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From: JimberlyPickett@a... **Date:** Wed Aug 27, 2003 2:43 am **Subject:** Commentary on Signorile

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Good morning peeps! Following is some insightful commentary from

Curt Hicks

of the Cook County Dept of Public Health (Illinois - Chicago area)

Michelangelo Signorile's stance that we must be screeching "HIV is a Living

Hell" or we

are irresponsible. After Curt's thoughts I have included

Signorile's

simplistic, over-generalizing,

judgmental, condemning, persecuting article -

just

published in Newsday. You may

think he is irrelevant because he will say

anything

to get attention. But the fact that he does get attention --- and significant

national media attention at that --- makes him someone we MUST consid

as he is in this instance.

--jim

Always bear in mind when reading Signorile that however frequently he cited on gay male public health issues, he is a public relations consultant and gossip columnist, not a Behaviorist or Social Psychologist. His profession has honed his instinct for grabbing headlines and public attention, but it has not prepared him to projec the behavioral impact of his messages on his proposed audiences.

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Signorile's strategy is "Refer Madness" revisited.
Watching someone else do "Behavior X" and get clobbered by "Consequen Y" is vicarious conditioning, what Bandura called "Social Learning." And it may work, if it works at all, only to the extent we've gotten good advice from a similar medium that tested out in reality as true. Speed limit signs keep their meaning to most folks on streets with frequent enforcement, but lose their meaning in the absence of occasional radar guns. We quickly learn to distinguish signs that tel us truthfully about consequences from those that don't. Exaggerating HIV's aversive consequences may briefly achieve risk avoidance among naive, but at a terrible cost, the long term loss of prevention's credibility.

But that's not the only problem with Signorile's proposal. Aversive messages, precisely because they are unpleasant, will be run from lik skunks. Signorile's "living hell" messages teach no positive skills, prosocial values, no expected sexy outcomes. They teach only one message, "HIV risk= discomfort". And that is not a message that young gay men who test it in the bedroom or the bushes will find credible--until far too many years too late.

Realistic portrayals of unsafe behavior's consequences, if paired wit depictions of happier results from safer behavior, might have some effectiveness for gay men who have already experienced the unfun consequences of careless play. One part Signorile, mixed with two par honesty and two parts risk reduction skill modeling, might have a sho at encouraging safer behavior by HIV-positive gay men who don't get t they can contract HIV strains resistant to meds they haven't tried ye or other nasty, incurable bugs. It might have some impact on gay men visiting an STD clinic trying to put out a burn. But it's not likely work with a young audience who don't know any actually sick with HIV they know anyone with HIV at all.

To reach them, we must look for the intersection of risk reduction an their currently existing motivations. Let's see if we cannot identify those risk reduction strategies that young gay or bisexually active m believe could be easy, fun, and popular with their partners. Then let look for ways to symbolically link those preferred practices with the notions of their ideal selves. Coca Cola didn't make its billions exhorting folks to "Drink this sweet, brown, bubbly liquid." It's ads sang us Siren songs. Their imagery portrayed the opening of that icon bottle as a gateway to life, joy, zest, sexiness, connectedness, community." And their imagery morphed with the times and the market.

Signorile's strategy isn't likely to influence teens and early twenty-somethings. Realistically, HIV consequences are likely to hit hardest a good decade after infection. And the gay teens I've chatted with about this cringe at the thought of actually turning 25 years ol let alone 35, let alone 35 with unpleasant AIDS-related symptoms. Sho them the face of a gaunt 40 year old with facial wasting and they're likely to see it as an indictment of being 40 as of getting AIDS. But find out why they pick one fast food over another, download one musician's track over another, try one drug but not another, wear one designer over another and we may get a clue how to speak risk reducti in the language of their motivations. If we can symbolically link ris reduction to life-as-they-want-it-to-be, whatever that may be for a given niche of young males who play with males, we can position user-friendly risk reduction strategies as the pathway to get there. -Curt Hicks

Cook County Department of Public Health

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Newsday, August 25, 2003
235 Pinelawn, Melville, NY, 11747-4250
(Fax: 516-843-2986 ) (E-Mail: <u>letters@n...</u> )
( http://www.newsday.com/ )
http://www.newsday.com/news/health/ny-vpsig253427487aug25,0,5099039.s
HIV Is Awful, Even With The New Drugs
By Michelangelo Signorile
One ad is headlined "Crix Belly" and features a man with a horribly
distended stomach, a side effect of anti-HIV drugs such as Crixivan.
Another,
headlined "Facial Wasting," depicts a man with a gaunt face proclaimi
that he
now looks "like a ghost." There's one called "Night Sweats" and anoth
called "Diarrhea."
What all of these bus shelter ads have in common is that they drive
the point home that HIV â€" as well as the side effects of the drugs
now
combat it â€" is a living hell.
You'd think ads like these would be running in national gay magazines
and would be slapped up on bus shelters in gay ghettos across America
scandalously, here we are, almost 25 years into the epidemic, and the
place you'll see anything like them right now is in San Francisco, wh
they
were
produced by the Stop AIDS Project, and only in the past year.
The eerie absence of such reality advertising has taken a toll.
According to the latest reports, many gay men, young and old, have gi
safer sex. It's alarming, and enraging, to see entire generations of
forget about the past. But as new reports show a surge in HIV infecti
among
gay
and bisexual men â€" up 17 percent from 1999, according to a study re
last month by the Centers for Disease Control â€" you can't help but
AIDS has been whitewashed in the media and popular culture.
Even AIDS groups themselves have made the disease seem so manageable
that, to many young gay men, it doesn't matter if they get infected;
HIV infection may even seem desirable. With drug-resistant strains of
spreading, the rise in unsafe sex â€" and the unwitting glamorization
AIDS
â€"
can very quickly turn back 20-some years of advancement on the AIDS f
much of the blame, rather than falling on right-wing politicians igno
disease, will fall squarely on gay men themselves for what is grossly
irresponsible behavior.
For much of the epidemic, AIDS groups have had the dual role of tryin
to prevent the spread of HIV while also empowering those already infe
and
helping them to fight off stigma. That's often meant depicting HIV-po
gay and bisexual men as healthy, attractive and successful. Drug comp
too, in their efforts to sell high-priced AIDS drugs, have hawked ima
chiseled men climbing rocks or flexing as hot poster boys, ready to t
the
world.
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But if AIDS has been glamorized in the world of advertising, it's bee forced into the closet in the gay community itself. AIDS and the pain ugliness surrounding it $\hat{a} \in \mathbb{N}$ including death $\hat{a} \in \mathbb{N}$ are hidden from view

Gone

are the emaciated bodies walking the streets and the decrepit, lifele souls

carted out in wheelchairs at AIDS walks. Most HIV-positive men today not

only remarkably prolonged their lives thanks to the onset of the combination $\ensuremath{\mathsf{C}}$

drug therapies of protease inhibitors, but many are on testosterone ${\sf t}$ as

well. Many are now muscle-bound and studly, even if they're taking po

drugs with debilitating side effects â€" the night sweats and diarrhe

instance $\hat{a} \! \in \! \! \! \text{``}$ and an uncertain long-term effectiveness. Meanwhile, man HIV-negative

guys look like average Joes and often find it hard to compete.

There is something very twisted and wrong when some young,

HIV-negative gay men profess a fear of not fitting in, to the point operhaps

unconsciously contracting HIV to attain a sense of community. Earlier summer there

was a barrage of media attention around a controversial documentary m the rounds of the film festivals called "The Gift," about an alleged subculture

of grotesquely reckless gay men who fetishize contracting and spreadi HIV.

Calling themselves "bug-chasers" and "gift-givers," these men apparen talk

of HIV as a special, wonderful club.

Truly demented, yes â€" and highly sensationalized as well. But while this phenomenon probably accounts for only a minuscule group, a much

swath of gay men seems to be engaging in unprotected sex not because actually want HIV, but because they think it's just no big deal to ge They see

a muscle stud on the street who, they're told, is HIV positive, and t see a

handsome man in an ad proclaiming how wonderful his life has been sin was diagnosed. Suddenly, forgoing condoms in the heat of the moment b a

lot easier.

That's why a radical new vision like that of San Francisco's Stop AID Project is vital right now, in New York and across America. Of course shouldn't be considered "radical" to depict a disease as a bad thing. the

the highly-charged issues surrounding AIDS have never been that simpl $\hat{a} \in \$ Michelangelo Signorile is a former editor of The Advocate, a national gay magazine, and author of "Queer in America" and "Life Out

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2066 Re: Commentary on Signorile	Jon Markle	ncsilverbear	Thu	8/2
2069 Re: Commentary on Signorile	Chris Camp	skyewarrior21214	Fri 3	8/29
2073 Re: Commentary on Signorile	JimberlyPickett@a		Sat	8/3(
2074 Re: Commentary on Signorile	JimberlyPickett@a		Sat	8/3(
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