

Maintaining a Safer Sex Life

Part Two:

The Reality of Slipping

When sociologists and epidemiologists talk about "risky sexual relapse" among gay men, they throw around a lot of figures: 25% of gay men in San Francisco have had unprotected anal sex in the last 12 months; a 400% increase in cases of rectal gonorrhea in Seattle in 1989; increasing reports of younger gay men experimenting with unprotected sex; the list of statistics goes on.

But what is just a collection of statistics for them is something far more for us, literally millions of individual struggles to adjust to and maintain a safer sexual life. There is no way statistics can begin to address the emotional and social complexity of what we go through around the issue.

The changes that the gay men's community have made have been called by one researcher, "the most profound behavior changes ever observed in the literature on health behavior." But changes that comprehensive did not, and could not be expected to, happen overnight. And it remains equally unlikely that they could be universally maintained, without any "backsliding."

It is not uncommon for some to look at gay men who still have unsafe sex and respond with thoughts like, "I just don't understand why they can't simply decide to stop," or "Can't they keep their gonads under control and stop letting their dicks rule everything," or "They must be trying to get it." Such a simplistic viewpoint fails to take into account the incredible power of sexuality and the strong pull it exerts on all of us. Let's face it: sexual decision-making is frequently, if not usually, irrational. Spock may be able to approach it with pure logic, but the rest of us mere earthlings do not.

For someone beginning to approach safer sex (whether having previously practiced unsafe sex or just beginning sexual activity), the first steps must involve coming to the realization that this is something that applies to them, and then making the necessary adjustments in their own lives.

Ideally, that would be the end of the story - everyone would stay safe all of the time, and new transmission of HIV among gay men would cease to happen. Un-

fortunately, things aren't that simple in the real world. We are constantly faced with relearning the earlier lessons, reminding ourselves that this is still relevant to us, and remembering how we are going to stick with it.

It is entirely natural to be tempted to go back to practices that we once enjoyed freely, or that we never even had the chance to try at all.

It happens so easily, we just lose ourselves "in the heat of the moment" or we rationalize that, "Just once is okay, he couldn't have it" or we get drunk or someone we really want to have sex with pressures us, or we actually forget about AIDS or...or...the list of potential slip-ups is virtually endless. With all those possibilities, what's amazing is that most gay men do manage to consistently maintain safer sex practices. As a community, it's something to be extremely proud of.

Yet that community sense of accomplishment can be an obstacle to individual efforts to stay safe. If having unsafe sex has become socially unacceptable for the gay men's community, where does someone who has had unsafe sex turn for non-judgmental support?

Most gay men who slip (or who are tempted to) do not tell their friends about it. They know that the reaction is more likely to be, "How could you do that, don't you know any better?" than, "Yeah, I've done the same thing too, and here's how I felt about it." A key step in addressing continuing unsafe sexual practices must be the ability to discuss it honestly and openly among ourselves.

One answer may be to develop a "buddy system" contract, where you and a trusted friend agree to be available to talk about it. Agree to be honest about your own slips and your fears, and understand the other's needs. What's most important is that it be a safe space to talk about these tough issues, without fear of condemnation for being merely human. Recognize how difficult it can be at times, and be up front about your own struggles around the issue. Try starting a conversation among your friends with a line like, "Sometimes I wonder how long I can keep having safer sex without blowing it, how about you?" and you may find you've opened up one of the liveliest discussions your social circle has had in ages.

When you find yourself rationalizing unsafe activity, think hard about the mental calculations you are making. With your "buddy", or by yourself, do a reality check on your own degree of denial. Make yourself look at the risk you may be taking based on your actual sexual activities, not simply the labels you attach to yourself or your partners. How high does the risk have to be before you take it seriously? Are you willing to risk a one in a thousand chance of infection? How about one in a hundred? One in ten? Even in a lower incidence area like Vermont, a significant portion of men who have sex with men are infected with HIV, and this provides a ready reservoir for future transmission. There is no geographic protection.

In rural areas similar to ours, studies have found HIV seropositivity among self-identified gay men ranging from 2% to nearly 20%. At either the high or low end of that range, the odds are probably a lot higher than most people would rationally chose to take, especially for an avoidable risk. But many of the calculations we make aren't mathematical in nature. Sometimes we'll rationalize that, "He looks healthy, he must not have it," or "He's too nice to be infected," or "He's not a slut, he couldn't be positive." While we may make these distinctions, HIV is not so discriminating. The virus is no respecter of personality, attractiveness, or other social characteristics. The one question you need to ask yourself is quite simple: could this guy have ever (even once) taken part in a sexual act that might put another man's semen or blood inside him? (Or have engaged in unprotected heterosexual sex, or used a needle?) For the overwhelming majority of men you might have sex with, the answer is obviously, "Yes, he might have." Others convince themselves that, "It's almost over; AZT is available; they'll have a cure if I get sick; it's a manageable illness now." Such wishful thinking flies in the face of the medical reality: AIDS/HIV remains a devastating and life-threatening illness, and while treatments are improving, a cure is still many years away. Still others may think that, "I've gone this long without getting it, and with all I've done, I'd have gotten it by now".

Anyone who convinces himself that unprotected sex (especially fucking) is not putting him at risk needs to seriously reconsider the rationalizations he is making because, unless he is in a mutually