For many gay and bisexual men, whether infected or not, HIV has defined a large part of their lives. Some have lived through the entire epidemic and have lost much of their social network to the disease. Young gay and bisexual men may have never known a time when AIDS was not a part of the gay community. Some even perceive HIV infection to be an inevitable consequence of coming out as gay, and uninfected gay and bisexual men may actually feel disenfranchised from the gay community.

In areas most affected by HIV disease, many social services exist to support those infected with HIV, but there are relatively few support services to help people value being uninfected. Inadequate counseling can result when counselors misinterpret or make assumptions about how a client will respond to testing negative. Counselors may assume a client wants to stay uninfected and will maintain safer behaviors and change unsafe ones. But a person who has been engaging in unprotected sex or sharing needles may view a negative result in a variety of ways. For example, this person may take the result as a sign that he or she is immune to risk or low-risk sexual behaviors. Maybe he or she has engaged in high-risk behaviors but has not had contact with a person who has HIV, or perhaps he or she is in the window period of infection, the time between being infected and when HIV antibodies are detectable.

For example, in an ideal disclosure session for someone receiving a negative test result, a counselor spends at least 20 minutes giving the result, conducting a post-test risk assessment to ensure the client understands any risks associated with his or her sexual or needle use behavior, and providing further counseling, support, and referrals. However, one study found that counselors often spent only two minutes with clients whose test results were negative. Several factors may be responsible for this: for instance, clients may not want to talk about their results or test counselors may incorrectly assume that a person who receives a negative result needs no further counseling about or support for staying uninfected.

Inadequate counseling can result when counselors misinterpret or make assumptions about how a client will respond to testing negative. Counselors may assume a client wants to stay uninfected and will maintain safer behaviors and change unsafe ones. But a person who has been engaging in unprotected sex or sharing needles may view a negative result in a variety of ways. For example, this person may take the result as a sign that he or she is immune to risk or low-risk sexual behaviors. Maybe he or she has engaged in high-risk behaviors but has not had contact with a person who has HIV, or perhaps he or she is in the window period of infection, the time between being infected and when HIV antibodies are detectable.

Counselors might assume that a negative HIV test result is good news for a client. Understandably, most people are relieved and happy to receive their negative result. But some people who test negative may feel confused, disappointed, and even depressed. For these clients, counseling may be more complex. This issue of PERSPECTIVES examines issues faced by some of these clients, especially gay and bisexual men, whose communities have had the highest numbers of people with HIV infection. A “Related Issue” article looks at ways that being seronegative can emerge in other communities. The Implications for Counseling section presents strategies counselors can use to respond to the concerns of people who are uninfected.
infection. Or, a client may believe that a negative result affirms that a risky activity he or she has engaged in is actually safe. Others may interpret a negative test result as a “clean bill of health,” and may want to “celebrate” by having unprotected sex. According to the State of California, Department of Health Services, Office of AIDS, nearly 54 percent of people who tested positive over the course of a year had previously tested negative at least once.³ Sixty-six percent of those who test positive after repeatedly testing negative are gay or bisexual men.⁴

Being Uninfected
While most people will be relieved and happy to be HIV negative, some people may see being uninfected as temporary; others may disbelieve their infection status, or be confused about it.⁵ Being uninfected may leave these people feeling uncertain because they do not know whether they will be able to remain free of infection. Or, they may feel depressed because they realize that remaining uninfected and being a “survivor” of the epidemic means having to watch other people in their lives become ill or die. These feelings may be short-lived—occurring among people who are essentially happy about being uninfected—or they may be chronic and signal or lead to other problems.

The subject of personal attitudes toward being uninfected has emerged only recently as an HIV prevention issue. As a result, there has been little formal research on the subject. While it is clear that being uninfected can be concerning for some people, little is known about the numbers of people for whom this is a concern, how long-lasting concerns might be, or the extent to which concerns may lead to unsafe behaviors. Most of what is known comes from anecdotal reports, for instance from what service providers observe during outreach work or in clinical settings such as support groups. These reports are relevant because they demonstrate that some people who

Isolation from a support network may lead people to seek connection by engaging in higher risk behaviors such as unsafe sex and substance abuse.⁸

Related Issue: Various Populations of Uninfected People

Research on the effects of HIV among those who are uninfected is extremely limited, and the research that does exist focuses on gay and bisexual men. However, clinical reports suggest that uninfected people who identify with other groups strongly affected by the epidemic may have similar psychosocial issues.

Uninfected children in families with seropositive parents may experience isolation at school and in peer relationships because of the burden placed on them to be caregivers. When other children in the family have HIV, parents or guardians may be preoccupied with those children, and uninfected siblings may suffer from a lack of attention and support or they may feel guilt about surviving their siblings.²¹

One study found that 11 uninfected women whose partners were HIV-infected men with hemophilia continued to have unprotected sex with their partners because of a desire to share the partner’s fate, an unwillingness to add to the partner’s burden by communicating rejection, and a false assurance that they were immune because of a negative test. Some of these women felt an obligation not to introduce condoms into the relationship because they did not wish to “remind” their partners of having AIDS.²²

Any group—especially those that feel marginalized in society—may experience trauma and loss when people in the group are affected by the AIDS epidemic. Heterosexual and lesbian caregivers who continue to encounter gay men with HIV disease, for instance, may experience feelings of guilt as survivors of the epidemic.²³

Injection drug users in inner-city areas may feel a sense of inevitability or hopelessness about becoming infected because they are immersed in a community with a high rate of HIV infection. At the same time, these feelings are complicated by the need to continue injecting drugs. Injection drug users who are uninfected may also experience a lack of social support because medical care, many detoxification programs, and other types of support for drug users are targeted to people who are also infected with HIV. They may feel no support for remaining uninfected, particularly in areas where needle exchange programs and over-the-counter syringe sales are still illegal.²⁴
test negative have trouble adjusting to this reality; but, there is yet no research supporting the idea that most or even many people who test negative have these concerns.

Because these reports arise in clinical settings, they cannot be applied generally to the overwhelming majority of people not receiving such services. And, researchers know little about the extent to which the feelings that some people attribute to being uninfected may actually result more from other concerns, for example internalized or societal homophobia, depression, or anxiety. While researchers explore these questions, service providers have identified several factors related to being uninfected that they believe may contribute to a person’s conflicting feelings. It is important to note that these factors are based on providers’ personal experience and beliefs—they do not represent academic or peer-reviewed research.

Isolation. In a study of uninfected clients receiving HIV support services, nearly one-third had a partner infected with HIV, and about half had close friends with HIV. When a large percentage of a person’s social network is infected with HIV, a negative test result can feel isolating. Some seronegative gay men may believe that they can no longer identify with friends or partners who are infected with HIV, or even with the larger gay community. Some people may also feel that they will not get the social support that they would receive if they were infected because gay communities are more mobilized around helping those with HIV. For gay men who felt socially disenfranchised early in their lives, being uninfected may actually be yet another impediment to a sense of “belonging.”

This lack of connection can be intensified when uninfected men feel they cannot talk about their experiences. Some uninfected men are afraid to tell others their serostatus because they do not want to be perceived as “bragging” or of being insensitive to people with HIV infection. They may be afraid to ask for help because they fear that in doing so, they might take resources away from people who are infected. Isolation from a support network may lead people to seek connection by engaging in higher risk behaviors such as unsafe sex and substance abuse.

Guilt and Shame. Guilt about being uninfected is more common among men whose risk behaviors are the same as their friends and partners who are infected or who have died. This experience is known as “survivor guilt”—a condition first identified in people who survived concentration camps during the Holocaust and now associated with other disasters that impact large parts of a community. Survivor guilt may co-exist with feelings of relief about being uninfected.

Gay men may experience shame as a result of internalized homophobia or discomfort with their sexual identity. Shame can be especially common among younger men who do not have affirmative gay role models and who equate homosexuality with HIV infection. Both shame and guilt can occur for a person who has heard throughout life that being gay is not normal and that people who are homosexual somehow “deserve to get AIDS.” Survivor guilt and shame can disrupt a person’s life, leaving someone feeling that the future is marred, or that he or she does not deserve to live while others are ill.

Loss. People who are uninfected may experience the loss of friends, family, and partners who have died. They may also feel loss because of ways in which the epidemic has affected the gay community as a whole. For instance, the epidemic has meant that people cannot engage in unprotected sex—especially anal intercourse—without fear of contracting HIV. The effect of this loss has been frequently underestimated, but the meaning of sex and the intimacy that arises from specific sexual behaviors is crucial to emotional well-being.

Anxiety. People who are uninfected may feel anxious about the prospect of becoming infected. This may lead to sexual dysfunc-
tion—in which a person is unable to experience sexual intimacy because of impotence or phobia of future infection. A person may lose interest in sexual activity, be unable to have an orgasm, or seek to forego intimacy because of concerns about remaining uninfected or being alone when a sexual partner dies. Conversely, these fears may also lead to increased sexual risk-taking. Sexual binges commonly occur following the death of a friend, when a friend receives an HIV-positive test result, or as a person feels increasingly isolated and unable to express feelings.

For some people, the testing process itself raises anxiety, and this may be especially true for people who test repeatedly. Some gay and bisexual men even feel relief when they test positive because, despite its implications, it means they no longer need to go through the anxiety of getting tested.13

**Negotiating Safety: Serodiscordant Relationships**

In relationships in which one partner is positive and one is negative—sometimes called “serodiscordant” or “magnetic” relationships—it is sometimes easier for couples to incorporate safer sex behaviors because each partner is aware of the other’s serostatus. In some cases, some uninfected men may feel more comfortable with partners they know to be infected because they can concentrate on having safer sex instead of being concerned that their partner is not truthfully disclosing his status or has become infected after testing negative.

However, being serodiscordant can also cause conflict. The differences that an uninfected gay man and his positive partner may perceive about their goals for the future, for instance, may be complex and difficult to discuss.

Emotional intimacy in a serodiscordant relationship can also present the risk of partners lapsing in their safer sex practices. In a study of 15 serodiscordant couples, some reported they would stop using condoms to avoid being reminded of their mixed serostatus. They also reported that, as emotional intimacy increased, the perception that one partner could “harm” the other declined.14 A “positive-negative” relationship can also be strained if one or both partners is anxious about transmission.15

**Relationships with Others Who Are Uninfected**

Related to the risk of HIV infection, unprotected sex can be safe if both partners are known to be uninfected. People may involve themselves in relationships in which they can ensure such a situation through a process of “negotiated safety.”16 Negotiated safety refers to the terms of a relationship to which partners will agree in order to have unprotected sex. However, the safety of unprotected sex in such a relationship can be threatened when the sexual terms of the relationship are not clear to or met by one or both partners, or when one partner becomes infected through non-sexual behavior.

Negotiated safety requires that trust be an explicitly defined part of the relationship. Trust may involve a commitment to monogamy, to have only protected sex with people outside of the relationship, or to have only certain types of sex—such as masturbation or oral sex—with others. Negotiated safety must include a way for partners to talk about lapses and respond to them. For example, the partners might decide that if one of them has unprotected anal sex outside the relationship, they will not have unprotected sex again until that person has tested negative after the infection window period has passed.

**Sex Outside Pre-Existing Relationships**

Uninfected men might have sex with someone whose serostatus is unknown. In some cases, sex that occurs outside a previously existing relationship may involve little or no verbal communication and each partner might make assumptions about the other’s serostatus. For example, someone who is uninfected might make the dangerous assumption that a partner who does not mention condoms or his serostatus is also uninfected. In one study, 17 percent of uninfected men who engaged in unprotected anal sex assumed their partner was uninfected because he was willing to have sex without a condom.17 In the same study, 43 percent of infected men had unprotected anal intercourse assuming that their partner’s willingness to take risks meant they were also infected.
Implications for Counseling

For most clients, testing HIV negative and being uninfected is a comfortable and welcome experience. There are some clients, however, for whom testing HIV negative may prompt concerns, ranging from a fear of betraying friends with HIV infection to a belief that it is only a matter of time before a person does indeed test positive. These responses can occur for any client, but they are more likely among gay and bisexual men and those who identify with groups or communities that are hardest hit by the HIV epidemic. Remember that these responses may be short-lived—occurring among people who are essentially happy about testing negative—or they may be chronic and signal problems with grief, depression, anxiety, or other states.

Even when a client does express concerns about being uninfected, be careful not to “diagnose” all of the client’s concerns as being related to a negative test result. A client may have other issues—for instance, a history of substance abuse behavior, depression, or low self-esteem—that need attention and which may be unrelated to serostatus.

Being Uninfected

It is important for counselors to recognize and validate the various reactions a client may have in response to receiving a negative result and to be aware of what it is like for a person to be uninfected in a community in which many people are infected. Assess and recognize the following possible experiences.

Isolation. Does the client feel alone? Does he or she have people in his or her life who are uninfected or who see value in being uninfected? Do clients see their generation of peers dying and therefore feel little desire to remain alive?

Guilt. Does the client believe it is okay to be uninfected, or does he or she view this as a betrayal to his or her community, or to friends who are infected?

Loss and Identity. Has the client’s experience with others’ illness and death affected his or her thoughts about the future, and making plans for it? To what extent is the client’s life and identity tied to the epidemic? To what extent does the client relate being gay or bisexual to being infected with HIV?

Absence of Worthwhile Future. Can the client envision and value a future in which he or she is uninfected?

Depression. Be alert to the fact that feelings about being seronegative can lead to depression, which can affect sleep, eating habits, and a person’s thoughts and behaviors.

Testing HIV Negative

Recognize and validate the range of emotions clients might have to testing negative. These can include relief, confusion, disappointment, happiness, disbelief, or anger. Emotional reactions may appear to be conflicting: For instance, a person might express relief but also feel overwhelmed by the burden of continuing to have to avoid becoming infected.

In the risk assessment session, discover the significance of a negative result for the client. If the client has tested negative before, ask how he or she felt after receiving previous results. Clients may hesitate to acknowledge concerns about testing negative; they may feel ashamed about their conflicting feelings regarding what most consider to be good news. Give adequate time for clients to consider the significance of a negative and a positive result, and do not assume that a negative result is either “good” or “bad” for them. Throughout the process, be cautious not to convey to clients that there are certain feelings they should have. Doing this can lead people to feel they are inadequate if they do not have these feelings.

After disclosing a negative result, ask a client once again about the personal significance of the result. Be especially alert to the possibility of the following reactions.

Disbelief. Does the client believe the result? Some people living in communities with high rates of infection expect to test positive, regardless of their previous risks. Acknowledge this perception, and clarify for clients that these two things are not the same.

There are some clients who may test repeatedly because they see the testing process as being incomplete as long as they receive a negative result. This process may occur without the client being conscious of it. Explore this issue when it appears; a client for whom this occurs may need “permission” from a counselor not to test again.

Sadness. Clients may focus on losses they have experienced or those they expect, for instance the loss of friends, partners, or family members who are ill or have died, or changes the epidemic has had on daily life. When testing, feelings about these things can be overshadowed by the uncertainty of one’s serostatus. Upon learning he or she is uninfected, a client may return to focusing on these concerns.

A Counselor’s Perspective

“I need to remember that a client can have lots of feelings in response to testing negative. He or she might feel relief, while also feeling confused.”
Numbness. Consider whether the HIV epidemic has so deeply affected a client’s life that he or she is unable to feel anything at all upon receiving a negative test result. Respond with a more measured session that gives clients extra time to consider feelings about testing negative.

Help clients recognize their reactions are understandable. Assess the extent to which a client is comfortable acknowledging his or her feelings. At this point, some clients may attempt to dismiss their concerns. They may say, for instance, that their challenges are insignificant compared to someone who is infected. Validate that the needs and concerns of someone who is uninfected are important.

Primary Prevention: Remaining Uninfected

Recognize that the time just after receiving a negative test result can be one of the riskiest for HIV infection. Learn the extent to which a client values the prospect of remaining uninfected, both now and in the past. When a client displays ambivalence, learn more about this. For instance, a client may say he or she does not want to become infected, but state there is no reason for “sticking around” when others are ill or dead.

When discussing safer sex behaviors, acknowledge the loss of not being able to engage in sex “naturally,” without protection, and a client’s feelings about this. Also, be aware that some clients may engage in relatively low-risk behaviors, but overestimate their risks based on their experience of being surrounded by so many people who are infected.

Negotiation with Partners

Help clients develop skills to negotiate the safety they need in terms of the risks they are willing to accept. Assess a client’s negotiation skills and learn how a client communicates with partners. To what extent do clients believe they are able to talk with sex partners about sex beforehand? Do they believe they can let partners know what they will and will not do, and what they like and do not like? Are there ways they can communicate during sex to let partners know what feels comfortable or unsafe?

People who are uninfected may grow weary of negotiating with partners, and, without accurate information, make assumptions about the serostatus of partners as a way to avoid negotiating. Assess the extent to which clients base the behaviors in which they engage on assumptions of a partner’s serostatus, and explore the dangers of doing so.

Negotiating sex in or out of pre-existing relationships involves balancing positive feelings toward sex with concern of contracting HIV. Learn what is important to a client in sexual encounters. Understanding the importance of specific parts of the sexual experience is crucial to negotiation. If a client skips this step, he may find continual dissatisfaction with safer sex, and may abandon altogether safer sex guidelines.

Discuss trust. What does trust mean to a client? What trust does a person place in a partner who says he or she is uninfected? Trust may mean believing that a partner engages only in safer sex outside a relationship or it may mean believing that partners with HIV infection will respect the client’s boundaries of acceptable and unaccept-
able sexual behaviors.

Ask clients to describe their experiences of trusting others and the extent to which they feel trust with partners and with themselves. Learn the extent to which they have discussed the issue of trust with partners. Acknowledge that such discussion can be difficult. If the client is afraid of such a conversation, respect this and learn more about this fear.

Support Beyond the Counseling Session

Assess a client’s support network and the extent to which he or she feels a connection to a group. Learn whether clients believe they can talk with friends or partners about their concerns of being uninfected, and explain benefits of this. Explain that getting involved in a community—of friends, co-workers, classmates, neighbors, or others—is a powerful way to reinstall a desire for life. If a client wants greater involvement in a community, explore his or her various interests, and direct the client to clubs or social organizations. Community newspapers often list such organizations.

Many issues are best dealt with in supportive settings beyond the test counseling session. After a discussion, acknowledge the value of further dialogue and provide a referral, saying, “Here’s somewhere else that people are talking about their grief or caregiving or the experience of being uninfected.” Know community resources for high-risk, HIV-uninfected clients and assess which resource is best for each client. Provide referrals for all high-risk clients who test negative.

Case Study

Rick is a 24-year-old gay-identified man. He says he is unsatisfied with sex because it always involves using a condom: “I don’t want to use a condom for the rest of my life.” He adds: “Sometimes, I really don’t care whether I get infected. I hate my job, my family doesn’t support me, sex has become boring, men are jerks, and I feel life is worthless a lot of the time. Besides, so many guys I know have HIV and they’re doing okay on all these new treatments. I’m not saying I want to get HIV, but it’s not worth being so careful.”

Counseling Intervention

Be aware of two main points in counseling Rick. First, he says he does not like condoms, but uses them nonetheless. Second, he says he does not care if he gets infected. Because Rick is someone who describes himself as being on the brink of “giving up,” help him look at some of the underlying issues he is facing; provide him some help in understanding why he feels as he does; and offer him an appropriate referral.

Make sure Rick feels comfortable venting his feelings. Validate his view that sex with condoms can feel unsatisfactory, that he feels unsupported by his sexual partners, that his experiences with his family are difficult, and that some people with HIV infection are doing well.

Ask whether there are specific reasons or motivations he has for testing at this time. Learn more about Rick’s current relationship to alcohol and other drugs. If he is currently using alcohol or other drugs, see if there is a connection between this and his feeling that “life is worthless a lot of the time.”

Find out more about his current level of support. Is there anyone he can talk to about his family, his relationships, and his anger? If he appears to be benefiting from expressing these feelings in the counseling session, explain that there are other places where he can continue this process, for instance in a support group or with a psychotherapist or a friend he has not previously considered. Does Rick know other uninfected men? Is he aware that some of his feelings are shared by others who are trying to find ways to live, work, love, and survive this epidemic?

Learn the kinds of losses Rick has experienced throughout life. How has he expressed his grief about these events? Validate any feelings of sadness that Rick shares, and then link him to follow-up services, for instance a group or an individual where he could explore feelings further.

Help Rick understand that a goal of the session is helping him find ways or reasons to live through this epidemic. Help him see that his comments reflect how he feels at this moment, but they may not reflect how he feels most of the time. For example, in his statement, “I’m not saying I want to get HIV,” he is expressing that he wants to be alive. Help him see that sustaining a desire to remain uninfected can be difficult and build on any areas where he seems motivated or is aware that he could use some help.

The counselor should make it clear that it is important to him or her that Rick not become infected. The counselor may be one of the first people in Rick’s life to express this level of concern for Rick.
Test Yourself

**Review Questions**

1. True or False: All gay men will feel sad, confused, or angry upon receiving a negative test result.

2. True or False: After disclosing a negative test result, a counselor should ideally go through a risk-assessment with the client again.

3. True or False: In a study of HIV-uninfected men, nearly one-third of those who had engaged in unprotected anal sex stated that it was not necessary to use a condom because this sex did not involve ejaculation.

4. True or False: People who repeatedly test negative are highly unlikely to ever seroconvert.

5. True or False: Isolation is something experienced by people with HIV infection, not by people who are uninfected.

6. A binge of unsafe sex may follow a) the loss of friends and partners to AIDS; b) an HIV-negative test result; c) the decision to abstain from sex; d) any of the above.

7. Uninfected gay men experience loss because a) people close to them have died of AIDS; b) the gay community as a whole has been heavily impacted by AIDS; c) they associate sex with illness or death; d) all of the above.

8. True or False: Only uninfected gay and bisexual men have concerns about the experience of being uninfected in an environment with high rates of infection.

**Discussion Questions**

1. What can counselors do to avoid making assumptions about how HIV has affected the life of someone who is uninfected? How can counselors ensure that they are not applying assumptions to clients’ needs?

2. When counselors do not themselves identify as being strongly affected by the HIV epidemic, how can they make sure that they are empathic to those whose lives have been greatly affected?

3. There can be multiple priorities and directions to go in with a client who tests negative. How can a counselor decide which areas need focus: for instance, helping a client maintain or increase his or her commitment to stay negative, building a sense of community, enhancing safer sex negotiation techniques?

4. What can counselors do to learn about referral resources in their communities and to help develop additional services?

**Answers to Test Yourself**

1. False. While some gay men who test negative will have such feelings, most will likely react with relief or happiness. It is important that counselors not make assumptions, but rather, respond to whatever reactions clients have.

2. True.

3. True.

4. False. Data from the State of California, Department of Health Services, Office of AIDS demonstrate that nearly 40 percent of people who tested HIV-positive had previously received a negative test result.

5. False. Like people infected with HIV, those who are uninfected, especially those who live in areas strongly affected by HIV, may feel a lack of belonging to their community.

6. d.

7. d.

8. False. While gay men can be affected, others, including injection drug users and those in environments strongly affected by the HIV epidemic, can also have concerns about being uninfected.
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