



Resilience as an Untapped Resource in Behavioral Intervention Design for Gay Men

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Contextual Stressors: Socioeconomic, Racial/Ethnic Family of Origin (Abuse, Parental Psychopathology/Substance Abuse)

General Stressors of Urban Life: Higher Costs of Living, Relative Anonymity

Gay Identity Development

First Awareness of Same Sex Sexual Attraction-Wonder if I'm Gay-First Same Gender Sexual Activity-Decide I'm Gay-Disclosure of Being Gay to Others

Development of Internalized Homophobia

- Devalue Other Gay Males Hide Self /Monitor Behaviors
- Withdrawal from Active Social Life
- Assume Marginalized Group Identity
- Overachieve
- Disassociate (e.g. During Sex Play)

Protogay Social Skills

- Ambivalent Attachment to Mainstream Social Cliques
- Possible Delayed Identity Attachment to Any Social Clique
- Possible Attachment to Non-Mainstream Social Cliques
- Possible Development of Ability to Thrive in Adversity
- Possible Development of Vulnerability to Psychosocial Health Problems

Access to Minority Weaknesses

- Continued Sexual Shaming/Silence
- Stress of Being Openly Gay in a Heterosexual Context
- Social Disconnect
- Increased Target for Abuse
- High Background Prevalence Rates of Substance Abuse, Violence, MH Problems, STDs, and HIV

Access to Minority Strengths

- Increased Opportunity for:
- Social Bonding
 - Sense of Community
 - Romantic Partners
 - Healthy Sense of Being Male
 - Healthy Sense of Being Gay
 - Economic

Development of a Psycho-Social Health Problem

Substance Abuse

Depression

Violence Victimization

HIV Sexual Risk Behavior

SYNDEMIC

HIV VULNERABILITY

Masculine Socialization Stress: Shaming and Other Punishment of Gay Males for Failing to Achieve Masculine Ideals

Cultural Homophobia: Cultural Norms and Institutional Policies that Discriminate Against Gay Men (e.g. Marriage, Adoption, Tax Laws, Military Service, "Glass Ceiling" in Professional Settings)

Corollaries of Syndemics Theory

- Syndemic processes should already be in place among very young gay men/adolescents.
 - Addressing multiple epidemics may raise levels of HIV prevention effectiveness.
 - Resilience may be an untapped resource in HIV intervention design.
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Where is the evidence for resilience in this table?

	No. of Psychosocial Health Problems			
	0 (<i>n</i> = 1,392)	1 (<i>n</i> = 812)	2 (<i>n</i> = 341)	3 or 4 (<i>n</i> = 129)
Recent high risk sex	7%	11%	16%	23%
HIV prevalence	13%	21%	27%	22%

All associations have p 's < 0.001. All p values are two-tailed.

From Stall et al., 2003

Deficit Assumptions Underlying HIV Intervention Design for Gay Men

- **Raise condom use skills** (*gay men don't know how to use condoms*)
- **Raise condom negotiation skills** (*gay men don't know how to negotiate sex*)
- **Change peer norms** (*gay men have unhealthy peer norms, esp. around sex*)
- **Raise skills to face homophobia** (*gay men have few skills to face homophobia*)

HIV Prevention is Efficacious, but...

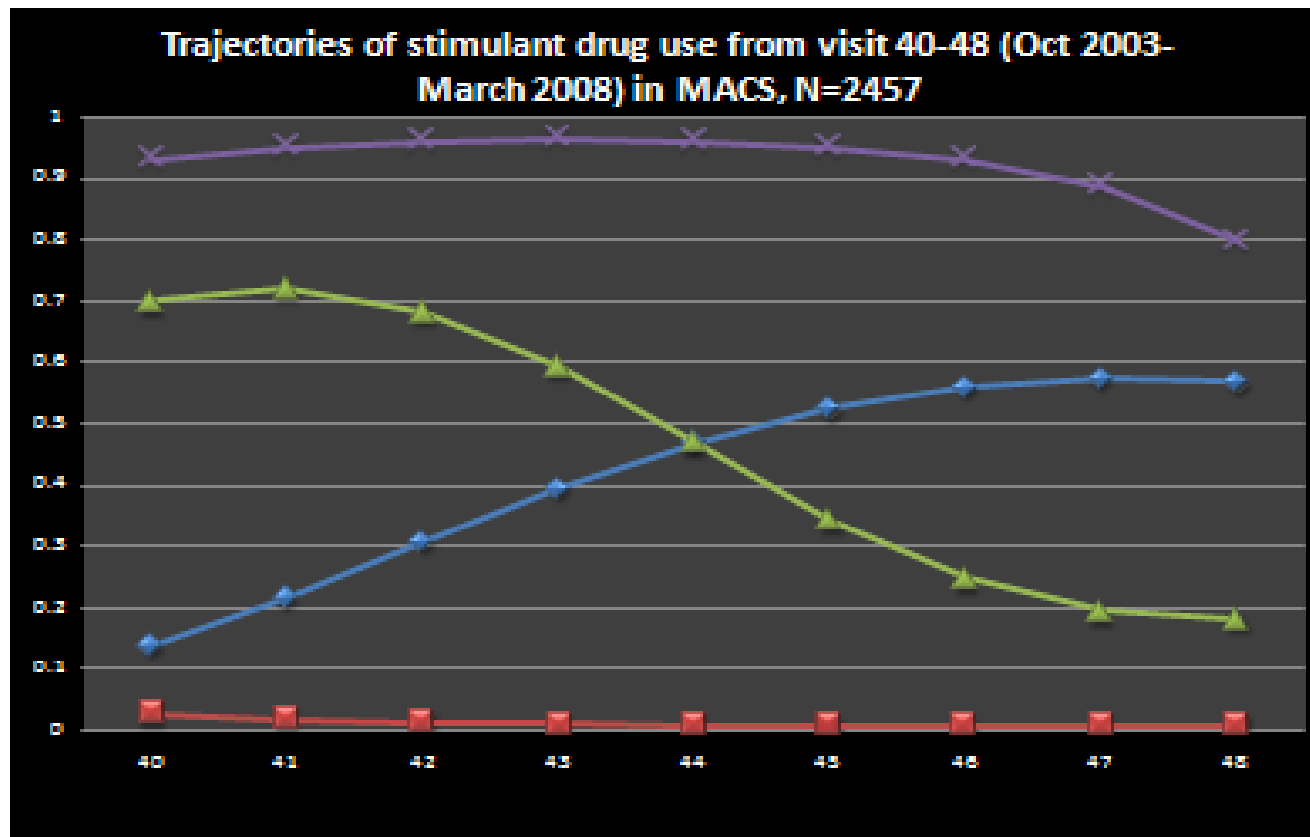
- Herbst, et al., meta-analysis showed that behavioral interventions reduce risk by roughly 1/3
- How can these effect sizes be increased even further? How can we improve participation uptake by gay men?
- Would strength-based approaches help with these goals?

Questioning Intervention Design

- Are we as public health professionals too quick to focus on deficits in intervention design rather than strengths?
 - Does a focus on deficits in HIV interventions serve as a barrier to uptake of these interventions?
 - Would a strength-based approach to intervention design improve intervention efficacy among MSM?
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Resilience is Common among Gay Men

- Gay men quit smoking at high rates.
 - Gay men report low levels of problematic drug use given exposure rates.
 - Gay men can resolve heavy substance use over time.
 - Large proportions of gay men stay seronegative for decades on end, even while enjoying a very active sexual life
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“No use” 68.8%, “Some use” 7.2%, “Increasing” 5.8%,
 “Decreasing” 8.5% “Consistently high” 10.5%

Questioning Intervention Design

- Why do we prioritize the study of 16% of the MACS who descend into problematic drug use over the experiences of 84% of the cohort who resolve substance use careers on their own or never/rarely use drugs in the first place?
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Questioning Intervention Design

- Which group would be more valuable as the source of intervention insights – men who initiate a substance abuse career or men who resolve these careers on their own?
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Gay Male Strengths and Health Promotion Efforts

Shamelessness	Counters Homophobia (Internationalized Homophobia, Depression)
Sexual Creativity	Counters HIV Risk (Alternative Strategies to Create Safe Sexual Expression)
Social Creativity	Counters loneliness, lack of social support (internalized homophobia, depression)

Gay Male Strengths and Health Promotion Efforts

Volunteerism/Social Activism	Counters social vulnerability (violence victimization, increased health care, homophobia)
Self-Monitoring	Counters loss of control (substance abuse, depression, sexual risks)
Social Support	Counters unhealthy social relationships/ loneliness (substance abuse, depression, sexual risks)

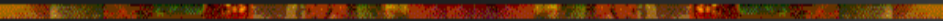
Towards the Development of a Theory of Resilience among Gay Men

- Study “spontaneous remission” from substance abuse among gay men
 - Study how men with multiple syndemic conditions remain sexually safe and HIV negative over time
 - Study community mobilization patterns that strengthen community interactions
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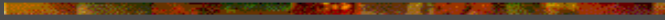
On the power of structural interventions...

- “Deficit” analysis of Depression:
- Correlates of Depressed Mood:
 - Not having a primary partner
 - Not identifying as gay/queer/homosexual
 - ≥ 1 anti-gay violent attack in past 5 years
 - Alienation from gay community

Mills, T., et al., Distress and Depression among Urban MSM, Am J Psychiatry, 2004; 161(4):776



Would changes in domestic partnership/marriage laws lower rates of depression among gay men by:



Acknowledgment of the Depth of Our Commitments to Each Other?



Chronicle / Liz Mangelsdorf

Strengthening Connections to and Protection of Our Families?



Chronicle / Paul Chinn

Strengthening Connections to Our Traditions and Spiritual Lives?



Chronicle / Kim Komenich

Strengthening Connections Within Our Community?



Chronicle / Kurt Rogers

Strengthening Connections to Society at Large?



Chronicle / Paul Chinn

One Case for Studying Resilience

- LGBT Communities have mounted an ongoing civil rights campaign during the midst of the AIDS epidemic and co-occurring epidemics in our communities.
- This alone suggests that strength based approaches to our community have been under-appreciated.
- It's time to address weaknesses AND tap strengths in HIV intervention design.