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AIDS and A-Bomb Disease:

Facing A Special Death

Chris Glaser

In 1979 it was called “gay cancer,” and it took the life of an acquaintance. Then “gay-related immune deficiency,” or GRID, claimed neighbors, friends of friends, fellow activists. I began grief and death counseling with a segment of the population ordinarily concerned with life’s ambitions and enjoyments: men in their twenties and thirties. Hospital visits and memorial services became more frequent.

By 1983, when it had come to be called AIDS, my own friends began to be affected. One was a man I dated in seminary, and I was devastated to learn of his illness only upon receiving a notice of his memorial service. Another friend, a minister, shared his struggle to survive AIDS. In our exchanges he helped me come to terms with my own anxiety about developing the disease.

I am now 36, the average age of death of a person with AIDS. As far as I know, I don’t have the disease, and I have chosen not to be tested for antibodies to HIV, the virus related to AIDS. I take care of my health, am in a relationship, and follow safe-sex guidelines. Test results would not change anything for the better and the stress I’d experience if I have been exposed to the virus would be for the worse, since stress lowers immunity.

But I do not feel “safe.” I am in a battle zone; I see buddies fall left and right. How can I cope with the continuing loss? Why am *I* spared? What makes me think I *will* be spared? Why would I believe I’m going to get out of this battle *alive*? Why are men with purer, more loving hearts than mine suffering with AIDS and I am not?

I share this experience, these feelings and questions with countless gay men and an increasing number of heterosexual men and women. Yet I’ve found it difficult to adequately express the devastating dimensions of AIDS on the gay community. Half of any therapeutic process requires putting one’s experience in words, words which help me and others understand.

Preparing a sermon for the commemoration of the bombing of Hiroshima, I reread Robert Jay Lifton’s analysis of the experience of Hiroshima’s survivors.¹ Despite real, qualitative, and quantitative differences which forever separate the experiences, I recognize remarkable parallels between their way of coping and the gay community’s coping with AIDS. I draw on the framework Lifton constructed, not only to understand the

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present suffering of the gay community, but to place that suffering in context with all human suffering.

The survivors of the Hiroshima blast experienced a "permanent encounter with death," according to Lifton, which can be described in four stages. First, survivors of the atomic blast felt as if "the whole world is dying." As gay men, our encounter with death from AIDS seems endless. Not just countless friends and strangers die but our world, our newly formed and newly found community, is dying.

The second stage experienced by Hiroshima survivors was the threat of invisible contamination from radiation that "leaves behind in the bodies of those exposed to it deadly influences which may emerge at any time and strike down their victims." With the incubation period of AIDS said to be as much as ten years, we in the gay community experience a similar fear of invisible contamination which may strike at any time. Accompanying the threat of invisible contamination among Hiroshima survivors came rumors, logical and illogical. AIDS, too, has brought rumors, from its inevitability ("I've probably already been exposed") to its invincibility ("Everyone exposed to the virus dies") to its being spread through everyday contact (example: serving dinner guests with AIDS on paper plates while everyone else is served on china).

Mind and Body

The third stage comes later. Hiroshima survivors encountered it in the effects of radiation years afterward: from various forms of cancer, especially leukemia, to the birth of defective children, often mentally retarded. Lifton writes of this period, ". . . in the minds of survivors any kind of ailment, whether it be simple fatigue [or something more critical] . . . becomes associated with the atomic bomb and its related death imagery." Lifton continues, "And their problem is intensified by the continuous publicizing of chronic atomic bomb effects — or 'A-bomb disease' — by mass media and by survivor and peace organizations."

The similarity to the experience of urban gay males is stunning. If we feel fatigued, experience any ailment from a cold or flu to an infection, our thoughts immediately turn to AIDS and death. The increased publicity AIDS is receiving is necessary but it heightens our anxiety. Confronted by nagging doubts as to whether we've been exposed, we may experience psychosomatic symptoms, and the stress we experience makes us yet more vulnerable.

And what of those who love us? I intentionally lost weight a year ago, and friends in other churches still remark on it, asking *very* seriously, "Are you all right?" A father of a gay son living in New York City says it's like having a son who guards a U.S. embassy in the Middle East: Danger is always present; bad news might come at any moment.

Finally, the fourth experience of Hiroshima survivors is not really a stage, but a condition of lifelong identification with death and dying. The *hibakusha*, as they are called in Japanese, meaning "explosion-affected people," are "a tainted group," discriminated against in jobs and marriage arrangements. As a result, many hide their experience. They themselves question their right to live, because of an unconscious perception of balance which supposes one's survival has been made possible by others' deaths. The *hibakusha* experience guilt and low self-esteem. Any affirmation or enjoyment of life seems impure. They search for meaning in symbols of peace and the peace movement, yet are torn apart as a community by ideological and personal antagonisms which stem from feelings of their unworthiness of any organizational or personal success. They suspect their leaders

are tainted by political motivations or personal impurity. Only those who died from the blast are pure. Even attempts to memorialize the dead, whether through art, religion, or state ceremony, prove inadequate.

Lifton's analysis here sheds light on the double stigma attached to the gay community: homosexuality as well as AIDS. Coming out of the closet as gay or lesbian is a deathlike experience, in which some expectations and dreams die, initiating a grief process for one's self and one's family and friends who must say goodbye to the individual's former image and possibilities. At the same time a new understanding and image of the person emerges, so what may first be experienced as a death is realized rather as a transformation having continuities with the past as well as the future.

Yet now the "new" person becomes part of "a tainted group" societally and risks discrimination because of homophobia. That homophobia has already imprinted guilt and low self-esteem on homosexuals, which subsequently retards the trust of both self and others needed in gay community organizing.

These dynamics intensify with AIDS. Persons with AIDS have been isolated like unhugged lepers by friends, family, and community. Many have lost jobs and housing. Many experience guilt, shame, and low self-esteem for having contracted a disease from societally disapproved sexual behavior. Small wonder many try to hide their condition in the closet from which they once emerged. Organizations and leaders who try to help are scrutinized for any impure motives or intentions or imperfect service. The broader gay community has proven incredibly loving and generous in caring for its own (as well as those who are not gay but have AIDS). Yet gay men and even lesbian women (the latter having virtually no incidence of AIDS) fall prey to society's phobia regarding AIDS, based on rumored assumptions that the entire gay community has been contaminated.

The parallels continue. Hiroshima survivors seeking medical and economic benefits sometimes felt, according to Lifton, "deeply antagonistic to both help and helper because they tend to confirm [one's] own sense of weakness and inferiority." Persons with AIDS, or "PWAs," as many refer to themselves, suffer the same dilemma. And medical and social workers have a unique opportunity to play God in the worst sense of the term in relation to AIDS, since it is shrouded in a "dirty" mystery: socially associated with sexual promiscuity and drug abuse, medically not yet fully understood and therefore not completely treatable.

Targets of Rage

Hiroshima survivors felt anger and hatred about the bomb, but had no clear focus for either anger or hate. Should they hate the United States for dropping the bomb or their own country for starting the war? Should they direct anger at the president who ordered the destruction or the bomber crew who delivered it? Similarly, the hatred and anger that surface in a person with AIDS lack obvious focus. Should he hate the person who exposed him, if known, or should he blame himself for sexually expressing himself or coming out of the closet in the first place? Was the gay community somehow responsible in its permissiveness or the broader society, which fails to support, let alone encourage, monogamous relationships for gay men?

A health care professional told me of several young men with AIDS who admitted they had no intention of refraining from sexual encounters which could endanger others' lives. "Somebody gave it to me," one declared angrily, "so I'm going to give it to somebody else!"

Throughout history, humans have struggled with the meaning of life and death. Lifton describes five modes of immortality which have helped in this struggle. But he says all five were threatened for survivors of the Hiroshima holocaust. The case of AIDS is different; the two experiences exist on separate planes. Still, Lifton's modes of immortality help us understand the unique spiritual dilemma of gay men, a dilemma whose elements will have varying configurations for other segments of the world's population that are or will be confronting this health crisis.

Modes of immortality are not just pondered when a person is dying; instead, says Lifton, they become "inner standards by which we evaluate our lives, by which we maintain feelings of connection, significance and progress." Homosexuality itself limits access to several common modes of immortality. The biological mode, living on in one's children or living on in the memory of family-like groupings (like churches), may be denied gays and lesbians. Homosexuals generally do not have children or remove themselves from family-like groups, from the biological family to the family of faith.

The theological mode of immortality is threatened by religion's condemnation, its refusal to accept homosexuality, its failure to integrate the experience into the fabric of faith. The mode of nature, the hope that nature or the species will survive us, is accessible. But the urban ghettoization of the gay community removes nature as a generally available and meaningful mode by which we evaluate our lives.

Instead, the gay community relies heavily on the two remaining modes of immortality: the mode of works and the mode of experiential transcendence. With regard to the mode of works, it is not surprising that artistic achievements, social movements, economic affluence, or spiritual insights are disproportionately associated with lesbians and gays. In regard to experiential transcendence, it is equally unremarkable that "experiential radicalism" (as Lifton names it) has swept the gay community, from sexual experimentation to human potential movements, from trend-setting fashion to spectacular entertaining.

For gay men, a diagnosis of AIDS calls into question these very modes of immortality. If one relies on the work mode, whatever achievements are to be made must be done soon, in the limited time available between medical testing and treatment on the one hand and the enforced energy conservation required to avoid fatigue and illness on the other.

And living life to its fullest, experiential transcendence, must be radically redefined. Financial resources may be restricted by medical expenses as well as loss of income resulting from giving up one's job or reducing work hours. Intake of everything from sugar to coffee to alcohol to drugs (necessary or misused) must be regulated, if not abandoned altogether, since all reduce immunity. Adequate sleep and avoidance of stress and physical exertion means a more sheltered existence. Mobility may be limited geographically by proximity to the few centers for treatment or physically by the confines of hospital room and possibly various breathing or intravenous tubes. Sexual drive may be psychologically inhibited, or find solitary or limited expression. A person with AIDS may be deprived of emotional nourishment as fearful friends hesitate inviting, visiting, touching, and hugging him. Within these narrow constrictions, not unknown to others with limiting disease or disability, blessed is the person with AIDS who can celebrate the wonders of life yet left to him.

The modes of work and experiential transcendence are not threatened simply for gay men with an AIDS or ARC diagnosis. Those who suffer "AIDS anxiety," the fear that they have been infected and will any moment manifest AIDS, are also affected. Because there have been instances in which a victim has had little or no warning of impending death from AIDS, literally dying "over the weekend" or within a month, gay men have

little assurance as to longevity. As I write these words, I am aware I may not live to see this article published.

Two fears seem to dominate within AIDS anxiety: the “hassles” of debilitating illness, from loss of income to hospital stays, and an increasing fear of intimacy, since sexual intimacy communicates the virus related to AIDS. To have death associated with intimacy further inhibits gay men already socialized to avoid intimacy, first as men, and secondly as gay men who are encouraged to conceal their sexual orientation.

With the crippling of the two modes of immortality gay men have heavily depended upon, many turn to the other three. Though fathering children is out of the question for an infected man, the biological mode of immortality may find fulfillment in reestablishing or strengthening ties with family, or more dearly valuing extended non-blood-related families of friends. Some turn to nature, caring for house plants and pets, walking on the shore or at mountain retreats. And the survival of the species looms large on the agenda as the gay community prophetically forewarns the broader society of necessary precautions to avoid the spread of AIDS.

Finally, gay men also turn to the theological mode of immortality. When I helped a local AIDS service organization by providing spiritual counseling and religious referrals, few asked to speak with a minister, priest, or rabbi. Perhaps they already had such counsel, but I dare say many, if not most, felt abandoned by traditional religions because of their sexual orientation. Many have found healing in nontraditional, holistic, and positive-approach forms of spirituality. Positive imaging transforms them more than a prayer of confession, universal salvation comforts more than limited atonement, holding and hugging heal better than countless sermons, and silent meditation offers them peace wordy prayers do not. Rather than defensively rejecting such preferred alternatives, the church and temple might consider their spiritual pragmatism and hear a call to liturgical reform.

Initially dragging their feet because of a distaste for homosexuality, Christians have recently voiced concern and compassion for persons with AIDS. Some have offered special “healing services,” which are to be commended as long as it’s not forgotten that *every* worship service should be an opportunity for healing; that “healing” should not be confused with a desired *uniformity* of sexual orientation or lifestyle; and that healing may come in many forms, even the ultimate form of death.

Unprovisionally, some gay men and some persons with AIDS return to their abandoned religion with the same negative self-image and punitive God-image they left with as young people. I have counseled parents who’ve received the startling double revelation their son is gay and has AIDS. In one such case, the parents’ love for their son helped them to cope not only with the information, but also to challenge Christianity’s negativity on the subject. They could not believe God did not love their son as he was. But the church had done its damage: Neither I nor his parents could convince the son God loved him. He died believing and (worse) accepting AIDS as God’s punishment for being homosexual.

A rumor which spread in Hiroshima claimed the bomb and A-bomb disease were a cosmic or divine retribution for past sins: the victims experiencing guilt for their own victimization. Homophobia and vestigial beliefs in God as punitive parent have contributed to similar rumors: AIDS as divine retribution generally visited upon the gay community; AIDS as punishment for individuals presumed to have lived in the “fast lane” of drugs, alcohol, and promiscuity.

Some gay men and persons with AIDS have found healing within traditional Christianity for both AIDS anxiety and AIDS itself. They have remained within the church but have challenged its views on homosexuality. Their faith makes it possible for them to see the

difference between the church's condemnation and God's judgment, that God does not condemn homosexuality, but judges the self-righteous who do. They do not view AIDS as God's punishment, though they may view AIDS as an opportunity for God's work to be made manifest as they reach out in compassion to care for persons with AIDS, and as they evaluate their own sexual expression to ensure it is life-giving rather than life-threatening. And they usually find support within Christian churches or organizations whose ministry focuses on gay concerns (like Metropolitan Community Churches or denominational gay/lesbian support groups) or whose ministry includes those concerns (like many congregations which more or less openly welcome lesbians and gays).

In the AIDS crisis, the urgent challenge to the broader church is not simply the need to champion compassion and care for persons with AIDS, but also the necessity of providing the resources of God's healing spirit and the family of faith for all gay and lesbian Christians. This translates into becoming a yet more inclusive and gracious church. Robert Jay Lifton's understanding of the effects of the Hiroshima bombing may inform our understanding of the effects of AIDS, from how it is experienced to how it may be transcended. My prayer is that such understanding may prompt the church to apply its Easter faith and hope to needless crucifixions of doubt and despair. 🙏

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Note

1. Robert Jay Lifton, *Death in Life: Survivors of Hiroshima* (New York: Basic Books, 1982).