

Coping with Multiple AIDS-Related Loss Among Gay Men

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ABSTRACT. This study examined strategies gay men used to cope with multiple AIDS-related loss. One hundred forty-one gay men completed a questionnaire assessing how many losses they had experienced and how they had dealt with their losses. Participants chose from a list of 19 possible response strategies and then rated their choices for degree of helpfulness. Results showed that support from others, especially friends and partners, and personal ways of dealing with loss, such as spirituality and accepting the loss, were most helpful in dealing with AIDS-related loss. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2004 by The Haworth Press, Inc. All rights reserved.]*

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With the improved efficacy of antiretroviral therapies there has been a large gain in life expectancy among HIV positive gay and bisexual men (e.g., Wood, Low-Beer, Bartholomew, Landolt, Oram, O'Shaughnessey, & Hogg, 2000). However, the loss of life attributed to HIV is still high and the cumulative loss experienced by survivors continues to grow. Multiple AIDS-related loss is the cumulative loss of partners, close friends and acquaintances to AIDS, both individually and collectively (Nord, 1996). A concomitant to multiple AIDS-related loss is an overload of loss, where the grieving process for the loss of an individual overlaps with preceding and successive losses, complicating and overtaxing the grieving process. This study explored what strategies have been helpful for gay men in coping with multiple AIDS-related loss. We hope this information will aid service providers in designing effective support services for gay men experiencing multiple loss.

There have been only a few studies of multiple loss. For example, Titchener and Kapp (1976) studied survivors of the 1972 Buffalo Creek flood disaster in West Virginia. They found evidence of unresolved grief, survivor shame, and feelings of impotent rage and hopelessness in 80% of the 625 survivors interviewed. In a study by Kastenbaum (1969) of multiple loss among elderly persons, similar responses to loss were documented. Kastenbaum (1977) later used the term "bereavement overload" to describe what can occur when the completion of mourning is continually compromised by more deaths, particularly the death of peers.

Klein (1993) was the first to focus attention on what she termed AIDS-related multiple loss syndrome. She described the unique needs of gay men grieving multiple loss whose bereavement was complicated by social stigma, homophobia, and fear of contracting HIV or the complications of being a carrier. In the mid-nineties, Nord began exploring the unique characteristics of multiple AIDS-related loss and the trauma and adjustment problems that may result from such loss. His work culminated in a comprehensive handbook for understanding and surviving what he calls "a perpetual fall" (1997).

Existing theories of grief provide some basis for understanding multiple AIDS-related loss, but alone are inadequate in addressing multiple, ongoing, individual and community wide loss. Grief has been described and defined in many ways (Bess, 1969), including definitions

of grief as a response (Kastenbaum, 1977), a reaction (Crow, 1991), or a process (Rando, 1984). From observations of survivors and relatives of the 1944 Coconut Grove fire in Boston, Lindemann (1944) derived characteristics of normal and morbid grief, which provided the major themes of the subsequent literature on grief. Based on the study of childhood attachments, Bowlby (1961, 1980) proposed four phases of grieving: numbing, the urge to recover the lost object, disorganization, and despair. Kubler-Ross (1969) popularized the five stages of denial and isolation, anger, bargaining, depression, and acceptance. Current theories include Jozefowski's (1999) phases of impact, chaos, adaptation, equilibrium, and transformation. For a description of additional models see J. W. Worden (1991). What is particularly problematic for survivors of multiple AIDS-related loss is the disruption of these grief processes by new loss and the cumulative effect of multiple losses.

Whereas unresolved grief and complicated bereavement may be normal responses to multiple loss (Nord, 1996), the continuance of the AIDS pandemic further exacerbates the problem, resulting in not just individuals but whole communities burdened with the grief of their losses. Several authors describe the devastation wrecked upon gay communities due to AIDS-related loss. Lennon, Martin, and Dean (1990) describe the AIDS epidemic as a "merciless process offering little opportunity for recovery" (p. 483), leaving insufficient time and occasion for the resolution of prior loss (Houseman & Pheiffer, 1988). When this loss is perceived by the survivor as an unending source of grief, as in Shrader's (1993) study of the effects of continuous, multiple AIDS-related losses, chronic grief can develop. Kastenbaum (1969) described "bereavement overload" as occurring when the completion of mourning is continually compromised by more deaths, particularly those of peers. Thus the natural grieving cycle is in continuous gear, overloading the system with grief responses.

The ability to cope with loss is likely influenced by individuals' coping styles, the resources available to them, and the adequacy of their social support systems (Lazarus & Folkman, 1984). Therefore, the grieving experience may be further compounded when losses rob grievers of their own social support—people that they would have gone to for care and comfort. Gay men, seeking refuge in the culture of the gay community, often form their support networks around other gay men, as friends and partners. For instance, gay men are less likely than heterosexual men to go to their families of origin for support, and are more likely to

use friends and partners as primary sources of support (e.g., Kurdek & Schmitt, 1987; Elizur & Ziv, 2001). Hays, Cantania, McKusick and Coates (1990) further found that support for general AIDS-related problems was perceived as most helpful from friends and least helpful from families. Although social support has not been studied in the context of AIDS-related loss, we expected to observe a similar pattern in gay men's reports of the helpfulness of support members in dealing with multiple AIDS-related loss.

Past studies have shown that when confronted with psychological problems individuals may seek informal (i.e., friends) or formal (i.e., counseling) services for help (Gourash, 1978). Although a few studies have examined help seeking by gay men with respect to changing AIDS-related risk behavior and nonspecific AIDS-related concerns, previous studies have not examined what helps with multiple AIDS-related loss.

RESEARCH QUESTIONS

This study was designed to examine the strategies gay men have found helpful in dealing with their loss. Specifically, the following questions were addressed:

1. How many Aids-related losses had the participants experienced?
2. What strategies were most helpful in dealing with these losses?
3. How was satisfaction with social support related to the strategies that were helpful in dealing with loss? We expected that general support satisfaction would be related to the degree that men felt that specific sources of social support (i.e., friends, partners) were helpful in dealing with multiple AIDS-related loss.
4. How was the experience of overload of loss related to strategies that were helpful in dealing with loss? Although we had no specific hypotheses, we explored possible differences in strategies reported by men who self-reported experiencing an overload of loss compared to those who did not report an overload of loss.

METHOD

The present study was one component of the West End Relationship Project (WERP), a project designed to explore the experiences of gay

and bisexual men in same-sex relationships. A sample of gay and bisexual men was recruited via a telephone survey conducted in the West End of Vancouver, British Columbia, Canada, in 1998. For the first phase of WERP, a total of 1,176 men participated in a telephone survey. Of these, 300 men identified themselves as gay or bisexual. For the second phase, 192 gay and bisexual men (64%) from the original sample of 300 agreed to complete a series of questionnaires (including measures relevant to the current study) and to participate in a 2-hour in-depth interview. Respondents completed the questionnaires at home and then participated in an in-person interview session at the WERP office in the West End of Vancouver. Participants were offered a \$20.00 honorarium for their participation.

Telephone Survey

Vancouver's West End was chosen as the appropriate site for the telephone survey because a relatively high concentrations of gay and bisexual men reside in the area. The sample was drawn from the latest telephone listing for West End exchanges, and a constant was added to the last digit of each listing to increase the chance of reaching newly listed or unlisted respondents. The overall response rate, calculated as the number of interviews completed divided by the number of known eligible respondents, was 49%. Men indicating that they were heterosexual ($n = 876$) were given a brief form of the survey assessing demographics. Gay and bisexual men ($n = 300$) were asked to complete the full version of the survey, which took 15 to 20 minutes. For further details of the study methodology, see Regan, Bartholomew, Oram, and Landolt (2002).

Participants

The 192 gay and bisexual men who participated in the second phase of the WERP study completed a series of questionnaires, including a loss questionnaire and a brief measure of satisfaction with their social support networks. Of these men, 73% ($n = 141$) had experienced at least one AIDS-related loss. These 141 men became the target sample for the current study. The mean age of the sample who had experienced AIDS-related loss was 40.24 years ($SD = 8.75$). See Table 1 for a description of the demographics of this sample.

TABLE 1. Demographic Characteristics of Loss Participants

Demographic Characteristic	Proportion
Sexual Orientation: Homosexual	92.2%
Bisexual	7.1%
Ethnic Background: British/English/Scottish/Welsh/Irish	46.1%
Other European	27.7%
French Canadian	6.4%
Aboriginal/First Nations	.7%
Other Canadian	12.8%
Latin/Central/South American	2.1%
Chinese/East Asian	.7%
African	.7%
Not specified	2.8%
Education: Some or all of a post-graduate education	14.2%
Some or all of a university education	40.4%
Some or all of a community college education	30.5%
Some or all of a high school education	12.0%
Some or all of a grade school education	2.1%
Employment: Full time	72.3%
Part time	6.4%
Student	1.4%
Working at home without pay	.7%
On leave (i.e., medical)	5.7%
Retired	5.7%
Unemployed	7.8%
Income: \$50,000 or more	24.1%
\$40,000 to \$49,999	14.2%
\$30,000 to \$39,999	22.7%
\$20,000 to \$29,999	19.1%
\$20,000 or less	18.4%
Refused	1.4%

Note: N = 141.

Measures

Experience of AIDS-Related Loss Questionnaire. This questionnaire was designed to assess various aspects of men's experiences with AIDS-related loss. Because we could not locate an AIDS specific loss questionnaire, one was constructed based on a pilot study of 48 gay men (Oram, Landolt, Callander & Bartholomew, 1998). A questionnaire asked participants for the number of total losses they had experienced (losses of partners, close friends, and acquaintances) and when the losses took place. They were then given an open-ended question in which they were asked to identify any strategies which had been helpful in dealing with their losses. From these responses, we identified 19 strategies as being potentially helpful in dealing with AIDS-related loss.

The Experience of AIDS-related Loss questionnaire began with a series of questions about numbers of losses experienced and when the losses first took place. Then the 19 strategies identified in the pilot study were listed and participants were asked to what extent each item had been helpful in dealing with their losses on a 7-point scale (ranging from "not at all" to "somewhat" to "extremely" helpful). Participants were also given the option to circle "N/A" if the item did not apply to them. A final question asked if they had experienced, or currently were experiencing, what they would consider an overload of loss.

Support satisfaction. Because of time constraints, we were able to include only a very brief measure of support satisfaction. One question assessed individuals' satisfaction with the support available to them, and another assessed their ability to always count on someone to be there for them (both on 7-point Likert scales). These questions were adapted from Sarason, Sarason, Shearin, and Pierce's (1987) Social Support Questionnaire-Short Form. Because responses to the two questions were highly correlated ($r = .86$), they were averaged to give an overall rating of support satisfaction.

RESULTS

How Many Losses Did the Participants Experience?

The mean number of total losses was 19.62 (SD = 34.54), covering a mean period of 7.87 years (SD = 4.17).¹ The median number of losses was 6, with 53% of participants reporting 1 to 6 losses, 24% reporting 7 to 24 losses, and 20% reporting 25 to 200 losses. The mean number of

losses of partners was .69 (SD = 1.12), of friends was 5.05 (SD = 8.76), and of acquaintances was 13.86 (SD = 28.26). Twenty-nine percent of participants felt they had experienced, or currently were experiencing, an overload of loss.

What Was Most Helpful in Dealing with These Losses?

There was a tendency for those items which were most commonly endorsed to also be rated as especially helpful, suggesting that the men in this sample had a reasonably good appreciation of what would help them in dealing with loss (see Table 2). The most helpful items, with frequency of endorsement in parentheses, were support of friends (91%), time heals (88%), spirituality (74%), accepting the loss (87%), support of a partner (56% or 100% of those with partners), and knowledge of HIV/AIDS (93%). The least commonly endorsed items were counseling (29%) and support groups (29%). However, the helpfulness means on these items were in the midrange, suggesting that men who

TABLE 2. Frequency of Endorsement and Mean Helpfulness of Coping Strategies

Item	Number Endorsing	Percent Endorsing	Mean Helpfulness
Knowledge of HIV/AIDS	126	94.7	5.12
Support of friends	124	93.2	5.72
Time heals	119	89.5	5.62
Accepting the loss	118	88.7	5.36
Remembering people who have died	118	88.7	4.77
Grieving	117	88.7	5.08
Going to work or school	111	83.5	4.56
Funerals, memorials	111	83.5	3.88
Spirituality	100	75.2	5.58
Support of family	100	75.2	3.60
Denial	84	63.2	2.30
Candlelight vigils	82	61.7	3.35
Avoiding people	78	58.6	2.42
Personal rituals	77	57.9	4.74
Support of partner	75	56.4	5.10
Creative activities (art, writing, etc.)	66	49.6	4.26
Volunteering	58	43.6	4.28
Counseling	40	30.8	4.61
Support groups	40	30.8	4.55

Note: Items are ordered by percent endorsing.

had availed themselves of such formal support services did tend to find them somewhat helpful.

Most of the strategies assessed were seen as somewhat to extremely helpful. But there were 5 of the 19 items whose helpfulness means were below the midpoint of the scale, indicating that, on average, men did not find these activities to be helpful in dealing with losses. Though 74% of the men endorsed support of family, the helpfulness rating of family support was considerably lower than the helpfulness ratings of support from friends or partners. Seventy-three percent of those that chose support of family as a relevant item rated it as somewhat helpful or less, and 25% rated it as not at all helpful. In addition, the two items indicating avoidant strategies, avoiding people and denial, were seen as unhelpful. Funerals and candlelight vigils were also rated as generally unhelpful. How was support satisfaction related to the strategies that were helpful in dealing?

Our hypothesis was that general satisfaction with social support would be associated with the helpfulness of specific sources of social support (i.e., friends, partners) in dealing with multiple AIDS-related loss. Most men in the sample felt satisfied with the support available to them: The combined variable of support satisfaction had a mean of 6.05 ($SD = 1.85$). As expected, perceptions of general support satisfaction were associated with the degree to which men felt that specific sources of social support were helpful in dealing with AIDS-related loss. Support satisfaction was associated with the helpfulness of support of friends ($r = .37, p < .01$), support of partner ($r = .38, p < .01$), and support of family ($r = .26, p < .01$). Conversely, avoiding people had a significant negative association with support satisfaction ($r = -.35, p < .01$). Support satisfaction was also associated with degree of helpfulness of those items generally rated high on helpfulness: accepting the loss ($r = .29, p < .01$), remembering ($r = .30, p < .01$), knowledge of HIV/AIDS ($r = .27, p < .01$), and grieving ($r = .29, p < .01$).

How Was the Experience of Overload Related to Strategies?

As expected, men reporting an overload of loss on average experienced more total losses than those who did not report an overload of loss (men with overload: mean = 36.80, $SD = 53.15$; men without overload: mean = 12.28, $SD = 20.80$; $t(131) = 3.94, p < .01$), including more partner loss (men with overload: .95, $SD = 1.38$; without overload: .54, $SD = .95$; $t(131) = 2.02, p < .05$), more loss of close friends (men with overload: 9.23, $SD = 13.71$; without overload: 2.97, $SD = 4.37$; $t(132) = 4.09$,

$p < .01$), and more loss of acquaintances (men with overload: 25.50, $SD = 41.30$; without overload: 8.38, $SD = 17.82$; $t(131) = 3.43$, $p < .01$).

We also examined whether there were any differences between those experiencing and not experiencing an overload of loss on the strategies found helpful. Those not experiencing an overload of loss found both accepting the loss and funerals/memorials more helpful than did those experiencing an overload of loss (accepting the loss: mean without overload, 5.56, $SD = 1.17$, with overload, 4.92, $SD = 1.84$; $t(116) = 2.30$, $p < .05$; funerals/memorials: mean without overload, 4.06, $SD = 1.40$, with overload, 3.45, $SD = 1.66$; $t(109) = 1.98$, $p < .05$). Of the 19 items, only denial was more helpful for those with an overload of loss (men with overload, 2.90, $SD = 2.12$; without overload, 1.96, $SD = 1.64$; $t(82) = 2.27$, $p < .05$), with avoiding people following the same trend (men with overload, 2.96, $SD = 2.12$; without overload, 2.15, $SD = 1.70$; $t(76) = 1.87$, $p = .06$). Those with an overload also tended to choose more of the helpful items as applicable (men with overload: 14.53, $SD = 4.22$, without overload: 12.51, $SD = 4.06$; $t(131) = 2.58$, $p < .01$).

DISCUSSION

Gay men experiencing multiple AIDS-related loss tend to lose members of their support networks, notably friends and partners. However, most men reported that support from friends was very helpful and, when partners were available, they were also rated as especially helpful in dealing with AIDS-related loss. In contrast, though the majority of men did go to their families for support, families were not seen as very helpful. Families may not be aware that they are unhelpful or they may lack understanding as to how to reach out. Service providers may be able to assist family members of gay men by providing educational materials and resources. In addition, groups such as PFLAG (Parents and Families of Lesbians and Gays) could be encouraged to take on a more visible role in the community and to work as peer counselors to family members of gay men experiencing loss. The supportiveness of family members may be partly dependent on how "out" men were with their family. Indeed, there was a significant association between being out to one's family and the helpfulness of family support ($r = .21$, $p < .05$). As well, degree of helpfulness across relationship domains was associated with satisfaction with the quality of support received, although these findings cannot indicate the direction of causation.

It is interesting to note that of the six items that were rated as most helpful in dealing with loss (and, in most cases, these items also had very high rates of endorsement), only the items describing support of friends and partner were related to direct social support. The other helpful items, such as accepting the loss, trusting that time heals, and spirituality, tend to reflect a more personal journey of dealing with loss. Overall, the findings highlight the value of both going to others for support and relying on one's own inner resources and resiliency. In fact, these two approaches to dealing with loss may compliment each other.

Counseling and support groups were only used by a minority of participants, though when utilized were generally seen as quite helpful. There are a number of reasons why gay men may not be going for professional support, including availability, prohibitive costs, lack of knowledge and awareness of where to go, and a lack of counselors who have specialized knowledge about AIDS-related loss. As well, for many men, long-term grief may be so interwoven into their daily lives that it is no longer seen as a problem requiring intervention. In the area in which this study was conducted, we expect that availability may have played a key role in the relatively low rate of utilization of counseling and support groups. Although some counseling services are available, they tend to be either professional private practices, various forms of peer support, or the services of counselors in training. At the time of the study there were no services in the area specializing in grief work around multiple AIDS-related loss, or even grief work in general. Moreover, although there had been the occasional grief support groups available in the past, with a few specific to AIDS-related multiple loss, none were being run at the time this study was conducted.

Candlelight vigils were generally rated as unhelpful. This is surprising as candlelight vigils are a common practice in gay communities and usually well attended (Kippax, French & Braybrook, 1994). Certainly candlelight vigils continue to be popular in the West End of Vancouver where this study was conducted. Perhaps isolated events such as vigils cannot provide significant support for multiple AIDS-related losses, especially as compared to the more long-term benefits of social supports, such as friends and partners, who are available on more of a daily basis.

Both accepting the loss, which was highly endorsed, and funerals and memorials were more helpful for those men not experiencing an overload of loss. For those men experiencing an overload of loss, it seems likely that the loss was eroding their social support. They were more likely to have more overall loss from their social network, and more likely to have lost partners, close friends and acquaintances. Those with

an overload of loss also tended to choose denial as being somewhat more helpful than those people who had not experienced an overload of loss. In fact, those who did not report an overload of loss gave avoiding people and denial the lowest ratings for helpfulness. Thus, when experiencing an overload of loss denial could be a helpful coping mechanism by reducing feelings of being overwhelmed by grief.

Several characteristics of the sample limit its generalizability. First, respondents were gay and bisexual men living in a large urban center, and these findings cannot be generalized to gay and bisexual men living in rural areas. A related issue is that the sample was drawn from an area of the city known to have a high proportion of gay and bisexual residents. Thus, the men in this sample were more likely to be "out" in terms of their sexual orientation than men residing in other areas of the city or in rural areas. In addition, our sample was predominantly of British and European origin, although this ethnic breakdown is comparable to that of the West End as a whole. Compared to census data for men in the district, our sample of gay men was less likely to be in lower income brackets and was overrepresented in the middle-aged years. However, because census data does not include sexual orientation, we have no way of assessing whether our sample is representative of gay men living in the West End of Vancouver or whether our demographic breakdown may have resulted from selection biases.

Another limitation of the study is that findings were based solely on self-reports of experiences with losses and these reports were gathered at one point in time. Especially given the limitations of retrospective reports, it is quite possible that men's reports of what has been helpful in dealing with past losses would have changed over time. It is also possible that strategies may become more or less helpful depending on the time since the losses have occurred. For example, a strategy such as denial may be more helpful in dealing with the immediate impact of a loss than with longer-term adjustment to a loss. Longitudinal research would be helpful in looking at these questions.

As multiple AIDS-related loss and grief is a significant issue with gay men seeking psychotherapy (Barrows & Halgin, 1988; McKusick, 1988), this study offers therapists and counselors insight into what one population of gay men found to be helpful in dealing with multiple AIDS-related loss. This study suggests that support from others, especially friends and partners, and personal ways of dealing with loss, such as spirituality and accepting the loss, could be helpful for persons dealing with AIDS-related loss. Support providers may be able to help men experiencing AIDS-related grief by assisting them in developing and

utilizing social support networks and by supporting their individual ways of understanding and dealing with the losses. However, future research is needed to explore in more detail why some strategies are more likely than others to successfully help cope with multiple AIDS-related loss. The late David Nord, in the epilogue of his book, *Multiple AIDS-Related Loss: A Handbook for Understanding and Surviving a Perpetual Fall*, wrote, "How I long to hear the words 'It's over now. They've quit dying. You can rest'" (1997, p. 268). Until that day arrives, we must strive to find more effective approaches to aiding those who still suffer.

NOTE

1. Seven of 141 participants did not fully complete the experience of loss questionnaire and, therefore, were excluded from subsequent analyses. One participant, who reported 1,224 losses, was removed as an outlier. However, the pattern of findings remained the same if this participant was included.

REFERENCES

- Barrows, P. A. & Halgin, R. P. (1988). Current issues in psychotherapy with gay men: Impact of the AIDS phenomenon. *Professional Psychology: Research and Practice, 19*(4), 395-402.
- Bess, J. (1969). Grief is. In A. H. Kutscher (Ed.), *Death and bereavement* (pp. 202-203). Springfield, IL: Charles C. Thomas.
- Bowlby, J. (1961). Process of mourning. *International Journal of Psycho-Analysis, 42*, 317-340.
- Bowlby, J. (1980). *Loss: Sadness and Depression*. London: Tavistock Publications.
- Crow (1991). How to help patients understand and conquer grief: Avoiding depression in the midst of sadness. *Postgraduate Medicine, 89*, 117-123.
- Elizur, Y. & Ziv, M. (2001). Family support and acceptance, gay male identity formation, and psychological adjustment: A path model. *Family Process, 40*, 125-145.
- Gourash, N. (1978). Help-seeking: A review of the literature. *American Journal of Community Psychology, 6* (5), 413-423.
- Hays, R. B., Cantania, J. A., McKusick, L., & Coates, T. J. (1990). Help-seeking for AIDS-related concerns: A comparison of gay men with various HIV diagnoses. *American Journal of Community Psychology, 18* (5), 743-755.
- Houseman, C. & Pfeifer, W. G. (1988). Potential for unresolved grief in survivors of persons with AIDS. *Archives of Psychiatric Nursing, 2*, 296-301.
- Jozefowski, J. (1999). *The phoenix phenomenon: Rising from the ashes of grief*. Northvale, NJ: Jason Aronson, Inc.
- Kastenbaum, R. (1969). Death and bereavement in later life. In A. H. Kutscher (Ed.), *Death and bereavement* (pp. 28-54). Springfield, IL: Charles C. Thomas.

- Kastenbaum, R. (1977). *Death, society, and human experience*. St. Louis, MO: C.V. Mosby.
- Kippax, S., French, J., & Braybrook, T. (1994). Individual and community responses to loss: Coping with HIV and AIDS grief. *Int Conf AIDS, 10(1)*, 370.
- Klein, S. (1993). Grief and multiple loss. *Being Alive Newsletter, 8*, 1-4.
- Kubler-Ross, E. (1969). *On death and dying*. New York: MacMillan.
- Kurdek, L. A. & Schmitt, J. (1987). Perceived emotional support from family and friends in members of homosexual, married, and heterosexual cohabiting couples. *Journal of Homosexuality, 14* (3-4), 57-68.
- Lazarus, R. S. & Folkman, S. (1984). *Appraisal and coping*. New York: Springer Publishing Inc.
- Lennon, M. C., Martin, J. L., & Dean, L. (1990). The influence of social support on AIDS-related grief reaction among gay men. *Social Science and Medicine, 31*, 477-484.
- Lindemann, E. (1944). Symptomatology and management of acute grief. *American Journal of Psychiatry, 101*, 141-148.
- McKusick, L. (1988). The impact of AIDS on practitioner and client: Notes for the therapeutic relationship. *American Psychologist, 43* (11), 935-940.
- Nord, D. (1996). Issues and implications in the counseling of survivors of multiple AIDS-related loss. *Death Studies, 20* (4), 389-413.
- Nord, D. (1997). *Multiple AIDS-related loss: A handbook for understanding and surviving a perpetual fall*. Washington, DC: Taylor & Francis.
- Oram, D., Landolt, M., Callander, L., & Bartholomew, K. (1998). *Adjustment to AIDS-related multiple loss in gay men: An attachment perspective*. Paper presented at the 1998 Annual Convention of the American Psychological Association, San Francisco, CA.
- Rando, T. A. (1984). *Grief, dying and death: Clinical interventions for caregivers*. Champaign, IL: Research Press.
- Regan, K.V., Bartholomew, K., Oram, D., & Landolt, M. (2002). The structure of physical violence in male same-sex relationships. *Journal of Interpersonal Violence, 17*, 235-252.
- Sarason, I. G., Sarason, B. R., Shearin, E. N., & Pierce, G. R. (1987). A brief measure of social support: Practical and theoretical implications. *Journal of Social and Personal Relationships, 4*, 497-510.
- Shrader, G. (1993). A descriptive study of the effects of continuous multiple AIDS-related losses among gay male survivors. *Dissertation-Abstracts-International, Vol. 53(10-B)*: 5454.
- Titchener, J. L. & Kapp, F. T. (1976). Family and character change at Buffalo Creek. *American Journal of Psychiatry, 133*, 295-299.
- Worden, J. W. (1991). *Grief counseling and grief therapy: A handbook for the mental health practitioner*. New York: Springer Publishing Co.
- Wood, E., Low-Beer, S., Bartholomew, K., Landolt, M., Oram, D., O'Shaughnessy, M.V., & Hogg, R.S. (2000). *Modern antiretroviral therapy improves life expectancy of gay and bisexual males in Vancouver's West End*. *Canadian Journal of Public Health, 91* (2): 125-8.