service to start, I would have sat down and really just... It was glorious and I've been in that church many times but I've just never seen the windows like that. And then, you know, they had had A_ _ _ C_ _ _'s funeral yesterday.

F: See, I don't care how much you get accustomed to death, you are never accustomed to it. I didn't know A_ _ _ C_ _ _. I'm sorry I didn't know him cause I understand that he was a good guy. A good friend.

N: They had shipped in, of course you know they have alot of money, 500 lais from Hawaii, and A_ _ _ C_ _ _ came in with a white dinner jacket on and this beautiful greenery laurel wreath around his neck and another man had on a white jacket. The colors the family had on were light and white and the day had really been a glorious day. That was different. You know, usually you see funeral people and they're in dark clothes.

F: Not any more, Hon.

N: It was wonderful.

F: The thing with that is that you're supposed to, like at birth, when you were brought into this world, you're going into the next world. You're not dying.

N: Yes and that seemed obvious yesterday among that family.

F: Did you go?

N: No. They were at the healing service last night. A large number of the family had come to the healing service.

F: They want to know if I'm going to J_ _ _'s memorial service.
N: That's tonight, isn't it? I really want to go.

F: I'm just the opposite, I have every chance in the world to go and I don't want to. You ask me, "Why?" I want to remember him as he was, but see they said that he won't be there. They're not waking him, I guess.

N: They're not going to have the body there? Just a service for him.

F: So I can go to that.

N: The thing is, if you don't want to go, I wouldn't go.

F: I don't know. I still haven't made up my mind. I really haven't. Whether or not I want to put myself through all this again. I don't know.

N: Were you at M__'s wake?

F: No, I was at my mother's.

N: Oh, that's right.

F: That was weird, huh? M__ passes, my ma passes away. I didn't know which end was up. I really didn't. I really didn't know. But, those things do happen and that was part of it. Like I said, I just pray to God that I go the way J__ did. It's very important for me to go that way because that was a peaceful death. J__ had a very peaceful death. If it was quicker than J__, I'd even be happier.

Did you know, not to change the subject, but sort of, that just by digging in the ground or pulling weeds, I can catch... What's that disease? It has to do with... Oh, your back?

N: Osteoporosis?

F: No. Oh, my mind. What is that word?

N: Meningitis?

F: Yes.

N: Meningitis!

F: Yes.
N: From digging in the dirt?
F: Yeah.

N: So you couldn't do the yard work, you wouldn't be wise to, even if you could.
F: Right. I found that out today. Here I am, pulling the weeds off the fence.

N: How's your tuberculosis?
F: It's still there. I'm leaking (he refers to his chest tubes). I don't know if I should have those tubes pulled out or not. What's the use? And you know, my teeth are all rotting I found out. I just got a bill from my dentist. I don't know if I'm going to get them fixed. I don't know if I'm gonna get my teeth fixed. What for?

N: Do they hurt?
F: No. How long do I have on this earth, my love, and why would I want to spend that much time and money in the chair?

N: How much time do you think you have?
F: A year. I'll give a good year. I mean, I don't know. The doctors don't know. Nobody knows.

N: You don't see any sense in putting alot of money into your teeth?
F: Well, no! I mean, do you? It's a lost cause.

N: Yeah, I'd probably have the same attitude.
F: They just don't understand that idea of why I would say something like that but I say that because why would I put that money in my mouth when I'm gonna be in the ground. You know? No one's gonna be looking at pretty teeth in the ground. (He begins taking cotton swabs and cleaning out his chest tubes as we talk.)

N: Yes.
F: They don't understand it. I guess it takes more realizing it. I cancelled my appointment. Yeah, I was supposed to go tomorrow. I just think it's foolish for me. If they hurt, that would be another story.
N: Exactly. If they're not hurting...

F: They're not hurting. They're still there but they don't hurt.

N: Do you have to suction those (referring to his tubes)?

F: No, I got to clean them out with these swabs. It's important. I have to keep them clean. I guess you can catch all kinds of good disease if they would get dirty.

N: I would imagine.

F: What happens, believe it or not, is they get clogged up. It's almost like a scab developing. Then they don't pass any water or air and it hurts my chest.

N: When they're not draining.

F: I didn't mean to do it right now but I'm sitting here and I see that once again, and I did this yesterday. See, they drain out the tubes and for some reason she (referring to the tubes) wants to start building up again. So. Now's the time.

The lady across the street says that she knows a lady who wants me to do work for her.

N: Oh, yes?

F: Now, of course, we all said, "What kind of work can I possibly do for anybody? I'm hardly helping myself!" Anyway, she says this woman just wants advice on what to do to a given room. Then she would pay me fifty dollars for the first visit. I said, "If she's serious and if she really wants to do this, then we should be really serious about finding a decent painter, wallpaperer, you know. If she's serious."

N: That could be exciting, though, couldn't it?

F: Yeah. That's what I really like to do and watch this whole room happen. Create this whole room.

N: You would be able to delegate there. Not do it but see it come to completion.

F: I used to do it myself, N, but that's too much work. You get home and you're ready to collapse.

N: (He hands me a copy of Metropolitan Home) Do you like
F: Yeah. My friends in M_ _ _ bought it for me and that's important. It's a real pretty magazine. It's got alot of ideas. I didn't even crack it this month to even page through it. I take my old issues to the hospital.

N: That's nice. At least they get used.

F: I hope this thing really comes true that she's (the neighbor) talking about because that would be a nice project for me.

N: Yes, it would be. Plus you'd get to be earning a little bit of money and maybe, references help. You do one thing like that and somebody sees it and says, "Oh, who did that? Let me talk to him." That would be really nice, F.

F: It really would be for me to do! I don't know why but it would be... I did a house in M_ _ _ that was in E_ _ (an exclusive suburb) and it was a Georgian. It was just... It wasn't really big but it wasn't really small. It had a small kitchen. Anyway, the way I did it was where if you stood over there by that chair and looked this way, everything was pink. And if you stood over here on this side and looked that way, everything was green. It was so sharp, so neat.

N: It sounds like it was!

F: That was only because of the way the walls were situated. You can't always do that in every room.

N: I like what you do.

F: I chose wallpaper for her hallway and it was pink and green and white that tied it all together. It was really sharp. She never did send me pictures. I should call her up. I put a black and white tile floor in there, I mean, it was just... See that house was alot like this house, even though 0_ _ _ never left, but 0_ _ _ abused her house. She never cleaned it. You know what I mean?

N: How did you start doing that in M_ _ _, just one job led to another?

F: Word of mouth. I am very famous for selling houses. After I'm done with the house, either like 0_ _ _ loved it so much she wouldn't think of selling it, or people
sell their homes. It's just really weird. Yeah. People next door to me, they sold their house after I gave them little hints. You know what amazes me is how dirty people are. God! I just can't believe that they're that dirty, but they are. This one family, I did their house and I did their parents house. It was the same thing, both houses were messy and dirty. They weren't clean. You think, "Well, they dress nice and everything." Then they're just not that way. They go to the cleaners and pick up these clothes! (We laugh) Honestly, N, I don't understand it.

N: I have to close but what I'd like to do is transcribe this tape and then talk again.

F: Sure! Don't feel shy or that you're putting me out because you're not. Nothing is happening in my life as you can see. I don't see nothing happening in my life in the future, so.

N: Well, your experience is important to me and I'm sure as I listen to this, it will prompt me to have some further questions and as you have time, knowing that we'll talk again, you might have some things that come to your mind that you want to talk about.

There's plenty of time... God! Isn't that odd? I started to say, "There's plenty of time."

F: Yep. We're accustomed to that.

N: That assumption.

F: We're accustomed that all—you, I, the dog—will be here forever. That's not true. That part I got down pat. If I could sit down and be still and learn how to relax. That's the hard part.
Appendix D: Second Interview with Subject B

N: How you would describe your life now that AIDS is part of your life? How would you define that?

F: Well, my past life, the one before AIDS, I enjoyed. I extremely enjoyed it. I had fun. I partied. I was a hard worker. Everything in moderation, nothing out of moderation. I enjoyed it. I enjoyed working. Well, with that nasty word, AIDS, I can't work as hard. Is there any playing? Well, I don't play that much now at all because, number one, what do you do, go to a bar? Get sauced? That's no fun. It's just real rough for me to sit still, but yet I have to because I'm not strong enough to do normal work. As far as the future, God bless me that I'm here--period. Just to be alive is a blessing because my birthday is coming up in June and nobody knows what June in going to bring. Nobody knows. You know? You just don't know.

N: You'll be thirty-four in June?

F: Yeah. How that year flew by with being in the hospital.

N: Did it go fast?

F: (He nods yes.)

N: How do you account for that? You haven't been able to be as productive--that was a word that came up quite a bit the last time we talked--and yet the year has gone by so quickly?

F: Well, because a lot of it was done in bed. That's why the year went by so fast. I had bulbs in my garage to plant--gladiolus, daffodils--and they were shot because they were in there for a year because of my disease. I didn't get a chance to unpack totally. I was what we could say, "Messed up." I tried my best, but... It's getting better where I can do things now.

I want to go on a trip to S_____, okay? I have these machines that you put money in, a quarter, and it tells you about your mood. Well, I've got five of them. I've got these machines and I'm putting them out in like a car wash, a restaurant, whatever. I hadn't placed any. Len did the placing. Well, this past Sunday, I placed one. I put it in the car wash. I was elated! Zip-tee-doo-dah-day. Ran home, got a stand for it, went back there, set it all up. Oh, boy. Yes, siree. We're cookin' in business. These machines were from some
business that went bust. It was a scam basically, I think. They said this and that but you can make about maybe $60 a month.

N: What is it a quarter or something and you get...

F: I'll show ya, N, it's downstairs.

N: Is it like a little fortune that you get?

F: No, you don't get nothing. It shows you on a screen. It would probably be better if it gave you something. I don't know how many different combinations of colors you could use, but depending on how you hit the colors, is what the message says. There was a college study on this—how colors affect the mind, how depression is, how you feel today. Of course, every day is different so that message will change everyday.

N: It sounds related to the Leuscher Color Test.

F: Yes, that's it. Exactly. But, I got that done and that was production. I felt good about it. I got something done. Even if it don't pay a plug nickle, you know what I mean? I got something out of it. I guess I got one more and we're going to take that up to S_ _ _. I've got some friends who have a bar up there and we're going put it in the bar up there and then come back. Nobody wanted me to go by myself to S_ _ _ because, "I'm not well enough (he states mockingly)." Put me in a wheel chair. Call it a day. Throw dirt on me. I'm ready to go. Well, I agreed with L_ _ _ that I'm sick enough that I will wait for him on a weekend to go.

N: But that was basically to apease him?

F: Yes. That's all right. Maybe with the medication I'm taking, he's more than right. He says, "I'm afraid of you taking the medication and driving. Your reflexes aren't as fast as they should be." Blah, blah, blah.

N: Your body has deteriorated physically from AIDS...

F: It hasn't. It hasn't deteriorated, N. I've just gotten weaker. Do you know what I mean? There's a difference there. I don't have the stamina.

N: Okay, then as you've become weaker, has something compensated for that, another part of you that compensates for that weakness? Do you feel your spirit
getting stronger perhaps?

F: Oh, yeah! Yeah. My will to live is strong even though I have a killer disease. I figure God wants it that way. He doesn't want me to (he begins to get teary) lay down and die yet. If He wanted me to, He'd do it. He would have took me a long time ago when I was in the hospital. He gave me the faith and the courage and the power.

N: So those things have become stronger as your stamina has become weaker to balance that out.

F: Yeah. You know, I make supper. I'm making meatloaf tonight with pea soup and mashed potatoes. I keep myself very busy. I try to keep myself as busy as possible, N, because this AIDS thing isn't so bad. It's bad. There's a man down the street who's got cancer, Baby. He's in a lot worse shape than you are. It don't have to be AIDS. But see my big thing is, "Prepare yourself."

N: Because there's somebody who's worse off.

F: There's always somebody worse off.

N: So in a sense, you still are productive. You're not as productive as you were at one time, but given your condition...

F: N, I used to wake up at 6:30, go downtown, work my twelve hours, come home, L_ _ _ would have supper on the table for me, eat, go to sleep. Do that for three days and then my four days I would be interior designing peoples homes where I would paint and wallpaper and tile floors and match fabrics and what have you. Not now.

N: What about the consulting job you said your neighbor had mentioned the last time we talked?

F: I don't know. You know, sometimes people talk out of their butts, so I don't know.

N: That would be nice if that would come through.

F: Yeah, but it would be a one shot deal, you know what I mean. If she wants help, I'll give help. I'll tell her what to do. Or what she should do, but depending on how I feel and stuff because every day's different. I can't tell you, N, when I told you yesterday to come over today, I knew I would be throwing up today. Yesterday I
spent all day in bed. What am I suppose to do. Then you have dumb people who say, "You should stay in bed all day." What do you want me to do, paint the fucking next door neighbors living room? What do you expect me to do? That's stupid to tell me to stay in bed!

N: There really isn't much else you can do at that point.

F: It's people like that that really get me aggravated. It's so obvious that I'm sick.

N: It sounds like that insults your intelligence.

F: Yeah. Yeah, N, it insults my intelligence. There's all kinds of people.

N: Something that I'm interested about is when you first became aware of your sexuality.

F: I was married for three years. Unfortunately, I found out I was gay. This part (he points to his head), my brain, did not want to accept it because I love kids. I love children number one, I love the family symbol, the family circle—the whole thing. Well, I tried to commit suicide. So I had a little stay in an institution where they lock the doors behind you. I wasn't there long—I was there a week—and there was a nurse who said, "Most people will come back." I says, "Not me, Honey. Once I walk through these doors, I'm never coming back!" She made a joke, "Was the food that bad?" I never did go back. Okay, well I started partying alot. I had a lover during this period at the hospital. I had him for seven years. He was a funny kind of guy. He was filthy. He was not clean. Bodily he was, but he was just messy. I can't clean up after a man for seven years and say I liked it. He never helped and so I left. I was amazed I left him. Just like a straight life when you're married to a woman, you're amazed at the power you have. So I left this man and got a cute little apartment by myself. Things seemed to be working out except, I got a little bit off the track, you know, with drugs, cocaine. You name it, I did it. I got involved with this guy who was the same way except heavier. Well, all of a sudden, G_ _ _ decided he didn't love me—thank God—and left me. Okay, fine. We cry for a couple days, feel sorry for ourselves for a couple days, but we will get over it. And we did. Well, at this point, I don't want to look at another man. I'll fuck him, I'll play with him, but go on your way cause I ain't setting up house no more! This is my house, you go home when you gotta go home. I had
another guy in between G___, who was a college student and was cute, but that must have lasted for about three months maybe. Anyway, I've had it, I don't want a relationship. The last thing I had to move out of my other apartment was my fish tanks. Lo and behold E__'s going to Texas--that was my first lover for seven years--and he says, "If, you're too young to have that attitude." I said, "No, I'm not." "Oh, go to the bar, have a few drinks, maybe you'll meet somebody," he said. "I don't want to meet anybody," I replied. Well, to my ignorance, I met Len that night. Yet, I was hard to get because I didn't want to get kicked no more. My heart was broken enough! Seven years down the tubes, Babe! He just didn't have what I wanted. I wanted a house. I had a job. I worked hard. E__ didn't want that. He really didn't. He lives with his parents now and his parents bitch about his room being so filthy. That's E__! E__ is a sow.

N: It would have been different if he had been different in that one regard?

F: See the lifestyle I'm living in now? Len and I have problems. I can't deny it. We're together five years now. I've been gay for what? A hundred years it seems. Of course, it's not as "gay" as we would like it to be. It's not as "happy" as the word goes. I don't know where they ever got that name for us--for gay men. I'd rather have homosexual because it's hard for a lot of people. It was hard for me. I had to tell my ma I was gay. Well, actually, my brother, S___, did because he's got loose lips that could sink a fleet--not just one ship! But my sister has adjusted. She loves me. My other brothers? Well, I don't know. Here nor there, scat nor scat. They're just...it's kind of weird. It's weird.

N: When you left your wife, did she know (F's sexuality) at that time?

F: Did we cry! Oh, N! (He gets teary at this point) It was very painful for me because I loved my wife, but I'm not going to love a man and a woman at the same time and hide behind a towel. I'm not that person. My heart cannot be separated like that. My heart...I'm a one man boy. I was a one woman boy. I never had sex with any other woman except my wife...and E___. See, that was driving me nuts. I'm gonna have sex with a man and then go home and have sex with my wife. Oh, no! I'm sorry! Ohhh, no! I'm not that way.
N: Leading that double existence?

F: And I never had to because I met E__ in September and I left my wife in November. That's not the way you live life. You're cheating yourself and you're cheating your wife.

N: How old were you when you got married?

F: Nineteen.

N: So up until that time you went through your childhood and your adolescence thinking you were straight.

F: Right. I had tendencies. I...you know, I would say I was what you would say a meat gazer is. That's where you look at males' penises, but I thought it was just a phase I was going through, but maybe not!

N: Do you think it was the heterosexual socialization that we're so geared into that you had a tendency to...

F: ...sweep it under the rug.

N: But it wasn't going to be swept under the rug for you?

F: No.

N: This leads me to another question. Let's say somebody asked you to be a guest speaker in a college class about homophobia, what would you want to say to that class?

F: (Without any hesitation) Do you go to the bathroom in the morning? Because I do. Do you eat breakfast every morning? I do. Do you comb your hair in the morning? I do. I do nothing different than you do. I don't act any different than anybody else does. I'm not different than you are except I like men instead of women in bed. Now because of AIDS, I don't even like men in bed. I'm working on that because Len is suffering from that. Len is healthy. He has AIDS, but he's sexually healthy. I'm not. I am what they call impotent. The old boy hasn't stood up for a while. For a good year now. I don't miss it. Then my relationship suffers from it. What am I suppose to do? I can't deny where I'm at. But I would tell them that I'm not different than you are and, what can I say? And I am no different than you are, you know? I'm not different. And that disease (AIDS) is showing you that I'm no different than you are because you can get AIDS just as easy as I can and go to bed with women. You could be a stud on the streets of
L_ _ _ and you could get it just that easy. It's just that we're a little bit more promiscuous than should be.

N: Do you think that, in your opinion, has sexual behavior changed among the gay male community because of AIDS?

F: Of course. Of course. It used to be (he gets a big smile on his face) "gay." Now it's not "gay." We've lost too many brothers. They've all died in Frisco. Talk about a ghost town! What are you gonna do? But that's life. Sometimes...that's life, I really mean it. There's not a damn thing we can do about it. There's problems in every walk of life and we have to look at it sensibly, honestly. Right now the whole population is at risk, and for those college kids, tell them to pretend it's raining every day and wear your rubbers. It's too risky. You don't know. You don't know what's down the line. You just don't know what's down the line. God, tell the college kids to screw around all you want, just wear a rubber, for crying out loud. We're not telling you, "No." Cause, you know, you gotta try it before you buy it. Again, marriage to me is very sacred. So, what else can I say? There's just no difference between being gay and straight. I thing gay people are cleaner than straight people are. They're neater. It's part of their makeup.

N: Knowing what you know now about the course of your illness, what would you say to someone who's just been diagnosed to try to prepare them?

F: (He pauses) Be easy on yourself. You didn't do anything wrong. Hang in there. Hang tough. Hang tight. There's gonna be good days and there's gonna be bad days. There's gonna be sad days and there's gonna be happy days, but try to make the most of your life that you have left here. Really, try to make the most of it. Do the best you can under the circumstances. Do the best you can. We're all kind of fighting for air. We're trying to overcome this thing. Maybe they will. Maybe they won't, but let's look at it positively because I have a lot of people that love me that wouldn't want to see me lay down and die and feel sorry for myself. Oh, no. We can't. We can't feel sorry for ourselves, N, because that's just adding more problems than we want.

N: Do you know people who have AIDS or ARC who have taken a negative attitude?

F: Yeah! Yep, yep, yep, yep. There's a guy I know,
D_ _ _. He just buried his lover. Now that's very sad. D_ _ _ says he's ready to go now. I say, "D_ _ _, God is the only one who's gonna make that decision. So why don't you just do the best you can?" To think, "I'm gonna die." We're all gonna die of one thing or another. You could go get in your car and get hit, you know? You don't think about that every day, do you?

N: No, not at all. We assume we have time.

F: You have the time when you wake up in the morning and the clock's going. Now you could wake up every morning and the clock will still be going...

N: ...but whether we're going to wake up tomorrow is what we need to quit assuming.

F: That's right.

N: Do you feel like you live more fully in the now?

F: I live more, I try to be nicer to people. I notice people's responses to me are nicer. Then again, I've always lived with the idea that you can get more bees with honey than you can vinegar.

N: So you're more aware that you get what you give.

F: Mmhm. Cause I know I'm gonna die probably and go to heaven. I'll be up there with all the rest of the D_ _ _ es and the K_ _ _ es. That's my ma's maiden name, S_ _ _.

N: You had mentioned that when your brother drowned, your mother had a heart attack. You were nine years old. What was that like for you?

F: That was very hard. I can still remember my brother holding me. I was crying to get my brother out of the coffin. I wanted him home. "No! Don't bury my brother! He's okay!" It was hard for a nine year old to take.

N: When your mom had this heart attack, was this...

F: She came. She came to the funeral. She was throwing up. She could hardly walk, but she came.

N: Were you afraid you might lose her at that time, too?

F: Yes. Yes. At nine years old I knew my ma was sick and
that she was in trouble.

N: Another thing that had come up before is that you've obviously had to deal with a lot of physical loss of relatives when you were young, and...

F: It's a blessing. It's a blessing. At that point, it hurt because it was a loss. Now I look at everybody who's passed away (he names three aunts and his mother), but I know where they're at. They're having supper in that big table now with Jesus. You know, I mean?

N: Do you feel that this really has given you a better acceptance of what we're all approaching but which is more obvious to you right now?

F: Sure, and I feel sorry for people who don't have faith. You maybe don't remember the person in group with the shaved head, well he didn't want to have blood transfusions because of his religion. Remember him? Well, he didn't have any religion. He just seemed like he was lost. He was like a leaf floating in the ocean and he was just lost. And I'll be honest with you, I wasn't religious all my whole life—raised Catholic, but this poor boy was lost. I have the Holy Spirit and that sustains me to know that there is someplace else where I'm going to go. Do you know why M_ _ _ changed his religion to Catholic?

N: So you'd end up in the same place.

F: Now that's stupid! (We both laugh) Cause God don't care. I'm sorry to say this. It is nice that we both go to the same church and we have the same beliefs.

N: And you can receive the sacraments together now.

F: Yeah. Gee, I got to go to confession. This is the thing that I believe in religion. I always have, though.

N: What about people who haven't had that (religion)? Do you think that there is a searching for a faith life among people with AIDS?

F: Yes. Yes, that searching is a part of all of this. Yes, they're out there struggling. They're out there looking for help. That boy really bothered me. Does he realize God gave us the knowledge of blood transfusions to save lives? There are some guys out there who need blood transfusions to make it through the next week.
Now, I eat right--lately I haven't been--but I eat right. I try as much as possible.

Do you want some cheesecake?

N: That sounds wonderful.
Appendix E: Interview with Subject C

N: I know you least well of any of the people I've interviewed which makes this different for me. I'm interested in your background, for instance your family and things like that. So, the first questions are in regards to where you were raised, where you are in birth order, and that type of thing?

L: Okay. I'm from T_ _ _ _ originally. I'm thirty-two years old, will be thirty-three. I'm the youngest of five children—quite a bit the youngest of five children. The oldest in my family—my sister—is fifty-three or fifty-four years old and next would be my other sister who's fifty-two and my brother's fifty. So—and I'm thirty-two—there was quite an age difference between us.

N: Where's the fifth one?

L: The fifth one--he actually would have been the second child--died in infancy. I guess it was a crib death. My mother really never talked about whether it was a disease but just that he died in his crib. Back then they didn't know what it was. So, I'm the youngest and actually I grew up as an only child because all my sisters and brother had left home by the time I was born. We lived on a farm in T_ _ _ _ . We lived on a farm until I was eighteen years old. The year I started college, my parents sold the farm. My father was older and had a small farm and really wasn't too modern, but he made a good living at it. We sold the farm at the time and they bought a house in a small town in southern T_ _ _ _ , near Y_ _ _ _ . I graduated from _ _ _ _ High School in 1973, and was second out of my graduating class. So I was the Salutatorian and I got to give the welcome (he snickers) at the commencement address. We had sixty people in our class. I guess that was pretty good. From there I went to the University of T_ _ _ _ and got a business degree, business and accounting. Then I finished that and looked for a job around home for a while. Then I eventually ended up in M_ _, O_ _, and that's where I started with X_ _ (a national chain of discount stores).

N: Is that who you work for now?

L: I've been with X_ _ now for, this is my eleventh year.

N: You've been happy and satisfied with your career with them?
L: I guess. You go through—everybody goes through this typical thing of thinking, "Well, maybe I should look for something else." Of course, I went through that. I interviewed with other companies and there wasn't really...(at this point we get distracted by the dogs)...where was I?

N: In careers and talking about your career with X_ _ _ and you'd questioned whether...

L: Oh, okay. So, I really interviewed and did different things, but I've never been able to find anything any better, so... I think it's good, too, to check and make sure so that you know what other companies are offering so you don't go through your life bitter and angered about your job because you don't think they're paying you enough, when, if you checked around, you're probably getting paid more than other people.

N: If you're going to be thirty-three, you must have started with them shortly or right after college.

L: Yes, that fall, right after I graduated from college. I basically stayed around home for the summer and looked for jobs around home and wasn't able to find anything and so then I went to M_ _ _ and started with X_ _ _ right away after I got there.

N: Somehow, you must have been transferred to P_ _ _ (I happened to know from Frank that they met in P_ _ _)?

L: I was transferred to P_ _ _ _. I was in M_ _ _ for about nine months. From there I went to P_ _ _ _. I worked and lived in P_ _ _ _ for about two years and from P_ _ _ I was transferred to Q_ _ _, T_ _ _ _, and I lived there for approximately three years, give or take six months or so. From Q_ _ _, I went back to P_ _ _, and ended up being in P_ _ _ _ for five years.

N: Do you like P_ _ _ _?

L: I like P_ _ _ _ alot. I hated to leave Q_ _ _. It's a very nice town. I have some very good friends up there. It's just a real good, solid community. I really hated to leave there because I'd been there for three years and had developed some really close friends, and so forth. When I moved to P_ _ _ _, of course, I already knew what P_ _ _ _ was like so it wasn't a culture shock for me to go there. I had actually done work in P_ _ _ _ while I was living in Q_ _ _. I was travelling a little-
bit at that time. I like P____. I miss all the people there. I really don't care for S____ (the city in which he now resides). I'd rather be in P____ if I had my choice, but this is where I'm at. This is it.

N: P____ is a nice city. You've been here a year?

L: Actually, I came here at the end of January and then Frank came.

N: Just this year?

L: No, last year, so it's been a little bit more than a year. Then Frank came, probably the first of April. So he's been here right at a year.

N: I'd like you to tell me about your experiences when you first knew that you were gay—how old you were and how that awareness came about.

L: Well, I don't know. There wasn't really anything traumatic about the whole thing. You just kind of know. Then you just kind of think about it. That's the way it was with me anyway. You kinda know all the way from puberty on that you're a little bit different. In high school, you know. Although, I dated in high school and had a real normal high school career and college career. I dated all the way through college and dated one girl for seven years. We almost got married. Luckily we didn't, but you kind of know from the very beginning because, you know, you're with the rest of the guys in high school and they talk about things. They talk about girls in a different sense, and I couldn't understand what the big deal was. So, you kinda know. You get that feeling.

N: The excitement with girls wasn't there for you?

L: Yeah. It wasn't there for me. Although it was okay. It was no big deal. I was real shy around girls. I'm a really shy person anyway today, and I'm not very outgoing with other people and have a tendency to stay to myself, so I dated a couple times in high school and that was about it. So then, as I said, when I was in college, I met a girl when I was at the beginning of my sophomore year. We dated about seven or eight years that we went together. We came really close to getting married towards the end. It was probably seven or eight years ago that I came out (sexually), so that would have been 1980—somewhere in there.
Things started to change. You kind of mature and you know what's going on in the rest of the world and so you want to experience that so when I was living in Q__, I had to go to Z__ to work with X__ remodeling stores and when I was up there, I knew a little bit about gay life in Z__ and so I kind of went into the one bar—the H__ H__ it's called—and met a person there and we became very good friends. We didn't live together but we saw quite a bit of each other during that summer because I was up there all summer long. So, that's when it really started and he was a real nice guy. I enjoyed him and he really brought me out and everything. He was real tender, you know? When I had to leave Z__, it was time to go back to Q__, he wanted me to quit my job and move up there and all that kind of good stuff and I said, "Well, I really can't. I can't quit my job. I'm not that type of person, you know, just to up and quit something." So, I went back to Q__, and he came down to visit me a couple times. Then I met somebody in Q__, so that was the end of my relationship with my girlfriend. I told her, I said, "I'm gay, and I would be happier that way." She said, "Well, I kind of thought you were." (We both laugh.)

N: For crying out loud! Really, up until that point, you weren't...you didn't have that...that (knowing he was gay) wasn't concrete for you? While you were dating her, you kind of knew, but it wasn't anything that you were...

L: And I hadn't experimented or anything until I went to Z__ and then really got involved in it (homosexuality) then. Then when I came home, I told her. So it wasn't like for five years previously when I dropped her off at home, I'd go to a gay bar or something like that. So, we were pretty close. We're still pretty close. Although, she has since moved to B__ or C__. I haven't talked to her. Well, I talked to her at Christmas time. We used to talk to each other quit often. She'd tell me her problems.

N: Is she married?

L: No. She thought maybe she'd get engaged over Christmas, but I haven't talked to her since Christmas. She must be pretty busy right now. She probably did get engaged. She was expecting it. They're going to plan a summer wedding.

N: This may be rather blunt, but you and she had had sex?
L: Oh, yeah.

N: What experience was it that you knew you were gay? Was it the sexual experience or just allowing yourself to be with another...

L: Just allowing. Really, there wasn't any one day you wake up and the sun is shining on your face through the window and you think, "Today is the day!" It's kind of a slow process. It was a slow process for me and I had really thought about it as whether this is the way I wanted to go. If I wanted to forego having children and having a normal suburban relationship as I call it, and having 2.3 kids and doing the Kiwanis. If I want to go this other way, and possibly... It was really scary. It's a real scary-type thing because you don't--your life sometimes is very seedy because of the way people view you. You have to do everything secretly and you have to guard yourself all the time. So, I thought about it a lot. Ever since I'd been in high school and I knew there was something different about me.

N: You said, "Gay life can be kind of seedy." Do you think that's because of the secretiveness that is sometimes necessary?

L: I think so. I think because of the way people view gay people, it (people's ideas) attempts to drive people under ground and I think because of that, it just... If it was out in the open more, I think it would be...there would be better realtionships.

N: Healthier?

L: Healthier realtionships because it's hard to form a relationship so that's why alot of men go from sexual encounter to sexual encounter because they don't want to form a relationship with another man because when you do that you put yourself out in public's view. When you get an apartment, all the people in the apartment know what's going on and so I think that's one of the "whys" that it's that way.

N: That affirms my philosophy about that. I haven't heard anybody put it quite that way but that's interesting. So it sounds like maybe the socialization that we all fall into which, at least in 1988, is heterosexual socialization. If it hadn't been for that, you probably never would have had a relationship with a female if your natural inclination was always accepted.
L: Probably. We had a good relationship for the most part. We loved each other, but sexually there was just something always missing.

N: I think that's hard for heterosexual people to try to understand. I don't think it should be, but it seems like there is just one way of looking at things for a lot of people.

If we switch now to AIDS, when were you first diagnosed?

L: Let me think. It would have been the fall of 1986 when I first found out I was positive.

N: Then, have you had pneumocystis?

L: Uh-huh. Pneumocystis in December.

N: That's why the diagnosis of AIDS came. That's the only incident you've had really, isn't it?

L: Yeah, major. I've got a real bad problem with fungal infections on my forehead and on my face here and on my legs and on my toes and that started about two years ago. Well, a year ago Christmas time. I started and I got it on my hands--patches that would itch. It was rough, almost like psoriasis or something like that. That's when I first noticed it, but it just stayed mainly to my hands and if I used a cream on it, it usually went away. Then it got on my legs and you can see the scabs I've got on my legs and the scars from scratching it get so bad.

N: Is that typical?

L: Yeah. It's just that the body can't fight off all the little infections that are bombarding it. The fungal infections usually end up winning, and if you have a propensity to have athlete's foot, then you'll get athlete's foot real bad, which I have all over my feet. So my feet get real dry and that's part of the problem. So then it's open territory, but that's common. You hear a lot of people talk about their skin itching and that's one of the signs, too. People should watch for that because that's a sign that your immune system isn't functioning properly. It's like thrush--that's a fungal infection.

N: Has your life changed with this diagnosis or has your thinking changed?
L: I don't know if my life has really changed. I'm still working. You mean with a positive (HIV) diagnosis, with the AIDS diagnosis, or both?

N: Well, with AIDS. Actually, let's go back. What happened when you first had the positive HIV?

L: Okay. I knew before I got my results back that I would be positive because Frank had gotten his results back in September. I was tested in October, so I already knew that I would be positive. When I went in they said, "You're positive." Usually they hold your hand and they put their arm around you and say, "You'll be okay." It was like, I knew I was going to be positive. There was really no way out of it. So, we had friends in town. I had to find out. Well, I had that week off because I had friends from Q__ in here and we were going out to eat and I had to stop by the I__ D__ (a hospital) where I was tested and get my results. So they (friends) were in like the lobby waiting for me to get my results so we could go out and eat. So that's what we did. When I got my results I walked out and said, "Well, I'm positive. Let's go eat." So, I really didn't think about it right away. It's really kind of hard to think about because you really don't feel any different than you did previously, and you're still healthy. So, it's like you kind of put it on the back burner. You know, I'll deal with this when I have to. So that's kind of the way it went for about a year. Frank was the same way. He really didn't think about it that much and I didn't think about it that much and we just kind of led normal lives. There were certain things we did healthwise. When we went out, we drank very little alcohol because that's not good for the immune system and so forth. We try to eat a little bit better. That's really all you can do unless you want to lead a totally healthy life and remove all the stress and it's hard to live that way. You know when you have to go out to a job, you're going to have stress on the job, and so forth.

N: So then what about when you had the AIDS diagnosis. Was it pretty much the same?

L: No, that was a little more traumatic. First of all, Frank went in (the hospital) the end of September with his bout of pneumocystis and that really wore me down cause he was in the hospital for like nine weeks. It was every night I'd go to the hospital and then try to take care of the house and everything. I think I just wore myself down during that period. Emotionally--
(Frank) practically died twice! You know, wondering if he was going to live. Emotionally it was just really tough. It was like, one day he'd be okay and the next day he'd be real sick. Up and down, up and down, up and down. Then, right after Thanksgiving, when K_ _ came home, I had a bout with bronchitis and that was real scary. They say you have shortness of breath. It's hard to breathe. I had all those symptoms. I thought, "God! I can't come down with pneumocystis now."

N: When was this?

L: This was the day after Thanksgiving. I didn't work. I went to see the doctor on Saturday because I was so sick. I was running a temperature. It was hard for me to breathe and it hurt and so forth. And I had had problems before that, and told the doctor about it and he kept saying, "Well, it's really probably just bronchitis." At that time, it (bronchitis) had been going around. So, I got real sick and I decided I'd better go into the doctor on Saturday. I went to the emergency room, which I will never go to another emergency room in my life—especially the one I went to. I ended up seeing an intern who had worked on K_ _ so she was familiar with AIDS and pneumocystis and all this. She just bluntly came out and said, "Well, we haven't got any results back, but it looks like you have pneumocystis and I'm going to start you on Bactrim (he mimicked her in a short, whining voice)." (He laughs) "Okay," I said. You know, that's like saying, "You're going to die." That's like coming right out to someone and telling them, "You're going to die." That's (pneumocystis) the first step for AIDS.

N: So, really, there was no tact with her approach.

L: No. A lot of the interns at that hospital are like that. I don't know if they breed them that way or if their program does that to them, but a lot of the interns at the hospital are very tactless. So, anyway, I said, "You better consult with Dr. E_ _ __. He's my doctor and he knows what's going on." They did a chest X-ray and then Dr. E_ _ _ looked at it and some of the lung doctors looked at it and they decided that it was bronchitis. They put me on an antibiotic and told me to come back in a week and see him again. When I was on the antibiotic, my symptoms left. I didn't have pain or the cough or fevers any more, but it was like it didn't totally...there was something still there. I probably should have taken more time off from work and that probably might have saved me from getting the
pneumocystis. I don't know. But I had like four days off and I came back to work. For me, working in retailing, it's real hard to take time off in December anyway. This would have been the first week in December and the president of the company was flying in that next week, so I really had to get back to work, even though I was tired. It was really hard for me to put in a full eight hours during the day. I was out there doing my best. I made it through that. I made it til about the end of December and then I got sick again and couldn't breathe and it hurt to breathe. With that, I went to the clinic and they put me into the hospital. They did the bronchoscopy on me and they said, "You probably do have pneumocystis. It looks like you do have pneumocystis." I was kind of prepared for the worst. Again, an intern walked into the room, stood by the doorway, didn't even come near the bed and said, "Well, your test came back and you have pneumocystis." That was a male intern. The first one was a female intern who told me I had pneumocystis, so gender doesn't mean anything. That kind of threw me for a loop. I kinda figured I had pneumocystis anyway because what else could it be with all the symptoms. It hurts to breathe, you're short of breath, and you're running a high fever. That's life. But that was real traumatic and scary. I was real scared. You're really scared when you get pneumocystis for the first time.

N: What is that like? What was going through your head?

L: Well, like, you know, "This is it. This means I won't be able to work any more. I'll probably be dead in six months. I might die while I have the pneumocystis." Something like half the patients die with their first bout of pneumocystis.

N: Really!

L: Yeah. It's very dangerous. If you can make it through the first bout, you have some good time ahead of you, but some people don't make it through the first bout. It used to be something like 75% of the people who got it, died with the first bout. You hear these facts and you just wonder, "What's gonna happen to you?" I was real scared. Just real, real scared.

N: Kind of panicky and the worst scenarios were coming to you?

L: I guess the hardest thing for me was just realizing, well not realizing, but assuming that I would probably
never work again. I just wondered, "What am I going to
do with my life? Is this it? Just put me in a closet
and shut the door and that's the last you'll hear from
me?" I just wasn't ready for that! I was fairly active
up until the time I went into the hospital. I had
gotten sick and I took Friday off. I was sick on
Saturday, went into the clinic, and on Monday they put
me in the hospital. And I had worked prior to that.
I'd been travelling the state of X_ _ _ practically that
whole week before. So, it wasn't like I had failing
health and eventually got pneumocystis. It was "bang!"
One good thing for me, though, was they felt... I guess
there's no way of measuring how much pneumocystis is
there. They felt that I must have been in the very
early stages. So, that probably was good for me. I was
able to take Bactrim initially and that's the best
antibiotic you can take. It takes the least amount of
time to rid your body of the pneumocystis. So I took
that and I was out in a week-and-a-half--back home and
at work a week-and-a-half later. So I was only out for
three weeks.

N: Do any people know at work that you have AIDS?

L: No. I've never told anybody. It's possible they
(people at work) might know. Of course, they asked me
what I had so they can compare their disease with yours.
I just said, "Well, I had pneumonia. I had bronchitis
and it turned into pneumonia." That was a common
scenario for a lot of people this year. In our office
we probably had three or four people out who had
bronchitis.

N: Right, that is a common thing.

L: So, it fit right in with everything else.

N: So you plan... You don't feel it necessary to tell
anybody. At least, not at this point?

L: Not at this point. There's really no need for them to
know. If they knew, what difference would it make? It
probably wouldn't make my job any easier. They probably
would make it harder just so they could get rid of me or
something.

N: You mentioned Frank almost died a couple of times.
Where are you now emotionally? Are you prepared for
Frank to die?

L: No. If that time ever comes it's gonna be, you know...
I'm just used to his being here. Basically, he's always just taken care of me. He's taken care of a lot of things like the house and laundry. I've just learned to rely on him for that. It's gonna be real tough. I think about it every now and then and I guess the best way to describe it is I get real depressed. Sometimes I cry. I guess I'm just putting it off until I have to deal with it.

N: What is your conception of death? What are your ideas about what death is like?

L: Well, sometimes I think, when I wake up in the morning and I'm tired--I seem to be more tired than I used to be--and every week I have to go into the clinic and take a treatment and make up excuses about why I'm going and leaving (work) for two hours so that I can cover myself, sometimes I think, "Boy, when I die, it's gonna be so much nicer because I won't have all this hassel and it's going to be peaceful and rest. I just won't have to put up with it." Another time I'll think, "Well, maybe it's not like that. Maybe it's scarier than I think." Who really knows? I try to keep a positive attitude about it (death) that it will be wonderful and when it's all over I won't have to put up with the bullshit. I know, right now, since I haven't had to go back in the hospital, it's easy to feel it's going to be a wonderful experience when you die, but maybe once I start getting sicker and going through the different infections that everybody starts going through, I'll probably change my attitude.

N: Get into some fear stuff?

L: Yeah. But I try to keep a positive attitude. When I get scared about the whole thing then I think, "Well, a lot of people have died before me. It's not like I'm the only one that's ever gonna go through this experience." So I try to keep myself in a positive mental attitude. Not necessarily wanting to die, but trying to deal with it when it does come.

N: And have that be okay?

L: Yeah.

N: You're a Christian and were raised a Christian?

L: I was baptized a Lutheran and just recently I joined the Catholic church right at Easter time. I actually did it and so... I don't know if I'm a real good Christian
because I have a hard time with the Catholic church. I joined the Catholic church because that's where most of my friends are and it was real hard for me. None of my friends in S_, close friends, are Lutheran. If I wanted to go to church, I usually went to church by myself. The Lutheran churches I have gone to, I haven't been very pleased with. We have a very good church up where my mother lives and the minister's been there for fifteen years and he's a very good minister. I think he spoiled me to think that's the way all the churches were and they are not. Especially since I'm a Missouri Synod which believes in literal translation of the Bible. If it says you shouldn't comb your hair on Sunday, then you shouldn't comb your hair on Sunday. They don't take into account what was going on politically at the time the Bible was written, and so forth. I joined the Catholic church because almost all my friends... Frank is Catholic and he would never switch to be a Lutheran so I thought we might as well be one faith so that we could at least go to church together and enjoy being a Christian together.

N: Have your beliefs changed then, like taking the Bible literally? Have you seen a different kind of perspective through an historical approach?

L: Well, the church that I was raised in was a very liberal Missouri Synod church and the only reason it stayed with the Missouri Synod affiliation was because 90% of the members were German and Missouri Synod has a very strong German witness. When we had catechism and all that growing up, nobody really believed in the literal translation of the Bible. Really, the Catholic church does not believe in the literal translation of the Bible either. They are very close to the other branches of religion. Real close. There is dialogue now between the Lutheran church and the Catholic church, so that's the first step to a merger.

N: That's a nice thought, isn't it?

L: But the Missouri Synod, of course, is separate from the rest of the Lutherans. There's the Lutheran Church of America and then there's the Missouri Synod. The Lutheran Church of America's the big one. There was the Wisconsin Synod, the American Lutheran, and others that recently joined together to form the Lutheran Church of America in the last couple of years. They tried to get the Missouri Synod into the group, but so far, the Missouri Synod says, "No, we believe in the literal translations." There are other things, too, not only
N: Does your family know you're gay?

L: Um, yeah. They've known for about six years. God, it's been a while.

N: So it wasn't too long after you came out that you felt like you wanted to tell them?

L: I never told them. They just surmised it. I didn't really... You know, I was discreet, but I didn't really closet myself. I had male roommates and I think they just surmised it.

N: That's been okay with them?

L: Well, I don't know. We're not a very close family so I really don't how they feel about it. It's not like we call each other all the time or anything. I'm just like a cousin, you know, of the family, and they hear from me at Christmas time and we exchange cards and gifts and that's it. I don't really know how they feel about it and I really don't care how they feel. If they can't deal with it, it's their own problem, not mine. I've got other things I've got to deal with in my life without having to deal with what they can't deal with!

N: Well, that sounds like a healthy attitude to me.

L: Then I really didn't know I was positive or that I had AIDS until Frank went into the hospital. This was in October. For some reason, I thought, "Well, maybe it's time for me to call somebody. I've got time while Frank is in the hospital." I was real depressed and I thought about being sick and being in the hospital and not having anybody around and so I just decided one night to call my sister. So I called my sister and said, "Hi." We talked a little bit and I said, "Well, I've got some bad news. Frank is in the hospital." She goes, "Does he have AIDS?" I said, "Yes, he does." She said, "Well, how are you?" I said, "Well, I'm positive also." She cried a little bit and said, "Oh, I was afraid of this. I was afraid of this." So we talked for about, oh, a good hour or hour-and-a-half on the phone about different things. I just said, "I just wanted to call and let somebody know in case... I just don't want to be alone. If I ever need somebody if I go into the hospital and know I'm not going to make it, I don't want to be there alone." She goes, "Well, don't worry about that. We'll always be there for you." Since then I
told her and I just kind of let her fill in the rest of the family.

I know there are some problems with... I don't know who it is. My sister has said, "You know, there are some people in the family who don't want to be around you because they're afraid that they might get the disease from you. I know that's stupid, but that's the way they feel." I don't know who that is. I haven't figured it out yet. It's either my brother or my brother-in-law. When I was in the hospital in December, my brother and sister-in-law called me. They said, "Well, do you want us to come up and see you?" I said, "I feel pretty good. I really don't think there's any necessity for you to come." So, I think it's probably my sister's husband. He's pretty outspoken in his views. He's very anti black and that's just the way he is. He's just real—he can be a jerk sometimes. They're from a small town in O_. They've always lived up there since they got out of college so they've never been out of a small town. It's a white bread town.

N: White bread?

L: Yeah, you know, as opposed to a wheat bread town (we laugh), it's a white bread town. It's a very wealthy town. It's all engineers that live up there in the particular area. It used to be anyways. It's not so much any more. So they're used to the country club way of life and being in a small town and knowing everybody and being very "Donna Reedish," you know? So, they really haven't experienced a lot of different types of people. The only minorities they have up there are Italians. I'm not sure if that's a minority. Also Lithuanians.

N: That's good that at least you know and have the security of knowing somebody will be here from your family.

Do you usually have an assumption as to whether Frank will preceed you in death or do you not take that for granted?

L: Well, it was... We talked about that. We discussed that because we had wanted to set our will up so that one person, you know, if one passed away, then the other person would automatically get everything. We wanted to make sure it was set up so that the family--his family--couldn't come in and say, "Well, here, piece of slime, we don't want you here. We want the house. This is my brother's house. I want. I want." And the same way
with my family. He's (Frank's) had problems with his family so that was really one of the reasons why we wanted to make sure everything was taken care of. So we have discussed that and he always has told me that he would go first because he was diagnosed first. I say, "Well, it's possible." I guess at this point in time it really doesn't make any difference. Now that he was in the hospital for nine weeks, he's in the hospital again, I would say, there's probably a good probability that he will go before me.

N: It kind of looks that way, doesn't it?

L: Yeah. But you never know. With this particular illness, you can just pick up anything and an infection, if it starts in your body, is serious enough even if you are healthy. It doesn't take long and your gone. And that's the way the disease started out earlier, in the early part of the epidemic. There was no way to treat it and they really didn't know what they were treating. You would be healthy one day and go into the hospital the next day with problems and be gone in two weeks. I hope it doesn't happen that way.

N: Really! S._ _ (a member of an AIDS support group) was somebody who I saw as well, other than her diagnosis, and now here she is in intensive care.

L: So, it went really fast.

N: I saw her a month ago tomorrow in group. Her boyfriend had come back to town and she looked great. They both felt good. So, that was really an example of how quickly things can turn. It made my awareness of the disease a lot different.

(At this point L asks to take a break to use the restroom.)

N: Let's say that for some reason you got really sick and in two weeks died. Would you have done everything you wanted to in life?

L: Oh, I don't know. I think I'm pretty happy where I'm at right now. Really, I don't have any goal like to climb Mount Everest or anything like that. Basically, my goals were just to do well at the job and eventually work my way up into a position in the home office or whatever. That was really my whole goal and I knew that's what I had to do. I couldn't stand just being a peon working in a camera store someplace the rest of my
life. Although right now I have a fairly good job with X__ I would like to have gone higher and possibly been a buyer some day and travelled the Orient and Europe and the different things they (buyers) do. We have a sales seminar every March and I found out this year that I was on the promotable list to go into the home office and a friend of mine who works in the home office came up to me and said, "You're on the promotable list. Make sure that people see you while you're here at the meetings and talk to people so they know who you are." I thought, "Well." That was just good enough for me to know that I was even being considered. It made me feel good. I feel like if I would have been healthy and everything, I probably would be moving up and so forth. I really didn't go out of my way while I was at the meeting to talk to people because I know if they were to offer me a promotion, I would not take it. I would have to move to D__ or N__. They way things look now, why put myself through that stress of moving and Frank wouldn't be able to move anyway.

N: What if the promotion came after Frank had died?

L: Well, I don't know if I would take it or not because with the support group that we have here and my doctor is here. I really don't want to leave my doctor. I think I would probably end up staying and turning it down anyway.

N: So you don't see yourself in any kind of a scenario of people who have worked with Louise Hay and have had reversals in their diagnoses?

L: This, I'm not aware of. I've never heard anything.

N: She was on Oprah Winfrey and Phil Donahue, probably a month ago. I saw the Winfrey show. That day she was on with four people who had had their diagnoses reversed because there's no HIV anymore.

L: Were they just HIV-positive or actually had AIDS?

N: They'd had AIDS. All of them talked about how it (their healing) wasn't something that just happened. It wasn't magic. Her (Louise Hay's) whole concept is self-love. I don't know if you've read her work or heard of her, but she started a group in California and it got terribly large. Up to seven hundred people attend her free groups on Wednesday nights. She holds the groups in a park now. Her whole concept is self love. Once we learn to love ourselves, then things come together.
Everybody on the show talked about the fact that it (healing) didn't just happen. They really had to put an effort into, as you said, changing their whole lifestyle. They had all started meditating, they had all started very strict diets, and things like that. Something that interests me right now is that you aren't even aware of this person.

L: I don't know the lady's name, but I've heard this theory that the best way to fight the disease now is just attitude. That's really what we have right now. You have to really have that positive attitude about yourself. I guess that does help in fighting the disease. I've never heard about her.


L: I think I've see that title on the shelves.

N: It really helped me a lot. A friend of mine who knew I was getting involved in working with people with AIDS recommended the book to me. I read it and it was good. If you were to guest lecture to a college class on homophobia, what would you say to the class?

L: I don't know. I guess... I don't know. I guess first of all, I don't know if there's anything magic you could say that would change anything. I think basically what you have to tell these people is that I basically believe that gay people and any type of people are all people, and that we're (gays) really no different that anybody else. We really don't pose any type of threat to anybody else. We're not going to change people into our way of thinking and we're not going to stalk school yards waiting for kids to come out. We don't do that. Whereas straight people don't go and do that type of thing either. I think you first have to educate them as to what gay people are really like. In colleges and high schools there's not that much (on homosexuality) other than what you see in the media, newspapers, and television. Sometimes it's the right information being presented but they really don't know gay people. There isn't an openly gay community in the high schools. There isn't an openly gay community in the colleges because of the feelings people have towards us. Younger people tend to be more negative to it than older people. As you get out into the world and you start to deal with it and the types of people and so forth are more tolerant of the different view. So I think you
would really have to educate them and try to make them understand that we're really no different than anybody else. We go to work and work eight o'clock to five o'clock. We have relationships that last. We have relationships that don't last just like anybody else. We own homes. We drive cars. We're really no different than anybody else. There's really been a lot of very smart, very intelligent, very talented people who've been gay. Just as there are very smart, very intelligent, very talented people who've been straight. So really, it's no different. People are either straight or people are gay. We really have no control over it.

N: So what's the fear?

L: Well, I think the problem before was just attitudes way back from Biblical days that drove it all underground. It looked kind of seedy to people because it was hidden. It wasn't out for everybody to see. Things started to get better before the AIDS crisis. People were more accepting of gay people and things were starting to come around. Then when the AIDS crisis came about, that kind of reversed everything that had been accomplished and then people were afraid and they felt that gay people were responsible for killing young children or people who had blood transfusions and all this. The AIDS crisis has really hurt any progress that had been made by gay people.

N: Yes, it seems to have, doesn't it?

L: I can see why people are scared. I can't say that they're wrong or bad. They're just looking out for themselves. Really, when the disease first hit, the medical profession thought it was strictly a gay disease and so the information wasn't there. They didn't think there was any need. You know, if it's going to hit homosexuals, who cares? We're just gonna get rid of that group of people and they'll be gone forever and we won't have to worry about it. Then it started to spread and people got concerned and they got concerned real fast and there just wasn't any information about AIDS out there. Maybe mesquitos do transmit. You know? So it was really scary for people. I would probably react the same way that some people have reacted to it. Just not knowing is really what breeds a lot of fear and at that time it did.

There's a lot of homophobia around. We had it in this neighborhood. I'm sure you've heard of the incidents
that we went through when we first moved here. We had problems with all our neighbors. The neighbor on one side of us told Frank that—and she didn't even know he was sick at the time—he would, just because he was gay, disease everybody in the neighborhood just from living here and probably kill all the children. She called him up and told him that on the phone and we had been friends with them. We'd been to their house and talked with them quite a bit. Then this happened and it was like weird. We had problems with them (he points to the house next door). Not anything about being gay or having AIDS or anything like that but just the attitude that they had towards us. We were really ready to pack up and leave S___. That was our first taste of S___ and the people who live here. I've never encountered people like that anywhere else that I've lived. So it was kind of depressing when we first lived here.

N: Do you think this attitude with the neighbors is because of the AIDS "thing" and how society's looking at that now?

L: I think so. I don't know why these people were the way they were, but I do know that the AIDS "thing" was on their mind next door because his wife was pregnant and there were other things going on in that particular house I think that we don't really know for sure. She had a real rough pregnancy and it was in the middle of the summer, and it was hot. You know? And then Frank sort of had a nervous breakdown in August so he was acting kind of irrationally for a while and I think it just all played in together, and that was one of the reasons.

N: And they didn't know what to think?

L: Right. They didn't know what to think.

N: You mentioned, and Frank mentioned this last night too, about how his doctor had come into his room and he said something to her. Two times she had come in and when he gave her a response, she got upset and turned around and left the room and didn't really talk to him. You described a couple of scenes in the hospital where there really has been tactlessness. In looking at the situation, is it your opinion that this is probably the way they (doctors) deal with patients in general or do you think this is the way they're dealing because it's AIDS-realted?

L: I don't know. I really think that's part of the way
they deal with everybody. Because you would think if the doctors would have a negative attitude towards gay people, towards AIDS patients, that the nurses would have the same attitude. And the nurses in the hospital are wonderful. There's a few cranks, but basically when I was in the hospital, they were just real super people. They would do anything for you. On the day I had to go home, I had a couple offers from nurses if I needed a ride they would be more than glad to take me home that day. So, I would think that if there was a problem with AIDS and gay people, I think it would probably be reflected by the nurses also. I just think that, first of all, most of the people you deal with at the hospital are interns and I really think that they probably overwork their interns just like most hospitals do, like most universities do. I just think they're tired and cranky and that's probably the way they come off to everybody. Some of the things that Frank said to her—he called her "Babe". He didn't use it in a sexist way. You can use it in a sexist way or in an affectionate way. I think she thought it was a sexist term like calling her "Broad" or something like that. I just think she took it the wrong way, but that doesn't excuse her and the way she came across because she's a doctor and she's a professional and she needs to deal with people in a professional manner and she needs to realize that on that particular floor there are alot of AIDS patients, alot of terminally ill patients, and you just don't do things to people who are not going to live.

N: I hadn't heard this idea before today and I found it interesting. First of all, it's important to remember that gay people die of things other than AIDS and there's a tendency to forget that, and there's a tendency a lot of times to make a martyr of the person with AIDS. What are your thoughts on that?

L: Well, I think it's true. I think they do tend to make a martyr out of people who die with AIDS and...I don't know. Maybe if I was a little bit sicker, but having AIDS is not the most crucial thing in my life right now. There are other things that I'm interested in. I'm still healthy. I still get around. I still go to plays. I still like to go out and dance. I still like to go out and eat. My life really hasn't changed that much yet. You know, don't fall all over me just because I have AIDS and so forth. Just let me lead a normal life. When I need you, then I'll come to you, or whatever. So, I think there is that tendency a little bit, especially by the people who are involved, like the
volunteers and some of the people at group. Sometimes I don't even like to go to group because, it just... Some of those people who aren't sick and are, you know, there in some another capacity, they just sometimes fall all over the people (with AIDS) and...

N: Kind of smothyry?

L: ...kind of smothyry. Everybody hugs and kisses and you know, that's fine, but let me lead a normal life, too.

N: Be real?

L: Be real. It's like if I had pneumonia, just plain old pneumonia, then people aren't going to come and say, "Oh, you've got pneumonia. You poor thing!"

N: Yes. Or if you had cancer.

L: Or cancer! They're not going to come in and say, "Oh, you've got cancer. Sit down. Let me get your meals. How do you feel? Are you dealing with this?" You know? Just let me watch TV. I like to watch TV. I like to watch "Dallas". Talk about "Dallas". What happened last night? You know? I'm not ready to die yet and at this point in time I want to lead as much of a normal life as I possibly can. I'm not ready to give in and become a basket case.

N: I was surprised when I found out you had AIDS. I suppose a lot of people have AIDS and I'm not aware of it. The way I got into AIDS-realted work was that I was concerned about the gay community in general and what was happening. There is some validity to looking at the whole person and maybe keeping more of a focus on the community. As you say, as far as the group, you sometimes just don't feel like...

L: ...that that's where I should be! Maybe I should be out bowling, you know? Or maybe I should be out playing volleyball and doing something... I'm just not ready... Oh, it's nice to go and talk to other people who are maybe in the same situation you are and there's other people in group who are positive and are not really sick with the disease and you can kind of see how they're dealing with things and things like that. And that's good. But sometimes it's just too much. You know, it's every two weeks. Sometimes it just drives me crazy. But some of those people come and say, "Oh, I feel so terrible because I have AIDS, and I don't know how long I'll live." But they're still healthy. You know?
Forget about it for now and just go out and do whatever you want to do because you might not have a long time to live. You might as well get some living out of your system and have a good time.

N: Do you see any need for a support group for just people with AIDS, with no family members, no significant others or lovers, no relatives, no husbands or wives, just people with AIDS? Or do you think a lot of the same things would go on?

L: I think they need a non-smoking support group. That, I've often wished they had. I usually get a group where everybody smokes so by the end of the session you can't see each other. I don't know if they would need a separate group or not. Prior to having pneumocystis it was nice to be in a group with somebody who had AIDS. Somebody who was ahead of you in the process so you could kind of see what they're going through.

N: Maybe that leads to a self-fulfilling prophecy.

L: You mean that that's what you expect so that's what's going to happen?

N: (I nod yes.)

L: Well, I don't know. Maybe it leads to good things, too. You find out these people smoke. You know you shouldn't smoke because it's hurting their lungs and it could work the other way too.

N: That's true.

L: They learn by their experiences and maybe some of their experiences weren't so good so you learn to avoid those. Basically, at group the only thing that really comes up is stress and stress that people go through. People who have lost family members and gone through a lot of stress. That's part of the big key to the disease right now, so maybe it's teaching us to deal with stress a little bit better.

N: Mmhm. Situate our lives so there's not as much stress in it.

L: But as far as having a separate group for just AIDS patients, if there was one, I don't think I would go. If I was going to keep going to group, I'd just keep going to the old group just because I'm familiar with the people that go there. Sometimes some of the people
who do have AIDS that come to group, sometimes they're real depressing people to be around.

N: The people who have AIDS?

L: Mmm. The people who don't work and are in a wheelchair or whatever, a lot of them are my friends and there's a couple of them I would really miss if they were to pass away, but I don't know if I would... You know, sometimes being around them a lot, I get real depressed because I see what possibly might happen to me. You know, that's come up with Frank and me. We fight a lot any more in our relationship. Of course, then, he keeps asking me, "Well, is it because, could it possibly be because you see what Frank is going through and you use that as a defense mechanism to try to deny that that's the way you might end up?" Maybe that is. I don't know.

N: Why do you think you fight?

L: Oh, I don't know.

N: Why do you think you fight?

L: Oh, I don't know.

N: Is this (fighting) new? Is this something in which you've seen a change?

L: Since I got out of the hospital in January, I've noticed an increase (in fighting). We've talked about it a couple of times. He was real... He told me he was real jealous of me because I was able to keep working and that made him mad. I was able to go out at night. Like if friends would come into town, I can still, if they want to go out and go dancing, I can go out with them. I don't fall asleep at eight-thirty.

N: Yes, and you can keep up with them.

L: And I can keep up with them. That upsets him. So, you know, that in itself was his problem he was dealing with. Then, for K_, to keep himself occupied, he likes basically to spend money. Like this deck, or patio he had finished here. He just spends it. That keeps him occupied and he has to do that, I guess, just to keep from going nuts so that he feels worthwhile. Of course, I worry about not having enough money for this and about not having enough money for that and that causes tension. I tell him to be careful how he spends
the money so that... He says, "Well, we're gonna be
gone in a couple of years and we won't need the money.
We might as well spend it while we have it and enjoy
it." I go, "Yeah, but we might not be gone in a couple
of years. We might be here five years from now and we
might be broke and living in a basement with a dirt
floor. So, we've got to watch out for that too, because
we really don't know what the future's going to hold for
us." So that's caused problems for us. I don't know.
He's just kind of wrapped up in himself and he's
really, at this point in time, more concerned about
himself, I think, that he is about anybody else. I'm
not used to that. I'm used to being very close.

N: Your relationship used to be first, apparently.
L: Yeah. Now it's not.

N: The focus has shifted. That's got to be hard. Just
some of the things you've mentioned sound difficult. A
relationship without any illness is something that two
people always have to be working at. With this, it
really adds a lot of stress.

Do you, as far as support, or even you and K_ __, ever go
to someone like P_ _ (a social worker), where somebody
can work with you and work in the capacity of a
psychotherapist?

L: (He gives a big sigh.) We haven't. We've thought about
it. P_ _(the social worker) is more than willing to
talk to people and she'll talk to you on a one-to-one
basis if you're having a problem. I don't know if
anybody goes in there as a couple or not--if she's ever
done any of that work. Normally, she'll refer you to a
psychologist or a psychotherapist. It's usually...oh, I
can't think of her name. She's on the AIDS Project
Board.

N: Oh, T_ _ S_ __?
L: Yes, apparently she (the social worker) refers to T_ __.
She did give us T_ __'s number and told us how to get an
appointment and so forth, but we just never did.

N: Well, it can be costly, too, and that can just be
another stress.

L: Yeah. Now, I don't know. I really wonder about Frank's
mental well being, because that is part of it. Part of
the disease seems to erode the mental capabilities. I
just wonder if it would be worthwhile. Right now, we still love each other and everything, but I just kind of let him do his own thing, as long as he doesn't burn the house down. I guess that's the way it will be because he's happy and that's what he wants to do.

N: So you're there for him as much as you can be as he is now?

L: I try to be anyway.

I happened to be thinking about this a little earlier. The people I feel really sorry for are not the gay people because there is—the gay community has really rallied around their own people—a lot of support being given. The people I feel sorry for are people who are not gay who got AIDS from blood transfusions or kids who got it through blood transfusion or whatever and they're not homosexual. People who are very homophobic seem to lump those people with AIDS into one group and if they don't like gay people, they don't like the straight person who just unluckily got a blood transfusion. Like that one guy who comes to group with that lady, I feel really sorry for them because they're such...some of the things that are put on him by other people, I'm sure that he's probably experienced, are not fair.

N: Yes. Prostitutes, too. They're plighted to begin with, too. This (AIDS) just adds to that.

L: They're really victims, too, of the early stages of the disease when they thought it was just a gay disease. They really weren't looking for a cure because it was a gay disease and they just happened to be unlucky.

N: The wrong place at the wrong time.

L: Yes. Those are the true victims of the AIDS epidemics. People who are not gay.

N: It seems like there will be more of those (heterosexual) numbers; and according to statistics, numbers show that they (heterosexuals) will be the numbers that increase.

L: You know there are certain things that could be done now that are not being done. Laws that could be enacted. Things that aren't being done that could and should be done. There are three adult bookstores right over here in B_ _ _ C_ _ _, okay? I've been to bookstores before and I've been to those previously when I lived in Q_ _ _ and I know about those places over there. I do know
that every one of them have "glory holes" where sex can be exchanged between booths and that's one way of spreading it. I don't know why, instead of worrying about mandatory testing, why don't they go after places like that? Places like that need to exist in society, but there are certain laws that should be enacted and they should be checked and taken care of. If there are constant violations, then those places should be closed down. All they're doing is spreading AIDS. That's all they're doing. They worry about mandatory testing and really mandatory testing doesn't stop the spread. It doesn't really do anything. It creates a file of people who have the disease so they can be discriminated against and they let things like that (the bookstores) go. It's because, basically again, they're controlled by a heterosexual group of people and although there are alot of gay things that go on there, basically, it exists because of the heterosexual people. They just protect their own.

N: They don't want to loose their money?

L: Yeah.

N: I wonder how many families will suffer where supposedly the man is straight, but he hasn't been. He's put up a front of leading a straight life.

L: It happens. There's a lot of that that goes on. I'm sure that's how the disease is getting spread among the heterosexual population. People who lead a double life.

N: To learn about it through an HIV infection, I think, would be devastating.

L: I don't know. I guess it's going to be just as destructive emotionally as it is physically.
Appendix F: First Interview with Subject D

P: I'm a man of few words.

N: That can be good, though.

P: I'm just not a great chatterer and some people are and can reflect over things and I'm not much of a reflecter, I guess.

N: That makes you unique in that regard.

P: I hope this interview. You may raise things that I have not thought about and will later and that's kind of exciting. How many folks have you interviewed?

N: Two so far and the minimum that I have to do is three. What I would like to do is find out who you are. I would like to come to know what your experience has been, with not only your illness but even your life up to that point and how it's changed in regards to your diagnosis. As far as where you start in telling me your story, I'll leave that up to you--where ever you feel most comfortable and where you think is the most appropriate to start.

P: Okay. I like to start a ways back in time to sixth grade or so when I first started to realize my sexuality. Things change so much after that time. I came to realize, finally, why people treated me so shabbily. That went on for a long time. My attractions were very strong at times and were very soon quelled by drugs and booze and things. I was an active athlete in junior high and always worked after that so was no longer in sports, but if I wasn't at school or work, then I was awake and drinking with people and the only thing we had in common was partying all the time. It was the boozing that eventually led to my health problems. I feel I probably wouldn't be in the ARC situation if my systems hadn't shut down at such a low point.

N: Because of the abuse your body was having to compete with the alcohol consumption?

P: I believe so. At the high point of the drinking I was easily putting away a liter of vodka daily. So, I was being comatose for a few days at a time--during the weekends. I'd get off from work on Friday and drink a liter of vodka. This was towards the end of my drinking experiences. I would be out cold until Monday morning
and just be in kind of a half life. Mostly bad dreams.

N: How long ago was this?

P: I haven't been drinking for... it was a year the first of March. At the same time gave up some prescriptions that a psychiatrist had given to me that were very psychotic and potent and were absolutely not to be taken with alcohol. I also have been taking T_ _ _ and my doctor won't take me off from those. He says those are good for me as long as I'm not drinking, and I haven't been.

N: That's a big change in your life, then!

P: Well, drinking was the only thing I did for a long time because I'd given up pot smoking eight years ago. It (pot) was no fun at all. It (pot) brought on too many anxiety attacks.

N: A lot of people say that about pot—that it does make them a little paranoid.

P: Oh... well, yeah! It turned into agoraphobia problems. So unless I could make a quick dodge to the liquor store or some place real fast, I just wouldn't go. I had to give up church. I had to keep working, but at times it was very hard to even get to work because of that. The blood pressure soaring, no breathing. The anxiety attacks are very horrid. I still have them occasionally. Certainly not on a daily basis any more. I've been able to return to church choir and do a few other things. Giving up the booze was very good. It would have killed me by now, I'm sure.

N: You started drinking when you were in junior high school?

P: Oh, yes. I had my first hit of acid fed to me when I was thirteen by older boys in the neighborhood. I certainly didn't know what was in store for me with that! That was most unkind of them.

N: What was it like for you to be in junior high, which is the typical time—you had mentioned sixth grade—that children start getting into the adolescent thing where sexuality becomes something real and a part of them. I'm assuming that it was a surprise for you that you were attracted to the same sex?

P: Right. I had been experiencing and felt that attraction since I was four or so and it was always kind of nonstop
from that time, but by the sixth grade, others were
telling me that I was attracted to other guys. For some
reason, that was a revelation for me. I had always
hoped that would be a secret between me and whoever I
was with. It seemed that everyone knew. I started
feeling from my parent's friends and older
relatives...paranoia, I suppose because everyone knows.

N: In wanting to keep it (his sexuality) a secret, then,
was there part of you that thought it was wrong; and,
therefore, you wanted to keep it a secret?

P: I wanted to keep it a secret because I had no one to
share it with. It was my own, I thought, until a few
years after that. I was a withdrawer at that time. I
had a tiny bedroom and that's where I spent so much of
my time also. My little nest. That certainly irritated
the parents.

N: It was a bother for them?

P: (Nods affirmative)

N: Did they feel something was wrong?

P: Well, only many, many years later did they say anything
about it. I had tried to reach them for a long time and
would tell them that I was having problems with people
at school and they didn't reach out to try and make me
talk and I couldn't say it, either. But they thought
there was something wrong. They're the type of people
that figured it will work its way out. Since then
they've certainly changed. They've become alot smarter
since I really got shabby with them. I used to tell
them off most emotionally when I'd turn up out at their
house drunk and stuporous. I'd have crying fits,
anxiety attacks in front of their eyes. They realized
that something had been wrong for a long time.

N: So they know, they've been aware for a long time of your
sexuality and your orientation?

P: It was never discussed until I told them the results of
my AIDS test. Never discussed. I was brutally raped
and beat up and it hit the papers back on Memorial Day
of '75, and my name, address--everything--where I work,
all that information was in the newspaper. That should
have brought on some conversation from my folks but it
didn't.

N: What did you think about that? That it was denial on
their part?

P: Yes, I imagine so. I don't know why they wanted to distance themselves so much because I was not going to change. For years after the rape thing, Mom always talked about, "Well, as soon as you get married you can have this quilt I made for you or you'll have to wait until you're thirty-five (he said in a whinny voice)." Well, I had been drinking and during that conversation blew it with her and told her, "I'm never getting married. I have no reason to. I'm not attracted nor attractive to women." I had said something there but she was never too willing to make a response.

They do go to the prayer services every month. They even went before I did. They're very supportive. I wish more people that are battling this would bring their parents along.

N: That's a way in which your parents were able to come forward and say, through attending a prayer service, "We love you and accept who you are."

P: I'm told so.

N: Were you raised in the church? Was your family a church-going family that went every week?

P: Yes. We still do.

N: Are you Roman Catholic?

P: Presbyterian. There's four men in the church choir and three of us are O_ _ _ _ 's (his family name). I have a sister who lives out of town so she no longer attends, but of us five kids, four of us are usually in church every Sunday. As part of a Sunday school group in third grade, of forty-five kids, I'm the only one that's still attending. So it's dwindled very much. I'm sure that my parents are very pleased with our attendance and that's my church too, as much as it is anyone else's. I stopped going for a few years and I dropped out of choir for about six years. A year ago I got back in again and it's something I sure missed.

N: It's nice that you have that. It sounds like maybe that's been a part of your life that's been a stronghold--being able to fall back on that.

P: Yeah. I have some spirituality problems. I forget to talk to God too late sometimes. I'll work for weeks to
take care of a problem or toss and turn all night, not being able to sleep because of something, and by 4:30 in the morning, I'm really tired but I'm not going to sleep. If I remember to pray at 2:00, at 2:10 I'm asleep. Sometimes I just forget about God.

N: You're not alone in that you know, P?

P: It's so strange. Remembering God could be so easy.

N: Yes, and He certainly is there at all times but rather than a spirituality problem, of course, I see that as a human problem. It seems part of our human nature.

P: It's a strange part. Because God is, I believe, in each of us and just ready to be held and caressed and we just don't do it sometimes.

N: That's a beautiful way to put that. I've never thought of it quite that way but..."God is waiting there to be held and caressed."

P: So are we.

N: Yes. So you're from a family of five. Where are you in the birth order?

P: I was second. I have an elder brother, a younger brother, two younger sisters. My folks had five kids in about seven years. I don't know how they did that. I really can't stand staying very long with all the nieces and nephews that I have anymore—the screaming and the fighting. I remember a whole room full of screaming kids as I was growing up. I don't know how they did it.

N: When were you diagnosed with ARC?

P: Christmas eve day. The doctor called me at work, on Christmas eve, and said, "Yeah, the results on your test are back and you've got AIDS." That was very bad. I didn't see him again and he did not send me a bill. I think he didn't want to see me again. So, I had AIDS and started drinking very heavily for the next couple months, you know. I was drug into the hospital by the roommate and my mom. And Mom went with me to the next several appointments. That was the start of her thinking. At that time she told me of her own denial and apologized for all I had gone through. It made me aware of a few things she'd gone through, too.

N: That had to be healing.
P: Well, I needed to hear that. Really. For a long time I needed to hear it. Things work out.

N: When I hear you say that this doctor called you at work and told you over the phone--I hear stories like that. It's just so thoughtless.

P: I know! Yes, yes. I have people surrounding me and, of course, I've got a million questions and can't ask one. He was just not interested.

N: You think he called you to let you know and then write you off so that he'd have that little task out of the way. He could check that off.

P: Yeah. Yeah. I don't know what was part of his makeup to call me on Christmas eve. He could have waited until...

N: ...even the day after Christmas!

P: It was bad. So, what do I do? As soon as I get home I call my parents and over the telephone do the same darn thing to them. I was being thoughtless. The doctor could have been thoughtful. I at that point had to let something spill to somebody.

N: You probably just had to get something out about it.

P: Also, I was at that point, and I'm not totally away from this point, I was very glad to find out what was wrong. And knowing that AIDS was fatal I was quite pleased because I had been wanting to go for a long time. This was my ticket out. The roommate, we're celebrating ten years now in this house, we're very close. And my parents think that those thoughts are all gone. They aren't--too much.

N: Then you still feel the same way about that.

P: Oh, yes. And it gets stronger. Life becomes less interesting all the time. I think it's cause I'm always so darn tired. Working eight to five is a great strain and I just come home and maybe read the newspaper and go to bed. I'm too tired to eat. I'm just now getting over two or three months worth of thrush. That always leaves me bummed out for quite a while.

N: I can't imagine. Sometimes, like when you say that you go to work every day, it seems there's a strength somehow that comes out. To me it's just kind of
awesome. When I think of the times I've called in sick because I've had a headache or something like that and then I see people like you who just go. You're doing it. How much longer do you see yourself working?

P: I do not know. Until I collapse.

N: You want to continue working as long as you can?

P: Oh, yes. I have to. I'm in the same position as many other people. They must have income. I have lots of sick time built up over my nearly fifteen years at U_ _ _ _ _ _ _. So, I'm okay there. I would go on to disability and all this. I guess I haven't found out how much money I would have to keep going. So, no, I haven't found out about things. Things like that I don't concentrate on. (He stops at this point to get more coffee and a cigarette.)

N: So, you'll face that when you need to.

P: Yes.

N: So, today is what's important to you, is that accurate?

P: Yes, because my past isn't too glorious. I've proven that with becoming so ill. I'm very displeased that I was not able to kick drinking years ago. Back in, I believe, '83, I went through a no drinking course, for lack of better words, at S_ _, and I was able to stop for almost six months. For no reason, other than boredom, started drinking again. Then the whole rape thing. I'll never get over that. I went to the ten-year reunion for high school and several people thought I was dead—or should be dead. People can be so mean sometimes. I'll always be resentful of people like that.

N: These were people you had known and grew up with?

P: Yes! It would have been nice to have gotten a note from someone wondering if I'd been permanently disfigured or something other than thinking it was fair that I should have been killed. That wasn't such a good experience. I won't go through another one like it. Working at U_ _ _ _ _ at that time was quite an experience. Five thousand people in one building. I reported to work the day after I was beat up and my face was swelled out, my eyes swelled shut. I went into that cafeteria anyway! I really do face problems. I wasn't going to quit and they weren't going to fire me because I did, and still
continue to do excellent work for them. But that newspaper article did very, very bad things for me. I was in drag at the time and it said so. Lord! My mother called on the phone screaming and hollering at me saying that my younger brothers and sisters who were still in school were having all kinds of problems due to the news article. Only for me to find out many years later, she'd lied. My brother and sister knew nothing about it. Absolutely nothing. She admitted to that lie. What a strange lie to put me through. It put me through intense guilt for years. A strange lie.

N: You've been through it in your life, haven't you?

P: I have had some rough times. Indeed, I just try to always make improvements now. You see, it's too late to turn back the tide or to try and work with people that I don't want to work with, "old friends". When you give up drugs, including alcohol, you know you're going to give up all those old friends, too, because you no longer have that in common and most all of them are gone. So, I'm left with a few AIDS friends, but they are going too.

N: Have you been diagnosed with AIDS or have they changed it to ARC?

P: ARC. Dr. D_ _ _ changed that to ARC. It was a bit of a disappointment. I hate the prospect of putting my loved ones through a long, painful death. Of course, I don't relish the thought for myself either, but I have been kind of looking forward to the adventure of death and still continue to. I'm trying to get things in order. It's awfully hard to get your house into order when you work all day. I would like to have things prepared. I need to do the will thing, I need to buy a funeral plot so my folks don't have to. I'll get around to that some time. I'm not ready to go yet.

N: When you say, "an adventure," that's interesting too.

P: It's still part of the life process, being dead. Yes. None of us know what it's all about. There's living and then you die so you're dead. There must be something more than nothing.

N: What does your belief system tell you about death?

P: Well, I've lost too many very good friends and a few nice relatives to believe that there has to be something more than nothing. The comfort that all of us
Christians share, I think, is the beauty and the family of heaven and everlasting peace. I'm anxious for that.

N: You look forward to that.

P: I think death is life's reward. I'm not afraid of dying other than being extremely modest, I'd rather die and just be gone. I do not want to be disrobed. I guess those things are necessary. That really bothers me.

N: You mean actually having your body...

P: ...prepared for the funeral. That part bothers me very much because I'm a private person. I'm a "lights out" guy.

N: How has this diagnosis affected your life now that you've absorbed this? How would you describe your life as having changed? Of course, one major thing was quitting the alcohol, but just in your philosophy about life, has your philosophy changed?

P: Not enough or I would not still have this feeling of relief that I'm going to die. That is an incorrect belief. I don't feel I have the right to say, "I'm glad that I will die" because, heck I could go on with this ARC thing for a very long time. We don't know that yet. I stopped and changed my buying habits. I've stopped collecting things. That was a very big part of my life. Enough is enough. I try to be more thoughtful. I think about different things than I used to. Time was I would think only about my own head and how I could ruin it, now I think about using what's left of me to help comfort and return the love to others because people have been very loving towards me, all my life people have been. I used to be very quick to reject it (love) also. I wanted it (love) very much, but figuring I would loose it anyway, I would always reject people's good intentions. I never, in my life, had a lover. Never. Just a series of one nighters in the dark.

N: So you and T_ _ _ aren't lovers, you're roommates?

P: Yes, we share expenses and experiences.

N: You've had this wonderful friend and roommate for ten years.

P: We knew each other for about a year and a half before we decided to rent this joint.
N: And it's worked out well. You've lived together compatibly.

P: Oh, yes. Yes.

N: As far as a lover, you've never had a lover?

P: Oh, no. No.

N: Have you ever been attracted to somebody and it didn't work out?

P: No. Nothing ever worked out. I'm very bad at realizing if someone is making a pass at me. I would always be too shy to make a pass at anyone else. I don't pick up signals very well. The bathhouse scene was always where I was at or drive downtown at a quarter til one and pick up the cutest drunk and give them a ride home. That's how I got my adventures. Nothing where I'd be required to reveal anything of myself. I didn't ever give myself a chance, I guess, to have a turn.

N: Do you think it was something that just wasn't in the cards for you, or do you think that maybe you wanted to but it was just too much?

P: I needed all those emotional resources—I'm trying to change—to keep myself going. I didn't have it in myself to work with anyone else and those things are required in a lover's relationship. I was just sure that it would end up being a rejection. I had rejections starting from sixth grade on. So, I think it could be in the cards.

N: Coupling difficulty is something that I've read in journal articles, and AIDS is prompting people to look at so many things. Coupling is something that is not common or necessarily even natural among the homosexual population like it is in the heterosexual population. Of course, now AIDS is prompting more homosexuals to try to begin this coupling process. It sounds like, from what you're telling me, you never really had that urge to do any coupling.

P: No. No. I like one time situations. If I felt like being with this person again, I could do it by myself in bed. So, there's far less work. Far less work. I don't like courting.

N: As you say that, I wonder how many homosexual males couple because they feel they should try to make that
part of their sexuality more natural according to society.

P: Society is scary to gay people, for sure. To make it seem natural to the gay person, you have to go through so much that it's unnatural. With yourself, your family, society, especially in those young adolescent years, I really fault the school systems for making it so hard on the gay lifestyle. I should have had the choice, and been given the knowledge, that I was not the only person my age like this.

N: Is that the way you felt?

P: Oh, yes. I knew it was not correct. In the last fifteen years so much has changed. I hope that it's easier for people.

N: How old are you, P?

P: I'll be thirty-three in August.

N: So from the time you were about eighteen, things began changing. Also, society in general sensed that coming out of the closet?

P: Right. Right. For a while, the AIDS thing seemed like it was going to be a real setback again. But I think it's done good things because there are a lot of wonderful bravery stories on the gay people in newspapers and magazines. It's changed society's view somewhat, I'm sure. You read about the incidences of AIDS going down in San Francisco, L.A., among gay people and I'm so glad that that's reported. I think that makes society look upon us as being a little more grown up.

N: Do you think that the onset of this epidemic has prompted gay men, because that's the population that's been hardest hit, to change their sexual behavior?

P: (He nods affirmative.) Yes.

N: I hear some gay men say, "No. Things are still the same."

P: I go to parties occasionally. People are not drinking like they used to drink. I haven't seen a joint being passed around for a year or more. It's the same parties. The same crowds. The people are different.
N: So there are changes in behavior?

P: Yes. People are asking each other how they feel rather than did you cop a feel?" (We both laugh heartily!)

N: That's nice, isn't it?

P: Yes. People are caring about each other's lives and that's very nice. I wish I could do more. I have a lot of breaking down to do. I don't think about things. That's not good.

N: "You don't think about things." You mean, you don't think about other people?

P: Yeah. I try and be thoughtful. I keep working at it.

N: But your nature is to be introspective.

P: Tell me!

N: But this is an area that you feel you really want to work on, bringing that into balance a bit more?

P: After P_ _ _ 's memorial service the other night, I got to thinking, "What would my own be like? Who could have an interesting story to tell about P_ _ _? He never talked. He didn't ever do anything? All he did was have all those dusty nick nacks." I would like to have more than dusty nick nacks. I would like to have the friends that I used to have though most of them would no longer want me. So, I need to work real hard at making new friends.

N: New friends who care.

P: (He nods affirmative) New friends--I hope they care about me--but that I can care about them. I'm very vain and very selfish and I try to stop that.

N: It sounds like maybe that (selfishness) is one of the biggest things where this (AIDS) has affected you.

P: Yes.

N: Really seeing yourself clearly and then wanting to do something about it.

P: Yes. Of course, not taking all the drugs, the booze, really quickly changes your outlook on so many things.
N: You're clearer now?

P: Yes. I'm clearer on many things and less clear on things I thought I was very clear on.

N: For example?

P: That I was witty and marvelous and gorgeous and attractive only if I was stone drunk. Or that everything evolved around that drinking. I would try things that I would really enjoy without drinking, but somewhere along the line it would creep in. I'd sit at the piano and for hours I could play—things right from my own head, making it all up—and enjoy it immensely and then I would begin drinking while I was playing and it just ended up being a mess. I'd go thrift shopping. I'd have to buy a plastic tumbler just so I could pee between shops. Everything was ruined by drinking all the time. I couldn't enjoy anything without drinking. I hate to keep talking about drinking but it was such a huge part of my life for such a long time, and I just had so many very bad experiences because of it.

N: If you had it to do over again, would you do anything differently?

P: It depends on how far back I was going. Yes, I would not put myself in a position of getting raped. That was a very foolish thing to do.

N: When you say you put yourself in the position, how do you see yourself as setting that up?

P: By going to a very dangerous neighborhood, looking all the world like Jane Mansfield—pink sweater, bullet boobs, lucite high heels, the blonde wig, and watermelon lipstick. It was a wonderful outfit, and I only wore it to show off to a friend, and he just insisted that he had a club we had to go to and... I thought it was dangerous, quite frankly. I didn't even make it off the street before I was clobbered. That brought about so much pain for me. I would certainly have changed that. Thinking back, that is the only thing I would change. That buried my spirit for years. It made things rather bitter between my family and a few friends. I had a few friends who thought it was just hilarious. People are so stupid! Just hilarious.

Liz Taylor is such a dear. She says, "It's time to grow up." That really made me think so much. It's a good line. I don't know if she wrote it herself. Time to
grow up and that's just what it is. It's time to be responsible with your body and your mind. Even if you already have the virus, there's all kinds of things you need to change.

N: Louise Hay was on Oprah Winfrey...

P: I call her Acorn.

N: ...she was also on Donahue that same week.

P: I was angry at a couple of folks for not taping it for me. They should have known I would have loved that. What did Louise say?

N: She had four people on with her who have had their diagnoses reversed. Apparently there's no trace of the virus. All of these people talked about the work that was involved in having this change take place. It wasn't anything that just happened.

P: A lot of meditation and a lot of lifestyle changes including stress reduction. I feel much better if I listen to her tape--I don't remember the title of it--every night, several nights in a row. I can feel some power and strength coming back. She's quite a gal.

N: Have you changed your life style? Do you try to eat better?

P: Yes. I have a vegetarian roommate and he sure works hard at trying to get me to eat. I'm quite satisfied to have a meal a day. I try to at least have... I eat as much as I can. It's not that I don't have an appetite, it's that I'm very bored with food.

N: Is that new? Is that since your illness?

P: No. Eating difficulties go back many years. I was a very finicky eater. With the family around the table with Mom right next to me, I was forever getting yelled at and beat upon for picking at my food, being thrown to the floor, nose plugged and the mouth pryed open. This went on for my first twelve years or so. I was fifteen or so before I picked her up and slammed her against the refrigerator and said, "I don't ever want you to do this to me again!" She never did. A few years ago I was out to their house for dinner and Mom said, "Want to have some of this?" I said, "No, no, I think it has onions in it." Dad just laughed and said, "I bet you thought you'd never be able to say that without getting hit,
"did you?" He laughed. Mom didn't laugh. I didn't laugh, but it was very funny.

N: That must have been awful.

P: Oh, it was very irritating, yes. Eating around with the family was always an awful experience. I never liked fat people. I never wanted to become fat and I knew you became fat from eating too much. I've always been a very small eater unless it was something I really like—getting a plate of chicken wings. I love chicken wings or cheese cake. If really interested, I'll eat, if not I would just as soon... Only eat until I am no longer hungry. Many people eat until they can't eat anymore.

N: Or until everything on their plate's gone.

P: I like to stop when I'm no longer hungry. It doesn't take very much for that to happen.

N: I can imagine not because you're slight. Could I have a cigarette? I used to be a smoker and very rarely I have one now. It just sounds good.

P: They are. They're menthol.

N: That's a shame, P, one time that really should be pleasant is meal time.

P: Yes. My brothers, the younger children, grew also to hate meal times all the time that I was there. The older brother, he'd eat everything. He gloated and loved it when someone else was being pushed around.

N: So you weren't the only one who didn't eat.

P: True. I have a sister who's extremely small. She doesn't eat much.

N: What is your relationship like with your sibblings?

P: The elder brother I could not tolerate nor could he tolerate me for many years, from when I was about twelve until now. He's being nice to me and I'm trying to be nice to him. The other brothers and sisters—we get along just fine. We all know each other's faults.

N: Are they all married?

P: Pretty soon they'll all be married. The elder brother is just now going to be going through a divorce because
his wife has decided she wants to be a teenager again. There are already two teenage girls in the house and that's more than he could take. My younger brother will be married for the first time in October, then everyone will have had their chance at marriage.

N: You're from S_ _, I assume?

P: No, T___. This window (he points to a large section of stained glass mounted on the window behind the chair in which he is seated) was from the family church over there. I've got two others that same size and a couple other smaller ones around here. They sold them real cheap. I got that for thirty dollars. That was the expensive one! They tore the church down because of termites. It was a lovely church. I miss it very much.

N: I love your lamp. What kind of glass is this?

P: Metafiori glass. It's Italian. They take long sticks of glass and they cut it and put it all together in a mosaic.

So many of us have to work very hard to be where we want to be at spiritually because time is so limited. It certainly may not be AIDS that's going to end up limiting my life.

N: That's true too, isn't it?

P: Yes. Yes.

N: I have a tendency to think, like when I think about you, that AIDS will shorten your life, but that won't necessarily be what takes your life. It seems like people with AIDS are much more aware of that. I have a tendency on the outside to forget about that perspective. Isn't it wonderful that even though you're thirty-two, you can get into this now— you don't have to be a certain age to reap the benefits of the spiritual part of life.

P: Yes, but I notice people sixty and above that used to always go (to church) and now they only go on special occasions. There are some younger families starting up and that's such good news. I see so many young people at St. W__ _'s, during their mass and that looks very good. I don't think people are sitting at home watching religious programs on Sunday mornings.

N: You said a while ago that you really feel people reached
out and responded to you. You feel a sense of support?

P: Yes. Yes. I'm always very surprized. I'm intraverted enough that I'm taken by surprize when someone has said, "You really helped me," or "I really liked what you said," or they left a message with someone after they died. S__ wanted to make sure that R__ told me how much I helped him. I didn't realize that I'd done anything special. I smile all the time and he loved that. He loved watching me smile. He said that helped him so much. It really was a shock to me cause I don't feel like I'm much of a helpful person.

N: It is amazing how we can help people in ways that we're not even aware of, and we're not even trying to be. I think sometimes that's when the best help comes. Au natural. It's just there.

P: That made me feel real good.

N: As far as the support group goes, do you feel like you get something out of the support group?

P: I come and go on group, especially, unless it's summer, I'm at church. I'm not always sure that I've had a good time. I'm always sure that I don't want to go but, once I'm there, I'm always glad I came. I wish I could be less shy there. I think the group has a few problems in letting people talk beyond the amount of time that the group needed. There have been many times that I've gone there and not been able to get an issue out or a question because of lack of time. I've had no great revelations in going to group. It's good to be there if you have particular problems that you feel someone there can help you with, or if you had an experience that you wish to share with the group. I'm very greatful that it's available.

N: Do you feel like you can be real when you're in group?

P: With group, there are so many people there for support for loved ones that are ill or who have died. I would hate to say, "People that are sick, go to this room. Moms and dads over here, and lovers down the hall and to the left." I'd hate that idea but I don't like to be in a whole room full of people that are not ill but they're all suffering from something but it's not AIDS or ARC. I end up feeling kind of empty or that it was not really my purpose for being there. A few other people have mentioned that problem. I also would not want to have the segregation.
N: It brings a fuller perspective with it somehow.

P: I think my favorite part of the program is standing in the circle with the arms around each other. That always makes me feel a little teary. M_ _ _ 's death affected me very much. A week ago tomorrow I found out that he had died. A friend came over and told me. Right away the roommate said, "Oh, yeah, we were kind of expecting that." Well I hadn't been expecting it at all! That really hurt my feelings alot.

N: That he (the roommate) would say that or that M_ _ _ died?

P: That M_ _ _ died. I thought it was most unexpected.

N: I found out a week ago tomorrow. I attend services every once in a while at A_ _ _ Church. I'm a member of B_ _ _ _ Church but attending A_ _ _ Church is how I came to get to know the gay community. Things weren't happening with my thesis. I was kind of waiting for them to happen and finally I thought, "I don't care about my thesis." I felt drawn to get involved so I started attending services there and last Sunday when I popped in D_ _ told me. I was really surprized. I didn't know that M_ _ _ was that ill. The last time I saw him... There again, that's that expectancy.

P: Right. It all came so quickly. Because I had been visiting him at the hospital and I knew he wasn't well, but I had thought most certainly that he would rally for a while and get back home. I've always mirrored his illness with my own and he did the same towards me. I haven't been sick yet. Not at all. Other than throat problems, that's it. M_ _ _ went the other way.

N: I didn't know until the service Tuesday night that, at one time, he'd taken vows as a monk which really touched me. We're all unique, but I can see why he must have been a good friend to many people.

P: He was a dear. He didn't have a great deal of friends. Several of his friends turned on him when he told them of his illness. That was really hard on him. I haven't told anyone about my diagnosis other than P_ _ and T_ _ _ _ and those in the support group. I haven't had lots of friends for years.

N: People you work with and associate with on a day-to-day basis?
(Shaking his head no.) Just my boss. She told her boss and I said, "Okay, that's enough telling." I go to the doctor all the time and they ask no questions. I don't want to work in an environment where people know because I supervise people and they get to chattering about AIDS and are very unkind.

I know that in the work setting that I'm in. I just kind of sit and shake my head.

I've asked my parents not to tell anybody. There's no need to. I hope that they'll talk with a professional if they're having some real problems.

You don't want people to see you as "P, with AIDS".

Right. They already know me as "P, the queer, P, the faggot." That's enough. I find AIDS rather humiliating. It's just another blow. "Of course he has AIDS, he's always been a queer."

That's punishment thinking. How do we overcome that?

By not caring about people's bad opinions. But I care very much about people's opinions.

I'm sure. In situations where people do put forth unloving thoughts, I ask myself, "How do I make any kind of a proper response to this?" I know when the time's right, I will.

I have felt very interested and see myself at some point in the future teaching about homophobia. I had this wonderful idea. I thought, "I could teach about this. I could really have an interest in teaching about homophobia." Then, somebody said to me, "Well, who'd sign up for the course!"

Homosexuals.

I could just see people flocking to register for this course on homophobia.

It would be wonderful if they did.

I think it would be. I think people might be more interested, because indirectly as the numbers grow, people are going to know homosexuals with AIDS, and they're going to want to know more.

And to know how to relate to their homosexual friends
and relatives.

N: Exactly. There's such a gap, or there has been. It's closing. I want it to be okay. I guess I have always wanted it to be okay. Through the years one thing that has always bothered me is the way people start talking about gay men being child molesters. You don't know how many times I've stood up and said, "That is not true." I feel like I've waged this little battle. Things like that, hopefully, will be clarified. Studies prove quite the opposite. Among school teachers, it's the straight people who are doing these things!

P: Yes. Yes. I was myself molested in school. I've been through too many sick... If there's something strange to have come along, I seem to have gotten myself in that situation.

N: How old were you when you were molested?

P: Junior high--probably thirteen or fourteen--a school teacher. He was my wrestling coach. I was really tough and strong and quick and he loved to wrestle with me. He wrestled one time in the locker room. No one ever found out about that. I was really too frightened to say anything.

N: Was that just a one-time situation?

P: (He nods yes.) Probably if he had done it again, I would have talked.

N: What was his attitude like toward you after that?

P: He liked me very much. He gave me good grades. It was the first time I ever had good grades in Science. I think he was doing more than studying anatomy.

N: Was that your first sexual experience, then?

P: No. At age four or so I experimented with the neighbor boys.

N: Boy, that is young, isn't it?

P: I'd plot and scheme and arrange everything and the boys were always cooperative.

N: Interesting. You had a way with people in that regard?

P: I don't know how I did it. Oh, years later these same
neighbor boys in high school were so awful to me. I was never going to hurt them and tell. Never did. Even at the reunion the awful people we're saying things and sharing deep secrets. Heck, I could have talked.

N: Isn't that something? It must be guilt or something that prompts that.

P: I did use those boys.

N: Well, not against their will.

P: No.

N: You didn't tie them up or anything like that it doesn't sound like.

P: No, no.

N: That's what amazes me about people! They have to talk about it in a way that puts the other down and exalts self.

P: Well, I don't know what mechanism caused them to be so bitter towards me. I would take care that if I was trying to keep something secret, I would keep the entire subject closed. No names, no nothing.

N: You've had sexual experiences with "straight" men, with men who are not really straight. How many men who claim to be straight do you think really aren't, or that lead straight lives but they have male lovers on the side that nobody ever knows about?

P: I don't know.

N: You haven't necessarily come across that in your experience?

P: I've certainly been with men who have been married or are still married.

N: Get married and play the game.

P: That's not done anymore.

N: Anymore since...

P: I think it's not nearly as prevalent to go to the extreme of getting married to protect the fact you're gay.
N: I see what you're saying. I would hope not.

P: That must be a mess to have to go through.

N: I know so many men, in getting to know people in the gay community, who were married and had children. It's just amazed me.

P: It always takes me for a loop. There's so much pain all the way up and down the line.

N: With family and spouses and offspring, and what has to be contended with. I just wondered about that. It seems to me that a lot of gay men that I've talked to said they've known several men who were married, trying to portray a straight life when in fact they aren't. It just seems sad that people don't feel safe to be themselves. There's that self awareness again. We all reach that at different times.

As I listen to these tapes and transcribe them, I may have some other things that I'd like to explore a bit more, would you be willing to do that?

P: Certainly.
Appendix F: Second Interview with Subject D

P: You were saying that you thought this was one of the last interviews you were doing?

N: Yes.

P: Did you have some questions from our last interview? Do you have some pockets needing to be filled in somewhere?

N: Only one thing that left me with a little questions mark and I knew I wanted to check it out.

You talked about the fact that, had you not been drinking, you felt that you would have been dead by now.

P: Yes! Yes, I would have at least suffered from alcohol poisoning or something related to that. The general state of my whole body was really nasty and the doctor seemed to say that I couldn't have made it much longer and stayed out of the hospital.

N: Okay. When it came to the topic of AIDS, you mentioned dying as something that you were looking forward to. The transition in that (dying) and different aspects of it. The puzzle for me was you also stated that you wouldn't necessarily do anything to bring that on. (I solve the puzzle for myself as I ask the question.) So, maybe that's why this timing was natural for the drinking to stop.

P: Or natural for the virus to pop through or to become known to me, either way is true.

N: What happened? What was the turning point in that situation for you?

P: Especially to stop drinking, it was a great amount of pressure from loved ones to not drink, and that if I was caught in a stooper again, I would be in a hospital, whether I signed myself in or not. That wouldn't do at all. I still, before I'm gone from here, may drink again, but I will try very hard not to start. It would disappoint too many people. And, my loved ones don't deserve that and it has not been so difficult not drinking. It's wonderful not to have any painful hangovers and elevated anxiety. A lot of support is the only way that I have not been drinking.

N: That's great. You know, when you say a lot of pressure from your family, was there any kind of intentional
gathering of forces as a group or was it more incidental?

P: The support to me at the time was mom—and dad going even once—to the doctor's appointments with me; both of my parents going to the prayer meetings at St. W_ _ _'s. I'm really pleased. And discussion on it! They let their feelings out a little bit and started to--my mother just mentioned this the other day--forgive herself for things that have happened. Things I guess she's done to me and to herself, and she had to forgive herself before she could help me so I think she did a lot of real quick work.

N: The Spirit can work that way, too. That's the miracle. The transformation can just be so immediate.

P: Well, she didn't want to lose me. But, I think the support was not there and if I lived alone, I would have been gone.

N: So P_ _ _ (roommate) has probably been a part of that.

P: Oh, yes! I couldn't live alone. Some people have suffered loss of long-term roommates due to infection. You do have to consider that. Saturdays are hell for me around here by myself. I just can't take it. It's too quiet. I sit and bang on the piano for a couple of hours and maybe watch a movie, but mostly sleep. I get lonely very fast.

N: I bet. Have you been thinking about ways out of that?

P: Yeah. I went to the grocery store and had a nasty anxiety attack while at the store. I got home and hardly got the frozen goods put away and I had to go lay down and I slept for hours.

N: From the stress?

P: Well, there's lots of opinions about why people have sudden attacks of anxiety. I don't know the answer. The blood pressure went clear up. You feel like you're going to wet your pants. All these crazy thinks that are never going to happen. You feel like you're dying. Anxiety attacks are occasionally still a problem. They keep me homebound, too. I try not to get involved in any more than I need to. I do a lot more than I used to.

N: You do more than you used to?
P: Mmhm.

N: I suppose the anxiety, it sounds like, may have been one of the things that the alcohol was masking.

P: Oh, yes. As long as I was drinking, I was having a good old time, but the next day would be very horrible. Hangovers... Most people, I found, that are homebound due to anxiety, are alcoholics. I used to go to a support group for dealing with anxiety problems. They all looked pretty boozy to me! (He laughs hard.) I didn't ever bring it up. I'd always drink a couple beers before I went, to relax. I've stopped going to those.

N: When did you start having anxiety attacks?

P: I can remember at times of great stress, it was much more than butterflies in the belly. My whole body would stiffen up and the blood pressure would go up from age thirteen or so, but what I'd characterize as a most severe attack wasn't until about '79 or so--it's nearly ten years.

N: What happened when you knew that's what it was? What was that situation like?

P: I didn't know what it was! It felt like I was having a stroke. It felt like I was having a reaction to bad LSD.

N: A bad trip?

P: Yes! It was just very frightening!

N: Where were you?

P: Sitting at my receptionist's desk. I got up and walked as fast as I could in as straight a line as possible to Health Service and they got me to the doctor and they couldn't find anything wrong. After that, I had to doctor shop until I found someone who knew about anxiety. They put me on banana diets and things to strip salt from the system.

N: Kind of an internal chemical approach?

P: Yes, and internal medicine was not what I needed. I needed not to drink so much. A smart doctor should have been able to tell that I was alcoholic. I was asked,
"How much do you drink?" "A couple of beers," I said. I was lying all those years.

N: You are correct. There are signs that a doctor well-trained should be able, for the patient's benefit, to see.

P: Well, I had to shop around for a long time until I found one that wouldn't believe me. They were giving me powerful psychotic drugs and all the time I was backing it up with a great deal of booze. I was declining quickly towards the end of all that. I would have not woken up one time.

N: So what did you do at that point? Is that when you quit drinking or quit taking the medicine?

P: I quit taking some of the medicine soon after I started seeing Dr. D_ _ _ in March of '87, and he's kept me off some of the same drugs. What was the question?

N: Well, was it the drinking that...

P: Yes. I stopped it all at once.

N: So you haven't been drinking for how long?

P: It was last February, a year ago.

N: It had gotten to the point where you just shopped around...

P: ...for ten years I shopped around to different doctors and psychiatrists.

N: So that's why your alcoholism became as severe as it did because of the combination of the two (drugs and alcohol), and different doctors and none of them having a steady medical history to follow.

P: True. Pills and booze just don't do well at all!

N: No! Booze and booze don't do well in my body!

P: I'm not even interested in having red wine and vinegar dressing. I want nothing that will touch off anything.

N: Well, how have you been feeling now?

P: Oh, wonderful! I feel disappointed whenever I have an anxiety attack. That only happens if I'm late at taking
my medication. It (anxiety) might come on a couple times a month rather than several times a day, every day--unless I was drunk. Then they wouldn't come on. So, I like that very much. Those attacks wear you out real good. As the warmer weather comes on, I think a lot more about drinking so I have to be real careful by refusing invitations to people's houses where I can get in trouble. I don't go. I don't ever go to bars anymore. I'd sure like to. I'd like to drink very much.

N: Yes, but you're wise not to.

P: I can't. The doctor would have every right to not see me anymore. And he (the doctor) would be able to tell right away whether I'd been drinking or not, just by the decline in my liver function which now is absolutely normal.

N: It is?

P: Yes. I hated my liver for a long time.

N: That's wonderful. That is a real blessing because the liver can certainly be a problem. That's (the liver) one of the most frequently hit areas, isn't it?

P: Yes. The AZT (AIDS medication) will eventually start bothering it, but at least I've got it prepared for this new thing that's going to bug it.

N: This is true. Maybe in some strange way chemically the alcohol set up some kind of a defense mechanism.

P: Honestly! I have thought for a long time, "If I just keep myself distilled, I'll be okay." I've sure thought that. (We both laugh.)

N: One other thing I found myself wanting to talk to you about was to ask you a question which I've asked the others I've interviewed.

If you were to guest lecture to a college class taking a course on homophobia, what would you say to them?

P: Right off the top of my head I would say, "That's their own business. Do what you can live with. They will be judged for their own actions at their time." I'm not particularly offended any more by someone who's homophobic. I've gained enough strength in my own character to overcome that. That's all I've got off the
top of my head. I'm not much of a lecturer.

N: Okay. I think what you're saying, or to rephrase it if I follow you correctly, "Let other people have their own opinions."

P: Oh, yes. I'm very liberal with people's opinions as long as their actions do not treaten my life or my livelihood. Then it becomes different. I can take the insults. I don't get them anymore. People have changed a lot over the years. That doesn't mean I won't bark back at them, too!

N: Right.

P: I don't think it should be illegal to dislike certain communities of people, and I certainly have certain strong opinions on things that people disagree with me on. That's only fair.

N: Have you given any thought to what causes homophobia?

P: Well, I can remember my own teenage experience. It was the girls that so influenced the guys into disliking me. I used to have lots of pals, but once the girls started becoming jealous of that relationship, their fears came through. Their tongues wagged, and I lost many of those friends. I didn't have many (friends) because of the girls by high school. I scared them (the girls). Fear brings on the homophobia, I suppose.

N: So, part of it is generally that it will come from heterosexual women who feel threatened. What about the males who are homophobic?

P: I wish I knew more about the cultures throughout the world and find out what homophobia is in other countries. It would be interesting to draw a good conclusion.

N: That's a good point.

P: American males are very different.

N: Isn't it said that the United States is less accepting of homosexuality than many other countries in the world? Is this your opinion?

P: I would say that is true. What seems so amazing to me is that black men can be so unaccepting of gay men. They certainly experience racism and whathaveyou. It's
so odd that people do not put themselves in someone else's place. It's very irritating to me. I've come across that, and women should feel the same way. I sound like I ramble, don't I?

N: No. What you're saying makes sense. What about the black men who are gay? You're talking about black male heterosexuals.

P: Yes. They can be very, very bad on black gays. They treat them very shabbily. So the black gay person has really got it bad!

N: When you say they treat them shabbily, can you give me an example?

P: I'm sure the examples could be the same as white to white and that males are "supposed" to act a certain way. A black male should be superior to a white male in a black mind--a bad black mind, mind you! A gay black man is certainly not being superior.

N: At least in their opinion.

P: Yes. I feel that's very true.

N: So they demonstrate this outwardly in their behavior...

P: ...physically.

N: Oh, they just beat on them? Well, you certainly wouldn't want to be in that part of town then.

P: No!

N: I mean, is this true of all gay men? Most gay men would feel this way--that there are areas where if the majority of the population is black, you want to avoid that area? Is that true?

P: Well, it depends on how familiar you are with the culture. I don't know how to walk down a street without getting into trouble. Someone who grew up within the neighborhood would know. I'm not educated enough to feel safe.

N: Okay. So that's the way that is for you?

P: Mmmhm. I've never really discussed it with people. You just hear lots of things and as we discussed last time, I was certainly brutalized. I have a pretty deep-rooted
fear.

N: Your attackers were black men?

P: Three of them.

N: That reminds me of something. You said that you went to work the next day. I got to thinking about how you must have looked and then you said it was in the newspaper, too!

P: Yes, it was.

N: I thought, "Wow!"

P: That took a lot of bravery, but I knew my turf.

N: Boy, when you know your turf, you're going to win the war because even at that it was a lot of bravery! That's a good way to put it. I think the situation, for most people, would be too intimidating.

P: Oh, indeed it was. I was very low on the totem pole and worked with a lot of vocally anti-gay people, including my bosses. They could have found a way to get me out of there. I probably intimidated them, too. That, by far, was the most powerful experience I've ever had. I overcame that one.

N: It was a real balancing, wasn't it? Here's one end of the spectrum, you're badly beaten...

P: ...a bad beating from the blacks, from the police, from my landlady. So... (he pauses)...my parents. I only had one person to support me at that time. That was very nice. Then what's on the other end of the spectrum?

N: Here on the other end of the spectrum to balance off the bad beating you went right back to work. Some people would have just stopped there.

P: I could have used up some vacation time. I knew I either had to quit or I needed to face it right away. I could have been more comfortable if I'd let my face get unpuffed a little. Maybe that's why I went in! I figured no one would recognize me! (We laugh.) I didn't look like myself at all! It was pretty awful.

N: Did you receive any medical treatment for that or did you just kind of nurse youself back to health?
P: I never have recovered from it and received no kind of... Well, I needed a mind doctor. That little rape crisis line would have been handy. I was taken to the hospital after the accident. They looked me over to make sure there weren't any broken bones or concussion, but they didn't put any ice on my face. They should have done that.

N: That (applying ice) would just be routine emergency treatment for swelling and it helps tremendously in the healing process.

P: The people at U_ _ _ _'s Health Services were quite dismayed when they learned of the shabby treatment I'd received at the emergency. The police were very abusive, too. I just... I think, "I'll get over it sometime. I'll just keep going."

N: It must be disheartening to know that the police are involved in perpetuating...

P: There's a fire station downtown in the bar neighborhood and the firemen used to get up on the roof of the building and howl and hoot and holler and people walking by knew you were gay. They were very abusive. That sort of thing wouldn't happen any more. That was maybe twelve or fifteen years ago. That would no longer be tolerated. It used to be done quite freely.

N: When did this beating take place again?

P: This was Memorial Day, 1975.

N: Thirteen years ago.

P: It left me with some bad scarring and made me, at that time, unable to think about having a real relationship or any kind of natural sex life. I still could use some counseling on all of that.

N: I would imagine!

P: I made it through that one. I've been lucky not to have anything serious happen since then.

N: You've been at U_ _ _ _ (his employer) for a long time, then?

P: Fifteen years.
N: So you were fairly new there when this happened.

P: I was new, yet well known throughout the building. I travelled all around for my first six months delivering supplies to every department. People always made fun of me. I was the topic of gossip for a long time. "Running for Miss Credit Union this year, P?" That kind of garbage which also will no longer be tolerated. I used to have to tolerate a lot of things. We don't have to do that anymore. That's harassment. I won't put up with it.

(A brief interruption occurs in the interview.)

N: So Saturdays you're usually alone?

P: Yes. I spend allot of time alone. I like to get up very early in the morning, do a couple housework tasks, do some reading, and fall asleep for the afternoon.

N: If that works well, I can imagine you're really helping yourself out to get through the week. Then, Sunday is a church day for you, right?

P: Yes, but I didn't even make it to church last Sunday. I got up too early and did too many tasks and thought, "Oh, I'll just stretch out for a minute." I woke up after noon.

N: Well, your body needed that rest, didn't it?

P: I really do get beat from my work. Other folks that are ill stay at home. They wonder why I don't join these groups where wealthy ladies in town can take AIDS people out to the symphony and things. I'm not interested in that! I'd prefer they put their money into research.

N: Or money into saving it for a real hospice. That's my dream. To convert houses to hospices. Have a house staff and everybody helps as much as they can. Those who can help more, do; and those who can help less, don't.

P: There's a church on___ Street that would be an excellent hospice site. They might have to merge with another church. There are real big rooms for sleeping, a good kitchen, fire places, and things. That would be a grand building for a hospice, I think.