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Understanding the Irony: Canadian Gay Men Living with HIV/Aids, Their Catholic Devotion, and Greater Well-Being

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Running head: GAY MEN WITH HIV/AIDS AND THEIR CATHOLIC DEVOTION

Understanding the Irony:

Canadian Gay Men Living with HIV/AIDS, Their Catholic Devotion, and Greater Well-being

Renato M. Liboro

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Abstract

Nine Canadian Catholic HIV-positive gay men were interviewed to obtain a better understanding of why and how they were able to persevere in their faith despite their religion’s teachings against homosexuality and contributions to the stigmatization of HIV/AIDS. By examining the lived experiences and personal perspectives of the participants, the study aimed to explore and elucidate the significant role of Catholicism and the Catholic Church both as a continued source of marginalization and oppression, as well as strength and support, for Canadian gay men living with HIV/AIDS today.

Keywords: HIV/AIDS, Catholic, Canadian, Gay men, Well-being

A myriad peer-reviewed articles have been published on both the negative and positive impacts religion has had on the lives of people who have chosen to place their faith in an organized system of spiritual beliefs. Academic literature has documented how the majority of religions have historically been responsible for the condemnation of homosexuality, persecution of members of the lesbian, gay, bisexual, and transgender (LGBT) communities, and promotion of the violation of LGBT human rights (Balch, 2000; Carmody & Carmody, 1993). Research studies have chronicled how religion has for at least the last thirty years contributed to the stigmatization of the Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV/AIDS), which has consequently led to the oppression of people living with the condition (Bird & Volsin, 2013; Land & Linsk, 2013).

On the opposite end of the spectrum, many researchers have explored the beneficial effects that religion has had on individuals and communities, not only for the value of providing them meaningful purpose in their lives, but also for religion's critical role in helping people face the many challenges they experience from day to day. Religion has been shown to provide comfort, stability, and strength to people who have suffered from personal loss (Goodman & Stone, 2009), unemployment (Shams & Jackson, 1993), mental illness (Mela et al., 2008), cancer (Stewart, 2011), and chronic debilitating disease (Drescher, 2011). Despite the apparent part many religions have played in the discrimination of LGBT individuals and the marginalization of HIV-positive people, religion has also been shown to provide comfort, stability, and strength to many of those who identify as LGBT (Bozard & Sanders, 2011; Kocet, Sanabria, & Smith, 2011) or live with HIV/AIDS (Foster, Arnold, Rebchook, & Kegeles, 2011; Hampton, Halkitis, & Mattis, 2010). Although many researchers have investigated the merits of religious coping as a strategy for overcoming life struggles, the majority of the discourse in these studies has mostly

revolved around religion in general, not on a particular religion. To the best of our knowledge, there has also not been any study on religious coping specifically conducted in the Canadian setting. This study hopes to help fill these two gaps in research done on religion, coping, and LGBT and HIV/AIDS issues.

Research Purpose and Questions

The purpose of this study was to attain a better understanding of the seemingly ironic phenomenon of HIV-positive gay men in Canada persevering with their Catholic faith despite the Catholic institution's known stance against homosexuality and its reputation for contributing to the stigmatization of HIV/AIDS. The study intended to obtain answers to the following research questions: (a) Why do certain Canadian HIV-positive gay men persevere with their Catholic faith in spite of their religion's condemnation of their sexual orientation and contributions to the stigmatization of HIV/AIDS? and (b) How do they manage to persevere with their Catholic faith knowing fully well that some of its tenets are, at least in part, responsible for the discrimination and difficulties they have experienced in their lives? By answering these research questions, we hope to provide not only to HIV-positive gay men in the larger community, but also to their advocates, especially those working in community service organizations, the possible means to utilize the Catholic faith as a valuable resource for coping with life challenges, including those associated with LGBT discrimination and HIV stigma.

Homophobia, Discrimination, and the Catholic Church

According to the most recently published National Household Survey of Statistics Canada (2011), even when taking the immense cultural diversity of the national population into consideration, Catholicism still remains the most prevalent religion in Canada. There are over 10 million Canadian-born Catholics and nearly two million Catholic newcomers who immigrated to

Canada. With almost 44% of the country's population identified as Catholic, the likelihood of gay young men in Canada having been raised Catholic in the last 15 years was relatively high.

For most gay males raised in traditional Catholic families, the difficulties of growing up both gay and religious surface most prominently during adolescence (Ganzevoort, Van der Laan, & Olsman, 2011). Many Catholic gay youth begin recognizing their sexual preference in high school and start experiencing an internal conflict between the religious and sexual domains of their forming identity. This internal conflict eventually leads to a dissonance between two of the most important domains of their forming identity, a distressing state that has been recognized as a form of identity incongruity (Liboro, 2014). Studies have found that greater religiosity, particularly within the Catholic faith, has been linked to higher rates of internalized homophobia and homonegativity, delayed identity development and coming out, depression, and fragile psychological well-being (Kappler, Hancock, & Plante, 2013; Wilkerson, Smolenski, Brady, & Rosser, 2012). For the most part, many Catholic gay men eventually reach a resolution and develop an integrated – albeit not necessarily completely healthy – identity in adulthood (Garcia, Gray-Stanley, & Ramirez-Valles, 2008). The majority of Catholic gay men who experienced ridicule, hostility, and discrimination for most of their adolescence and young adult life either remain closeted from their congregation for prolonged periods of time, or simply abandon Catholicism altogether to explore other religions or spiritual groups that they perceive as more welcoming (Garcia, Gray-Stanley, & Ramirez-Valles, 2008).

In the last quarter of the past century, some Catholic gay men recognized that there was a significant shift in the rhetorical stance of the Roman Catholic Church since the Second Vatican Council. They noted that the pre-council rhetoric had always been about condemning both the act (i.e. homosexual behaviour) and the actor (i.e. the homosexual), while in the rhetoric after

Vatican II, two observable stances emerged: moral rhetoric that continued to condemn homosexual acts as sins and pastoral rhetoric that argued that homosexuals should be ministered to and embraced (Westerfelhaus, 1998). Unfortunately, this recognition did very little to convince the majority of disheartened gay men to stay with the Catholic Church. To make matters worse, in the early 2000s, widespread media exposure of decades of worldwide sexual abuse of young boys by Catholic clergy that was covered up by the Church only served to drive away more devout Catholics from their faith (Coleman, 2004; Ponton & Goldstein, 2004). From 2002 to 2004, the Catholic Church experienced a crisis of epic proportions in that not only were gay men leaving Catholicism and not looking back, but also many Catholic heterosexuals began turning their backs on the Vatican and their parishes. The sex abuse scandals demoralized millions of people across the globe, including those in Canada (Gatehouse, 2003). Catholic churchgoers everywhere began to lose faith.

HIV/AIDS Stigma, Marginalization, and the Catholic Church

The way the Catholic Church initially responded to the HIV/AIDS pandemic that began in the early 1980s did not earn it much support and respect from many of its followers as well. Research studies revealed that most of the messages that stigmatized HIV/AIDS came from families, the different gay communities, and most of all, churches that influenced public opinion on how the condition was transmitted and what the health crisis meant for those who were earliest infected (Bird & Voisin, 2013; Land & Linsk, 2013). Stigmatizing messages that blamed individuals who were infected with HIV for their circumstances ran rampant in many religious congregations. Preachers proclaimed that AIDS was God's way of punishing and ridding the world of sodomites, drug addicts, and other degenerates. The Catholic Church had a large role in shaping public perceptions of the disease and those it affected, but more importantly, its

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4 teachings had a significant influence in the development of relevant AIDS policies all over the
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6 world, especially crucial policies on self-disclosure and the use of prophylactics (Gravend-
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8 Tirole, 2009). Negative attitudes towards the disease and those who were ill from it persisted
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10 over the years. Because of stigmatizing messages from religious hierarchy, HIV/AIDS continued
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12 to be strongly associated with homosexuality well into the present decade. Although there was
13
14 some increasing resistance to stigmatizing messages in Catholic archdiocese and parishes in the
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16 western world, the negative perceptions and misconceptions about HIV/AIDS continued to
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18 spread to continents such as Africa and Asia, where Catholicism found legions of new adherents
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20 to minister. To this day, HIV stigma, discrimination, and marginalization are enduring and
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22 experienced worldwide in the lives of people living with HIV and those who care for them (Land
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24 & Linsk, 2013).
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31 Researchers have found that HIV/AIDS stigma has been associated with increased levels
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33 of anxiety, loneliness, depression, use of avoidant coping strategies, and suicidal ideation
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35 (Courtenay-Quirk, Wolitski, Parsons, Gomez, & Seropositive Urban Men's Study Team, 2006).
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37 In many gay communities, stigma has been found to have negative effects on the mental health
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39 and well-being of people living with HIV/AIDS. It has been a major driver of poor prognosis for
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41 treatment and reduced spread of HIV, leaving those living with it constantly having to struggle
42
43 with issues of disclosure in their daily lives (Skinta, Brandrett, Schenk, Wells, & Dilley, 2014).
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48 **HIV-Positive Gay Men, Coping, Social Support, and the Catholic Church**

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50 HIV-positive gay men have been especially marginalized by the dual burden of having to
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52 cope with both the long-standing discrimination of LGBT individuals and the stigmatization of
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54 people living with HIV/AIDS. Because of the recognized role that the Catholic Church has
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56 played in the promotion of public opinion against homosexuality, the inculcation of internalized
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homophobia and homonegativity, and the stigmatization of HIV/AIDS, it is not surprising that most HIV-positive gay men who were baptized and raised Catholic eventually decide to abandon their Catholic faith for the sake of their mental health and well-being.

Research on the advantages of using active coping strategies (e.g. cognitive behavioural management) over avoidant coping strategies (e.g. denial) to overcome challenges of LGBT discrimination and HIV/AIDS stigma has shown that HIV-positive gay men who choose to actively take control of their circumstances usually have better immune status and health outcomes than those who do not (Goodkin et al., 1992). Although abandoning the Catholic faith to explore more welcoming religions has traditionally been the most common active coping strategy that HIV-positive gay men have chosen in the past, certain HIV-positive gay men have been known to decide to stay with the Catholic Church and discover other ways of actively managing their personal challenges. Some HIV-positive gay men have remained Catholic in order to obtain social support from their congregation and religious communities.

Several researchers have asserted that social support from people with shared religious values was a good predictor for increasing self-disclosure and decreasing psychological distress, and that social support appeared to be a significant mediator between religious coping and the greater well-being of HIV-positive gay men (Dalmida, Koenig, Holstad, & Wirani, 2013; Martinez, Lemos, Hosek, & The Adolescent Medicine Trials Network, 2012).

Research studies have supported the value of helping gay men integrate the religious and sexual domains of their identities in order to successfully battle internalized homophobia and recover religion as a source of strength for coping with their struggles (Bozard & Sanders, 2011; Wagner, Serafini, Rabkin, Remien, & Williams, 1994). Though some research has found that most gay men are less committed to their religions than their heterosexual counterparts, other

research has revealed that for HIV-positive gay men who are committed to their religion, it was a very important component of their coping strategies for overcoming challenges of being both gay and HIV-positive (Ridge, Williams, Anderson, & Elford, 2008).

Historically, religion has been found to play a double role when it comes to HIV/AIDS: underpinning stigma and assisting in coping with challenges associated with the illness (Anderson et al., 2008). It has been empirically established that among HIV-positive gay men, religion could be just as significantly associated with high levels of daily satisfaction and healthcare provider trust, as much as it could be associated with high levels of depression and low levels of quality of life, depending on how religion is viewed and used in their lives. Religious coping that includes spiritual transformation, prayer, a belief in a Higher Power, and collaboration between the individual and that Higher Power, has been associated with greater levels of optimism, hope, self-esteem, acceptance, altruism, and sense of meaning and purpose in life (Kremer, Ironson, & Kaplan, 2009; Loue, 2013).

As for its more recent response to the persistent HIV/AIDS global crisis, the Catholic Church has made considerable efforts to re-examine its influence on people's attitudes towards HIV/AIDS and re-work more progressive actions for AIDS prevention and assistance to people who live with the condition in terms of support for religious coping (Boyens, 2009). In an interview in 2010, Pope Benedict XVI made statements to the media regarding the acceptable use of condoms to prevent the spread of HIV, creating a surprising break in the Vatican's blanket ban on the use of contraceptives (Kington & Quinn, 2010). In the last five years, the Catholic Church has promoted the implementation of HIV stigma reduction interventions specifically tailored to different ethnic communities in North and South America, and Africa (Derose et al., 2014; Murray, Garcia, Munoz-Laboy, & Parker, 2011).

However, despite being able to carry out noteworthy strides for the prevention of HIV spread and the reduction of HIV stigma, the Catholic Church has still been unable to implement any further deliberate actions or specific interventions that would bring about significant improvement to the lives of once and still Catholic HIV-positive gay men across the globe. This fact leaves many people questioning why and how HIV-positive gay men would persevere with their Catholic faith when it seems apparent that the Catholic Church makes no pronounced distinguishable effort to show that it has any concern for their mental health and well-being. It also underscores the relevance of the purpose of this study, which is to attain a better understanding of the seemingly ironic phenomenon of HIV-positive gay men in Canada persevering with their Catholic faith despite the Catholic institution's known stand against homosexuality and its reputation for contributing to the stigmatization of HIV/AIDS.

Method

Participants and Procedures

The Wilfrid Laurier University Research Ethics Board (REB) reviewed and approved the purpose and intended conduct of this study prior to the commencement of its recruitment strategies and participant interviews. As the sole interviewer, I (the first author) used an REB-approved interview guide to maintain a degree of structure within, and uniformity among, the participant interviews.

I contacted a mix of 27 institutions, organizations, agencies, and groups from different communities of the Greater Toronto Area (GTA) to request for assistance in recruiting prospective participants for the study. Among the 27, 18 were AIDS Service Organizations, six were institutions or agencies that provided health-related services predominantly catering to the needs of the members of the Toronto LGBT community, and three were Toronto Catholic LGBT

community groups. Fifteen responded positively to my request for assistance and agreed to post recruitment flyers at the premises of their respective establishments. Six of the 15 went a step further by advertising the study's recruitment information either on their official website, eNewsletter, or electronic mailing list.

I interviewed nine Catholic HIV-positive gay men from the GTA in the study. In observance of the study's inclusion criteria, all the participants identified as male, gay, and Catholic, and were already HIV-positive for at least six months prior to joining the study. Their ages ranged from 31 to 70 years old. Four of the participants were Canadian-born Francophones, three were naturalized Canadian citizens who emigrated from Latin America at a very young age, one was of Irish descent, and one was an Italian-Canadian. They were all baptized Catholic as infants and were raised by Catholic families. Although all participants were residing in the GTA at the time of their interviews, only three of them grew up exclusively in the GTA, while three were raised in rural and small town Canada prior to moving to the GTA and three lived in different Canadian provinces before finally settling in the GTA.

All participants took part in confidential, semi-structured, 60-90 minute, audiotaped interviews. They all provided informed consent prior to their interviews and received \$25 cash as an honorarium following their participation. I obtained additional informed consent from all individual participants for whom identifying information was included in this article. I conducted the interviews in the meeting rooms of either the 519 Church St. Community Centre or the Toronto People with AIDS Foundation. I did not encounter any significant ethical dilemmas or concerns during the conduct of the study. I shared the research findings and their possible implications, not only with the participants who expressed interest in receiving feedback at the beginning of the study, but also with the AIDS Service Organizations, institutions, agencies, and

community groups that helped me with the recruitment of participants. Hopefully, they will be able to utilize the knowledge and lessons derived from the participants' lived experiences in their efforts to support HIV-positive gay men who avail of their services in their communities.

Materials and Analysis

I transcribed the participant interviews verbatim and coded the data from the transcripts using NVivo 10 software. I assigned pseudonyms to each of the participants from the beginning of the study to protect their privacy and confidentiality, particularly concerning the quotes in the Findings section. I used a modified Grounded Theory approach, as described by Miles and Huberman (1994), when analyzing of the interview transcripts. I constructed a categorical coding framework based on the interview guide questions, transcript data, and research objective for the purposes of culling and categorizing data. Consequently, I developed codes inductively, through the use of open coding, all the while using the coding framework as a guide for sorting the data. I identified connections between codes and formulated potential theories from developing themes. I established thematic codes with the help of the coding framework and applied appropriate changes as new information emerged from the data of sequential interviews. At the last stage of coding, I recognized emerging themes and patterns and established relationships within and between participants' responses. I also appraised themes iteratively and with reflexivity (Alvesson & Skoldburg, 2000) so that I could explore and entertain alternate theoretical explanations. I observed data saturation after nine interviews when there was no longer any new or relevant information emerging from the data.

Findings

During the data gathering, I noted certain common experiences and themes that became more apparent with each participant interview I completed. One of the most obvious common experiences and themes that emerged was the recognition that despite Canada's long-lasting

reputation as a country with progressive thinking and policies for protecting and promoting LGBT and other human rights, HIV-positive gay men who grew up and lived in Canada over the last three and a half decades experienced homophobic discrimination and HIV stigmatization, particularly while being raised Catholic and being exposed to Catholic teachings and practice. As the interviewees provided more perspectives, I was able to discern another theme. The participants had a clear understanding of why and how, as HIV-positive gay men, they were able to persevere in their Catholic faith despite Catholicism's ties to LGBT discrimination and HIV stigmatization and to use their Catholic faith as a means of coping with their life challenges.

Homophobia, Discrimination, and the Catholic Church in Canada

All nine participants were raised in Catholic families. Save for Michel who claimed he was raised in a relatively liberal family, all were brought up with strict, traditional Catholic beliefs and expectations. All were baptized Catholic as infants, participated in Catholic sacraments such as Holy Communion, Penance and Reconciliation, and Confirmation, and went almost weekly to Sunday Holy Mass with their families growing up. They celebrated religious Holy Days, particularly Christmas and Easter, and prayed regularly for most of their adult life. Four participants were altar servers as teens and three of them were active in teaching Catechism to children in their parishes as young men. Growing up religious and gay, eight of the participants confided to me that they experienced significant pressure from their families to lead a heterosexual life, something I was all too familiar with as a young man. Joaquin related to me his early experience of feeling pressure to have a girlfriend:

I made a plan where I had to have a girlfriend. So when I was fifteen years old, I had my first girlfriend. It was part of the family's expectations driven by [the

Catholic] religion. I had a role to play, and that role was to be a religious, Catholic boy who was going to have a wife, have children, and raise a Catholic family.

Frank gave a very similar description of his experience with Catholic family expectations growing up: “I chose to follow my faith and my parents’ wishes. You know, you go to Catholic school, find a nice girl, get married, and have children.” I discovered that even before many of them felt compelled to live a heterosexual life, most of them experienced ostracism, harassment, and discrimination in their youth. When I asked what it was like growing up as a gay youth, Juan shared a story that was common to most of the participants:

There was this group of boys in Catholic school that figured I was gay so they stopped talking to me altogether. They ignored me...shut me out. They stayed away...I remember how my friends would call me ‘maricon’ to make fun of me.

It seemed that the participants were aware of the origins of the hostility and confidence to harass them but they realized early on that nothing was going to be done about it. Craig emphasized the role that Catholic doctrine had on his negative experiences as a young person and summarized the majority of the participants’ sentiments:

The teachings of the church are still those spelled out in the old documents...they’re taught at school...they’re online. I read them all...those that talk about homosexuality as a fundamentally disordered state...that’s the official teaching of the church. So that’s why, in the end, it’s not surprising for us to see how individuals relate to us.

There were two study participants who wanted to make it clear to me that unlike most other gay boys, they did not experience bullying or harassment as young students, but admitted that they did hear homophobic slurs regularly in school. Frank revealed, “There were talks of this

one person being gay...friends would turn around and say to me 'look at that guy, he's a queer'.

Sometimes the word they used was 'fag'. The remarks weren't directed at me...but they stung."

Both participants also admitted that they believed that the reason why other boys did not pick on them was because they passed as straight, which alerted them early on to make a conscious effort to conceal their homosexuality. Michel stated, "I was in the closet with my fellow students...I wasn't feminine, I didn't cross-dress. I was as how you would see me today."

I eventually deduced that acting more masculine and staying in the closet were strategies all the participants learned to exercise at one point or another in their lives. For someone who hid his sexual orientation for most of his life, Michel related a common experience among the participants as they continued to identify as Catholic into adulthood:

I think there was a whole lot of anxiety on who should know...who you should tell...and whether they would be accepting. It was very difficult to predict how a person would react in certain cases. That's the kind of anxiety most closeted Catholic gay men experienced and carried around until they could finally overcome the internalized homophobia they've acquired from being raised Catholic.

During the interviews, I asked the participants about their experiences of feeling the need to keep their sexual orientation secret from their loved ones. Frank disclosed the period in his life that he stayed closeted to family and friends, "I hid my homosexuality...from age 19 to the age of 22, I was in a relationship with a guy who was 15 years my senior, and hardly anyone knew...it was actually stressful." In addition, Jean-Luc said that he was constantly fearful of the possibility of losing his job as a teacher in the Toronto Catholic District School Board:

I had to be so secretive to not lose my job. I was playing the role...people would ask me if I had a girlfriend...and I would have to play the role and say yes to cover

myself. I was lying to them and to myself...I always had to be careful with whom I can reveal my sexual orientation to because the early 1970s was not open enough.

You heard of people losing their jobs...and I was teaching in a Catholic school!

Seven of the participants divulged that their torment and experiences of discrimination came directly from the priests or deacons of their own parish and schools. Five of the interviewees actually stopped practicing Catholic sacraments for a short period of time out of anger and frustration from what they were told by clergy after they confessed their sexual orientation during the sacrament of Penance and Reconciliation. At that point, I wondered if any participants actually had any positive experiences with Catholic clergy. It turned out that two participants knew of priests who were secretly supportive of them when they were young. Unfortunately, both participants revealed that the covert support of the priests then only served to confuse them more because the priests' concealed empathy was easy to perceive as a mixed message. They found it confusing that their parish priests were accepting of their sexual orientation in private but seemed intolerant of homosexuality in front of other parishioners.

HIV/AIDS Stigma, Marginalization, and the Catholic Church in Canada

Four interviewees acknowledged that having to disclose their HIV status to their family and friends was even more difficult than coming out as gay. They believed that this was so because at the time they became infected, HIV/AIDS was still a life-threatening illness and was not the manageable chronic disease that it is today. Not surprisingly, all nine participants revealed that learning about their HIV diagnosis was a very difficult experience to overcome, at least initially. Most of them experienced confusion, loss of direction, and even shock upon learning their HIV diagnosis. Pierre recalled his disbelief:

1 So they tested me for HIV and told me I was positive. I said “No!”...I didn’t
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6 believe them! I said “that’s wrong, test it again”. They told me about HIV and I
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9 couldn’t understand how I could be positive. I thought they were lying, or they
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11 must have made a mistake. I had another test done...but it still came back positive.
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14 Some of the participants were quite candid with me, not only about how sexually active
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16 they were around the time of their HIV diagnosis, but also how they were not as conscious of
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18 practicing safe sex to protect themselves. When I asked why it still came as a surprise that he
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20 contracted HIV, Mario said he could not believe the news when he got his HIV test result
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22 because as he understood it, “if fluids don’t pass, there isn’t going to be any transmission”,
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24 underlining the fact that a reliable understanding of HIV transmission cannot necessarily be
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26 expected from all people at higher risk for acquiring the infection.
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31 Although many of the participants were able to gradually adjust to their HIV diagnosis, a
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33 couple of them were deeply affected by their HIV diagnosis and were later diagnosed with
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35 clinical depression. As I discovered in the interviews, difficulties adjusting to their diagnosis
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37 were largely due to the stigma associated with their condition and the consequent
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39 marginalization that followed. These challenges occurred both in their home life and when they
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41 were pursuing higher education at university. When Juan started to take his HIV medications, he
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43 was living with an Ecuadorian family in Toronto who had very strong Catholic beliefs about
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45 HIV being a punishment that homosexuals had to endure. He remembered vividly, “I had to keep
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47 my medications under the table. I had to hide them because they asked about everything...I
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49 wasn’t free to take medications without the risk of being asked about my status.”
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Joaquin told me that while he was a third year PhD student at the University of Toronto, he felt completely humiliated and marginalized when a school nurse refused to take his blood both for personal safety and religious reasons. Joaquin explained:

In retrospect, I recognize that I may have made a mistake making the conscious decision to let them know and have it on record that I was positive. When the nurse found out, she told me why she did not want to see me and that it wasn't her responsibility to do so. She left the room...I realized she wasn't coming back.

I also found out that four interviewees experienced HIV stigmatization and marginalization at the volunteer or paid work they had at the Catholic churches they attended. Apparently, back in the day when employers were able to ask prospective volunteers or employees for medical laboratory results, and when protection from enforced disclosure of HIV status was not yet legislated, three participants were unceremoniously let go of their administrative or lay outreach responsibilities at church shortly after their status was discovered. One was even totally cut off from all communication with the church when it was discovered he was HIV-positive. I was shocked when Stefan reported how he was simply ignored by the church staff after they learned of his status, "It was as if all the help I provided in their Catechism program was no longer any good to them...that somehow my being HIV-positive made me an unacceptable volunteer for church activities."

Perhaps the most difficult struggles that many participants experienced were challenges that were related to disclosure of their HIV status to significant people in their lives – family members, friends, coworkers, and potential sexual or romantic partners. According to seven interviewees, as Catholics, they already experienced a considerable degree of guilt for not being able to disclose their status to other people as early as they possibly could.

Jean-Luc, who had been HIV-positive since 1988, spoke of how carefully he chose the people he disclosed his status to: “I was only open about it to three people...three people in thirty years...because of the stigma. I recognized right away the stigma perpetuated by the church. I did not want to be treated or viewed anything different.”

I recognized that there was a sense of constant trepidation among the participants with regards to disclosing their HIV status to others. Once before, at some point in their lives, they all had to muster the courage to reveal their sexual orientation to others, and this time, they had to face another challenge that involved a huge risk of not being understood and accepted again by people who were important to them. When the Supreme Court of Canada decided that people living with HIV/AIDS have the legal duty, under criminal law, to disclose their HIV-positive status to sexual partners before having sex that poses a “realistic possibility” of HIV transmission (Canadian HIV/AIDS Legal Network, 2012), the pressure to disclose became overwhelming for many of the study participants. Some of them even felt criminalized. Mario described to me his ordeal in detail at that time:

When it was made law that you had to disclose to partners, I really had a hard time. Sometimes, I would find someone who would be a potential partner, and I realize, I have to tell this person...and every person I would tell would ask me why I didn’t tell them right away...back then, I didn’t know how to respond...today, I know the answer. I was afraid because of my previous experiences were very negative. For me, disclosing my status was connected to my being rejected.

Among all the participants though, there was one interviewee who had the most difficult experience with having to disclose his HIV status. Frank narrated his story of how he fell in love

with someone but could not summon up the courage to disclose his status to him, and take the risk of being rejected:

By this time, it was very thick and we were in love...or what I knew of love. So then he wanted to get an HIV test, but I already knew I was positive. We went to get tested, I was praying to every saint you can imagine, but unfortunately, he came back positive. Then I went into a big depression, my job was history...loss of self-awareness...being very selfish. I realized this when I made a suicide attempt...he charged me for non-disclosure. I went through the criminal system. I was visited by a Catholic priest once, but instead of giving me moral support or talking to me about my case of non-disclosure, all he wanted to talk about was how homosexuality is a sin against God. It was then that I found it very hard to cope with everything.

HIV-Positive Gay Men, Coping, Social Support, and the Catholic Church in Canada

All the participants had to find different ways to cope with their struggles related to homophobic discrimination and HIV stigmatization. For four of them, avoidant coping strategies were quick ways to not have to deal with relatively minor day to day stressors. Whenever they would encounter stressors that did not pose a large threat to their well-being, they would simply avoid having to acknowledge them. They would “brush off” inconsiderate remarks from people they did not know, “let others be” when they seemed unwittingly insensitive, and stayed away from people who they have “established as a source of negativity”. It was their way of choosing which battles to fight and which struggles to address in order to minimize conflict and animosity in their lives. Although some participants would agree that meticulously selecting only certain people to disclose their sexual orientation and HIV status could be considered a form of denial, they still believed that their right to choose whom to tell was something that provided them much

needed autonomy, agency, and a greater degree of control in their lives. When I asked him about his experiences with highly selective disclosure, Jean-Luc explained why being very selective about to whom to disclose his HIV status affected him, “You surround yourself with a fort and then you learn to live within those parameters. After a while, you get comfortable with these limits. I wasn’t miserable, I was comfy.”

Four participants took a decidedly more active approach to coping with their challenges and taking control of their lives. They employed active coping strategies that included taking on affirmative and proactive attitudes, managing and balancing their health needs, and seeking out social support from family, friends, co-workers, and even their church community. Mario was determined not to let his affliction get the better of him. He spoke to me about how he saw others living with HIV/AIDS giving up on life and how he did not want to waste his:

...being sick from HIV, and then having AIDS...for them it wasn’t dignified. I saw it as some sort of self-discrimination. For me though, my choice was life...I was an active person, a strong man...I was still relatively new to Canada and I still had dreams that I wanted to make true as much as I could.

I learned that at some point during their different struggles, all the participants made use of available counselling services to which they were referred early on in their HIV diagnosis. Many found counselling helpful and availed of it intermittently as they needed it. The only other means of coping that all the participants had in common was persevering in their Catholic faith. They had varying degrees and ways of manifesting their faith in their religious practice. Five participants chose to sustain their faith privately through prayer, practicing the sacraments they were most comfortable with, and maintaining a conscious but strong connection with God. The other participants, despite previous

negative experiences with church clergy and staff, found meaning and comfort with paid or volunteer work in more welcoming Catholic congregations and church communities in Toronto, which they persistently sought out. Juan was grateful for the opportunity to help other Catholics in his community whom he believed had far greater needs than he did:

Thank God and for the church for the kind of work that I have. My work has been with the church and I help other people with different problems...big problems. It has given me the opportunity to give back to the community and practice the values I have gained from my Catholic faith that are important to me. I think these work experiences helped me to cope and manage my situation because I realized that I was not the only one with big problems in life.

To some extent, all the study participants expressed gratitude for the Catholic faith that they have had since childhood – a faith that has helped them with their life struggles related to homophobic discrimination and HIV stigmatization. For many people in Canada though, especially HIV-positive gay men who have long abandoned their Catholic faith, this gratitude and the choice to persevere with the Catholic faith, are phenomena that they evidently found very difficult to understand.

Understanding the Irony

So why do the HIV-positive gay men in the study remain devoted to the Catholic faith despite the Catholic Church's stand against homosexuality and role in the stigmatization of HIV? How do they manage to stay faithful to the Catholic Church knowing that it continues to condemn their sexual orientation, contributes to the stigmatization of their illness, and is, at least in part, responsible for the difficult challenges they have experienced in their lives?

Apparently, most of the participants have tried to answer these questions before, as people they knew – family, friends, co-workers, and acquaintances – have asked them the same questions in the past with disbelief and disapproval. Having lived in Toronto and spent time with its LGBT community for a good part of their adult life, the participants confessed that, like I, they were quite familiar with the bitterness, cynicism, and other negative responses that their devotion to Catholicism has elicited from people who have been disappointed, frustrated, and hurt by Catholic teaching, clergy, and followers. Seven participants admitted that they have already given these questions a lot of thought and that they were eager to share their views and sentiments to help clear up what seemed like an ironic phenomenon to many people.

In response to the first question, eight participants believe that their Catholic faith and practice helps them develop, maintain, and strengthen their personal relationship with God. They asserted that their relationship with God is important to them because it gives them peace, hope, comfort, and even strength to overcome their life challenges, including the ones brought about by homophobic discrimination and HIV stigmatization. Believing that there is a Higher Power that watches over and looks after them, and knowing that they have this Higher Power to which they can surrender their heartaches and hurts, provide them with solace that they cannot easily find elsewhere. Like the other participants, Pierre believes in the immortal soul. He said that his Catholic faith “makes his soul stronger”. Michel felt that, for him, his “Catholic faith was something to always fall back on whenever there was any anxiety and dread.” Joaquin conveyed his firm belief that “my relationship with God is anchored by the strength of my Catholic faith.”

Other participants also revealed that another reason why they have remained with the Catholic faith is because it has always helped them become a better human being. Craig asserted, “Most of us strive to become better persons. As I grow older, it becomes more important to me

to become the person I've always wanted to be...things I've learned from the Catholic Church have always helped me with that." Frank also made a point about how his faith makes his life more meaningful, "Since I was a young boy, Catholic teachings have provided me with a greater sense of purpose...an understanding why I am here on this earth."

As they provided their reasons for persevering with Catholicism, the participants were quick to acknowledge and recognize that most people would say to them that they could probably still maintain and strengthen their relationship with God and lead meaningful and purposeful lives outside of the Catholic Church, possibly with the help of other religions more welcoming of their sexual orientation and HIV status. Among the participants, six conceded to actually having actively explored what other religions or philosophies had to offer and concluded that Catholicism was still the faith for them. Jean-Luc related his period of spiritual exploration:

There was a period of self-selecting though because I had a lot of things I questioned in the '80s. But at the same time, there were ways my faith was shaken. I even went to explore Buddhism, Judaism, and when I came back here to Toronto, there was the Metropolitan Community Church (MCC) on Bloor...for the first time in my life, I had an exploration for my spiritual growth ...I was open to various types of churches. What was there beside Catholicism? I searched but could not find a connection. Then I found out about my HIV status in 1988. That was a year that I wrote a lot because I did not have anyone to talk to about my situation. What I did was to create sort of a spiritual reflection journal. I had to believe that my Catholic faith would not let me down. So my Catholic faith resurfaced...I was not alone even though I was not ready to talk about it with anyone.

After taking time to explore other religions and forms of spirituality, all participants who went on spiritual searches arrived at a similar conclusion that Craig did:

I tried Buddhism and the Anglican Church...I was looking for a faith community ...I knew from my experience from having gone to MCC...that it wasn't going to be MCC (laughs). This is because of Brent Hawkes. The MCC...is Brent Hawkes. It's his ego! Lots of positive gay men stay with MCC. I would argue that in the end that that is idiosyncratic...people will find comfort where they will find comfort...but they can find comfort in Catholicism as well.

The participants realized that no current philosophy or religion is perfect for every HIV-positive gay man and that they could find fault with any of the philosophies or religions just as one could find fault in Catholicism. Most philosophies could not provide the kind of faith community that many religious congregations could. Many other religions also condemned homosexuality and stigmatized HIV. Several other religions also had a history of clergy abusing children and mismanaging finances. A lot of other religions were also focused on money and were about inflated egos. So the participants stayed with the religion that gave them not only the most familiarity and comfort, but with the faith they have had from childhood, which connected them with their families and their God.

As a gay man who has continued to identify as Catholic all his life, and who has never explored other religions or other forms of spirituality in the past, I found the participants' revelations about their soul-searching through experimentation with different religions fascinating and very informative. I realized that it must have taken a lot of courage for these participants to explore unknown territory and various belief systems beyond their comfort zones.

Based on their personal experiences, the participants knew that most people have an easier time understanding *why* they persevere with their Catholic faith, but have a more difficult time understanding *how* they actually do it. They believed that most people who are open to accepting their choices and convictions would understand their reasons for persevering with their Catholic faith. They knew that perhaps the more difficult aspect for most people to understand is *how* they manage to persevere with their Catholic faith because most people who questioned their devotion to Catholicism recognized the difficulties HIV-positive gay men have to endure due to the negative influence of Catholic teachings on public opinion. I clustered their responses as to *how* they were able to persevere with their Catholic faith into four major points.

First, by recognizing that their faith is, and should always be, placed in God and their relationship with God, and not in people like Catholic clergy, lay ministers, and community members, the participants found it easier to look beyond, and even forgive, human failings and institutional fallibility. As Juan explained to me in his interview:

I still had the faith, of course. The faith for me is, not on the person, not the priest. It's something that you believe within you. I think that I have faith not because the priest taught me every Sunday. It's because I believe in somebody else...in God...and it helped me all the time...so my faith has been strong...my faith does not depend on believing in the people of the Catholic community, but their help supports my faith. I believe that this foundation is very strong and it is what has kept my faith in God consistent.

Mario provided similar clarification to Juan's explanation:

My relationship to God is something that is bigger than me and every sinner around me. It's not just a relationship based on the church or the people in it...that's not

what keeps my faith...as I have learned about other religions, my [Catholic] faith has grown even bigger and stronger. I go to the Catholic churches where I know I will find sincere acceptance and support.

Secondly, by accepting that the Catholic Church, like any other religion or institution, is not perfect, and focusing instead on the positive elements that it has brought to the lives of its faithful, the participants were able to appreciate more the Catholic teachings that inspire traits such as kindness and acceptance in people. In particular, Craig talked about Catholic teachings on unconditional love, on which he chooses to focus rather than teachings that seemed to encourage people to pass judgment on others:

The notion that God has love, compassion, and justice...that God loves unconditionally...these are from my conversations with that Catholic parish priest I mentioned...that you don't have to deny who you are to be loved by God...he said, "all you need to know is that God loves you..."

Jean-Luc fondly recalled his time as a young man sharing Catechism in church:

At that time I was still not HIV-positive...just gay in the '70s...and being active in my parish. It seemed to me that God is not there to judge. I had my own interpretation because we had so much Bible study in school, and I had to teach in Catholic school from the Bible or whatever. For me, Jesus was not there to judge, you know...Mary Magdalene and all that. He was accepting...loving...

Thirdly, by reminding themselves of the strong connections that their Catholic faith had with their relationships with their families and loved ones, the participants were able to access powerful emotions and memories that provided them comfort that was familiar to them.

Although this point was not true for all participants, six of them found the strong connection of

their Catholic faith to the love of their families as something deeply reinforcing. Frank confessed that despite having very traumatic experiences with the Catholic parishes he attended, he still considered the moments he shared with his mother, bonding over their Catholic faith, as a very powerful source from which to draw strength in difficult times:

What's making me stay with Catholicism is that it is my faith. You know, in the past, I've taken in the Buddha, the lotus flower (laughs)...but I still have my family inside me. My mother raised me Roman Catholic...Italian Roman Catholic, which is very strong. Uhm, she believed in it...and I believe in it. What makes me more believe in it is...my mother was very open to all religions...Roman Catholicism was her faith. What I have to thank my priest in St. Catherine's for is that he came to my mother and said, "this lady has carried the cross thirteen times". My mother was very close to me, so no matter what, that faith would live with me forever.

The connection between Michel's Catholic faith and his family bond was deep as well: My family was devout and there was no talking in our family about changing religions or anything of that nature. They always thought that Catholicism was the true religion. I had no doubts too. That was their life...and I think through their example, even though I thought that it wasn't always in my best interest to follow in that example...they were a testament of how gay or HIV-positive people can be treated kindly and loved by Catholics...my entire family.

As someone who comes from a family and background with a strong devotion to Catholic faith, this is perhaps a point that I can understand and relate to more easily. Much like Frank and Michel, I too have remained close to family and friends, and gained acceptance from them, in part due to a bond based on Catholic faith.

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4 Lastly, by recognizing that there have been incremental positive changes occurring in
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6 Catholic churches and among Catholics over time, the participants were able to experience a
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8 sense of hope with regards to the future of HIV-positive gay men within the Catholic institution
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10 and its communities. The participants recognized that over the years, there had been an
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12 increasing number of Catholic parishes not only in Toronto, but the rest of Ontario and other
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14 Canadian provinces that have been genuinely and openly welcoming both gay and HIV-positive
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16 individuals. They have seen more Catholic churches that have celebrated masses dedicated to
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18 people living with HIV/AIDS, baptized children of same-sex couples, and even created programs
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20 specific to the needs of HIV-positive gay men. Stefan passionately shared revelations that
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22 echoed many of the views the other participants expressed:
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28 I've seen the changing beliefs and attitudes of many Catholics through the years
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30 and they are no longer rigidly tied to church dogma and teachings...not only with
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32 respect to people's sexual orientation, gender identity, and HIV status...but issues
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34 like same-sex marriage, premarital sex, moving in together before getting married,
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36 contraception, women's rights and abortion, assisted reproductive
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38 technology...even stem cell research...I've seen more and more Catholics who no
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40 longer feel the need to subscribe to all Catholic tenets and would, given that choice,
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42 choose to embrace teachings that promote acceptance, kindness, respect, fairness,
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44 and love over teachings that promote judgment, bigotry, discrimination, and hatred.
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50 Juan found inspiration in the kindness of supportive Catholics in his church:
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53 Because in church, you find people that put you down, but you also find people that
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55 give you a hand so you can take life challenges. I think the people in church who do
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help me, help me a lot because we share the same faith and outlook. I think too that there are much more people who help me than the people who put me down.

Having lived most of his adult life moving from one place to another, Mario has seen positive changes in Catholic communities in at least two urban cities that give him hope:

There have been changes in Montreal and Toronto...like churches that accept and welcome gay people. I believe that these changes are very powerful and that they move people to do great things...accomplishments. If we can create more spaces where people can profess and live their faith despite the essential contradiction [in church] between faith and actual human behaviour itself...if we can overcome the kind of dogma that creates a structure where HIV-positive gay people don't fit in...it will help get rid of the discrimination. You can see that Catholics today can no longer relate to the strict and rigid dogma... people today already know there is a choice and they go where they feel good about their faith.

There was certainly a spark of enthusiasm in five participants when talk of a more accepting Catholic institution in the future was broached. Although not all participants were hopeful, Jean-Luc in particular kept going back to using his own family of devout Catholics as an example of what the future could be if more Catholics were more like his kin:

There's this new vision in Catholics today that the church needs to be more open, more accepting than ever. Although the changes are small, coming little by little at a time...but we are gradually moving in a positive direction...with a change in Catholics of today, who don't subscribe to the Catholic teachings that lead to discrimination, we can hope for more. We're seven siblings and I have twenty nephews and nieces...and I have never felt that I've been treated differently. It's a

1 communion of love, respect, and friendship when we get together. My nephews and
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communion of love, respect, and friendship when we get together. My nephews and
nieces...I hear them talk about gay people and issues about HIV...and for them
there are no differences...gay or straight...whatever HIV status.

For all but one participant, persevering with their Catholic faith, despite other people's
disbelief and disapproval, is a conviction they refuse to shake. Even with the cynicism they
receive from people they care for and respect, their faith is something personal that they are not
willing to let go. They acknowledge that Catholicism is far from perfect, but recognize that it is
the moral foundation of what they need and want in life to thrive and attain happiness.

Discussion

The testimonies of the participants mirror and corroborate the findings that have been
presented in previous studies regarding the negative impact that the Catholic Church has had on
popular opinion on homosexuality and public policy on HIV/AIDS over the years (Bird &
Voisin, 2013; Gravend-Tirole, 2009; Wilkerson, Smolenski, Brady, & Rosser, 2012). More
specifically, the participants' lived experiences and perspectives have confirmed that Catholic
teachings and beliefs have had both overt and subtle negative influences on how people have
treated HIV-positive gay men in Canada for the last three and a half decades. Despite what many
people perceive to be ironic, the participants have persevered with their Catholic faith and have
even found ways to use it as a source of strength to cope with life challenges. They have
remained Catholic, because they believe it helps them maintain and bolster their relationship
with God, which in turn gives them a sense of peace, hope, and fortitude that allow them to
persevere in life despite their struggles. They also recognize that a good part of the faith's
doctrine has taught and inspired them since childhood to become better human beings and kinder
persons in their everyday life. Acknowledging that there are fundamental tenets in the Catholic

Church that they do not accept, just like many HIV-negative heterosexual Catholics who have their own doubts and personal convictions that clash with church doctrine, the participants have consciously decided to persevere in their chosen faith and take the best from what Catholicism has to offer instead of dwell on its worst aspects.

Much of the sentiments and reasoning behind many of the participants' decisions to persevere with their Catholic faith are to some extent akin to certain elements found in the spiritual development theories developed by psychologists Lawrence Kohlberg (1981) and James Fowler (1981). In Kohlberg's (1981) stages of moral development, the highest standards of moral reasoning are represented by the last two stages he described, both of which are subsumed in his theory's post-conventional or principled level of development. At these last two stages, there is a growing realization in the developing being that individuals are separate entities in and from society, that the individual's own perspective may take precedence over a majority's view or institutional tenets, and that individuals may disobey doctrine inconsistent with their own principles. This post-conventional morality allows for individuals to live by their own ethical principles, which may or may not be completely congruent with their chosen religion. This principled morality also allows for individuals to view beliefs, dogma, and rules to be useful but changeable mechanisms, ideally set to maintain general social order and protect human rights, but certainly not to be imposed as absolute dictates that must be followed without question. Doctrines are to be regarded as social contracts rather than rigid edicts, and doctrines that do not promote the welfare of many can be changed when necessary to meet the greater good. More importantly, doctrines are considered to be valid only insofar as they are grounded in justice, and a commitment to justice carries with it an obligation to disobey any unjust doctrines. As the HIV-positive gay men who participated in the study began to realize as they were growing up

that some of the teachings of the Catholic Church were not congruent with their personal ethical principles, they began to ignore teachings that marginalized them, and decided instead to follow only those Catholic teachings that were complementary to their own set of moral beliefs.

In addition, many stories that the participants shared illustrated to a certain degree the incremental progress that occurs in Fowler's (1981) stages of faith development. From a stage that characterizes an individual's conformity to religious authority while developing a personal identity to a stage of anxiety where the individual opens up to a complexity of faith filled with conflicts between religious dictates and one's own emerging beliefs, the individual gradually learns to resolve conflicts by overcoming challenging life experiences. The individual learns to adopt an understanding of a multidimensional truth that inspires each person to treat others in the larger community with universal principles of love, compassion, and justice. As many participants struggled in their youth and young adult life to come to grips with the role that their religion played in the promotion of their personal suffering as gay and HIV-positive men, they eventually also came to realize that there were aspects of Catholicism that contributed to their own evolution into loving, compassionate, and just human beings.

Although it would not be suitable to consider them as genuinely existentialist, some of the sentiments and rationale that many participants articulated could be considered Kierkegaardian. The majority of the participants expressed that individuals should have the moral freedom to choose and follow what they believe are just and compassionate within a religious belief system such as Catholicism. Many also asserted that an individual's relationship with God does not require the mediation of priests or any doctrinal system. These are concepts that the religious philosopher, Soren Kierkegaard, promoted (Pattison, 2005). However, it is only to this extent that Kierkegaard's existentialist views and theological themes are limited in their

applicability to the participants' sentiments and reasoning for persevering with Catholicism. By no means nor at any time did any of the participants in the study suggest or imply that people should completely disregard and ignore the things that they find wrong with the Catholic Church. In fact, many of them have purposely stayed with Catholicism in order to help bring about change in it from within its walls no matter how gradual. The participants were not blind to the contradictions between some of the beliefs their religion upholds and how they live their lives. In fact, many expressed that they know that the reasons they have for staying with the Catholic faith, and the ways they have adopted to be able to stay and cope within the Catholic Church (e.g. recognizing that faith should always be placed in God and not in men, focusing on Catholic teachings that promote kindness and unconditional love instead of homonegativity) are not for everybody. What they hoped to gain from sharing their experiences and personal beliefs with me is the possibility of extending optimism to others who might be experiencing what they have experienced as HIV-positive gay men.

The majority of the participants were older adults who said that they have witnessed changes in the Catholic Church and in Catholics that they never believed they would see in their lifetime. They have noted church-sanctioned LGBT ministries and groups with HIV-positive members actively engaging with the religious community, as well as sponsoring masses and capacity building programs in Toronto, Ottawa, Montreal, and Vancouver. They have observed the growth of Gay-Straight Alliance (GSA) and GSA-type clubs, the development of inclusive curricula, and the implementation of district-wide policies that support LGBT youth in middle schools and high schools under different Catholic school boards across Ontario. They have witnessed the courage and mettle of the Ontario English Catholic Teachers' Association (OECTA) in its determination to stand up to the Assembly of Catholic Bishops of Ontario

(ACBO) and Ontario Catholic School Trustees' Association (OCSTA) on matters concerning the rights and welfare of LGBT students. The interviewees know that the Catholic Church has a long way to improve in its relations with Catholic gay men living with HIV/AIDS, but they have seen positive changes in its parishes, schools, ministries, communities, clergy, and believers that they wish most other people, especially cynical former Catholics, could see.

The participants do not believe in compelling others to see things the way they do. Rather, they would like to think that for HIV-positive gay men who are looking for ways to cope with challenges related to homophobic discrimination and HIV stigmatization, there may be reasons why and ways how to persevere with the Catholic faith and use it to overcome their difficult struggles even if it means relying on a certain degree of syncretism and compromise. Instead of becoming extremely upset at the proclamations of the Vatican, which most of them think is far too removed from the everyday lives of most Catholics, they would rather choose to concentrate on the empathy of progressive Catholic clergy and lay ministers, the support of accepting Catholic congregations and communities, and the love of Catholic family members, friends, and neighbours around them. They are aware that there is a place for them in the Catholic institution and they want others like them to know that positive spaces can be created for HIV-positive gay men in the Catholic faith.

With this in mind, allies and advocates of HIV-positive gay men in the larger community, particularly those in AIDS Service Organizations, agencies that provide health-related services to LGBT individuals, Catholic LGBT ministries or groups, and institutions that inform and influence public policy, can also be made aware that religions such as Catholicism can still be powerful resources for promoting acceptance and engendering support for the greater well-being of gay men living with HIV/AIDS.

Study Limitations, Strengths, and Recommendations

Inasmuch as the interviews provided a wealth of information from a very specific population of participants, the notion of absolute data saturation from the nine interviews cannot be entirely ensured. Whether more interviews with participants under the current restrictive inclusion criteria would prove effective in truly providing additional significant data remains to be seen. The strength of this study was largely due to the candid and articulate responses, and rich and explicit data, that the nine participants provided. The fact that seven participants had already given the study's research questions a lot of thought in the past even before they became aware of the study meant that the answers they provided were likely a result of serious contemplation and earnest reflection. Although the participants came from different backgrounds in terms of race and ethnicity, their common experiences, beliefs, and reasoning became apparent in many responses during the interviews. Because previous research conducted on religious coping of LGBT people living with HIV/AIDS has mostly been done in the United States, Latin America, and Africa, and directed on religion or spirituality in general, this study's intent to feature a Canadian context with a specific focus on Catholicism can also be considered a major strength.

In the future, studies on HIV-positive gay men and their Catholic faith could be expanded, not only to other major urban cities in Canada, but also to the more suburban and rural areas of the provinces, which could potentially provide different and alternative perspectives. A greater study population size might yield more varied responses, particularly if investigated in other social contexts. Lastly, future studies could also explore the perseverance and lived experiences of HIV-positive lesbians, and bisexual or transgender individuals with the Catholic faith.

References

- Alvesson, M., & Skoldburg, K. (2000). *Reflexive methodology*. London: Sage
- Anderson, M., Elam, G., Gerver, S., Solarin, I., Fenton, K., & Easterbrook, P. (2008). HIV/AIDS-related stigma and discrimination: Accounts of HIV-positive Caribbean people in the United Kingdom. *Social Science and Medicine*, 67, 790-798.
- Balch, D. L. (2000). *Homosexuality, science and the 'plain sense' of scripture*. Grand Rapids, Michigan: Questia.
- Bird, J. D., & Volsin, D. R. (2013). "You're an open target to be abused": A qualitative study of stigma and HIV-disclosure among Black men who have sex with men. *American Journal of Public Health*, 103, 2193-2199.
- Boyens, L. (2009). Can the Catholic Church agree to condom use by HIV-discordant couples? *Journal of Medical Ethics: Journal of the Institute of Medical Ethics*, 35, 743-746.
- Bozard, R. & Sanders, C. (2011). Helping Christian, lesbian, gay, and bisexual clients recover religion as a source of strength: Developing a model for assessment and integration of religious identity in counseling. *Journal of LGBT Issues in Counseling*, 5, 47-74. DOI: 10.1080/15538605.2011.554791.
- Canadian HIV/AIDS Legal Network (2012). *HIV non-disclosure and criminal law: Implications of recent Supreme Court of Canada decisions for people living with HIV*. Retrieved from <http://www.aidslaw.ca/publications/publicationsdocEN.php?ref=1327>
- Carmody, D. & Carmody, J. (1993). Homosexuality and Roman Catholicism. In A. Swidler (Ed.), *Homosexuality and world religions* (pp.135-147). Pennsylvania: Trinity.

- Coleman, G. D. (2004). *In sin against innocents: Sexual abuse by priests and the role of the Catholic Church*. T. G. Plante (Ed.). Westport, Connecticut: Praeger/Greenwood.
- Courtenay-Quirk, C., Wolitski, R., Parsons, J., Gomez, C., & Seropositive Urban Men's Study Team (2006). Is HIV/AIDS stigma dividing the gay community? Perceptions of HIV-positive men who have sex with men. *AIDS Education and Prevention*, 18, 56-67.
- Dalmida, S., Koenig, H., Holstad, M. M., & Wirani, M. M. (2013). The psychological well-being of people living with HIV/AIDS and the role of religious coping and social support. *International Journal of Psychiatry in Medicine*, 46, 57-83.
- Derose, K. P., Bogart, L. M., Kanouse, S. E., Felton, A., Collins, D. O., Mata, M. A.,... Williams, M.V. (2014). An intervention to reduce HIV-related stigma in partnership with African American and Latino churches. *AIDS Education and Prevention*, 26, 28-42.
- Drescher, G. S. (2011). Do religion and spirituality influence coping in end-stage emphysema patients? *Respiratory Care*, 56, 1627-1628.
- Foster, M. L., Arnold, E, Rebhook, G., & Kegeles, S.M. (2011). 'It's my inner strength': Spirituality, religion, and HIV in the lives of young African American men who have sex with men. *Culture, Health, and Sexuality*, 13, 1103-1117
- Fowler, J. (1981). *Stages of Faith*. San Francisco, California. Harper & Row ISBN 006-0628669
- Ganzevoort, R., Van der Laan, M., & Olsman, E. (2011). Growing up gay and religious: Conflict, dialogue, and religious identity strategies. *Mental Health, Religion and Culture*, 14, 209-222. DOI:10.1080/13674670903452132

- Garcia, D. I., Gray-Stanley, J., & Ramirez-Valles, J. (2008). "The priest obviously doesn't know I'm gay": The religious and spiritual journeys of Latino gay men. *Journal of Homosexuality*, 55, 411-418. DOI: 10.1080/00918360802345149
- Gatehouse, J. (2003). Catholic Church sex abuse scandals. *The Canadian Encyclopedia*. Retrieved from <http://www.thecanadianencyclopedia.ca/en/article/catholic-church-sex-abuse-scandals/>
- Goodkin, K., Blaney, N. T., Feaster, D., Fletcher, M.A., Baum, M.K., Mantero-Atienza, E.,...Eisdorfer, C. (1992). Active coping style is associated with natural killer cell cytotoxicity in asymptomatic HIV-1 seropositive homosexual men. *Journal of Psychosomatic Research*, 36, 635-650.
- Goodman, H. & Stone, M. H. (2009). The efficacy of adult Christian support groups in coping with death of a significant loved one. *Journal of Religious Health*, 48, 305-316.
- Gravend-Tirole, X. (2009). Catholicism and the AIDS pandemic. In A. Sharma (Ed.), *The world's religion after September 11, Vol. 2: Religion and human rights*. (pp. 115-144). Westport, Connecticut: Praeger/Greenwood.
- Hampton, M. C., Halkitis, P. N., & Mattis, J. S. (2010). Coping, drug use, religiosity/spirituality in relation to HIV serostatus among gay and bisexual men. *AIDS Education Prevention*, 22, 417-429.
- Kappler, S., Hancock, K., & Plante, T. (2013). Roman Catholic gay priests: Internalized homophobia, sexual identity, and psychological well-being. *Pastoral Psychology*, 62, 80-5-826. DOI: 10.1007/s11089-012-0505-5

- Kington, T., & Quinn, B. (2010). Pope Benedict says that condoms can be used to stop the spread of HIV. *The Guardian*. Retrieved from <http://www.theguardian.com/world/2010/nov/21/pope-benedict-condoms-hiv-infection>
- Kocet, M., Sanabria, S. & Smith, M. (2011). Finding the spirit within: Religion, spirituality, and faith development in lesbian, gay, and bisexual individuals. *Journal of LGBT Issues in Counseling*, 5, 163-179. DOI: 10.1080/15538605.2011.633060.
- Kohlberg, L. (1981). *Essays on moral development, Vol. I: The philosophy of moral development*. San Francisco, California: Harper & Row. ISBN 006-0647604
- Kremer, H., Ironson, G., & Kaplan, L. (2009). The fork in the road: HIV as a potential positive turning point and the role of spirituality. *AIDS Care*, 21, 368-377.
- Land, H., & Linsk, N. (2013). HIV stigma and discrimination: Enduring issues. *Journal of HIV/AIDS and Social Services*, 12, 3-8.
- Liboro, R. (2014). Community-level interventions for reconciling conflicting religious and sexual domains in identity incongruity, *Journal of Religion and Health*. DOI 10.1007/s10943-014-9845-z.
- Loue, S. (2013). Religion and spirituality. In S. Loue (Ed). *Mental health practitioner's guide to HIV/AIDS* (pp. 347-348). New York, New York: Springer Science + Business Media.
- Martinez, J., Lemos, D., Hosek, S., & The Adolescent Medicine Trials Network (2012). Stressors and sources of support: The perceptions and experiences of newly diagnosed Latino youth living with HIV. *AIDS Patient Care and STDs*, 26, 281-290.

- Mela, M. A., Marcoux, E., Baetz, M., Griffin, R., Angelski, C., & Deqiang, G. (2008). The effect of religiosity and spirituality on psychological well-being among forensic psychiatric patients in Canada. *Mental Health, Religion and Culture*, 5, 517-532. DOI: 10.1080/13674670701584847
- Miles, M. B., & Huberman, M. A. (1994). *Qualitative data analysis: A sourcebook of new methods*. (2nd Ed.). Newbury Park, California: Sage.
- Murray, L. R., Garcia, J., Munoz-Laboy, M., & Parker, R. (2011). Strange bedfellows: The Catholic Church and Brazilian National AIDS Program in response to HIV/AIDS in Brazil. *Social Science and Medicine*, 72, 945-952.
- Pattison, G. (2005). *The philosophy of Kierkegaard*. Montreal: McGill-Queen's Press. ISBN 978-0773529878.
- Ponton, L., & Goldstein, D. (2004). Sexual abuse of boys by clergy. In L. T. Flaherty (Ed.), *Adolescent psychiatry: Developmental and clinical studies* (pp. 209-229). Mahwah, New Jersey: Analytic Press.
- Ridge, D., Williams, I., Anderson, J., & Elford, J. (2008). Like a prayer: The role of spirituality and religion for people living with HIV in the UK. *Sociology of Health and Illness*, 30, 413-428.
- Shams, M. & Jackson, P. R. (1993). Religiosity as a predictor of well-being and moderator of the psychological impact of unemployment. *British Journal of Medical Psychology*, 66, 341-352.

Skinta, M. D., Brandrett, B. D., Schenk, W. C., Wells, G., & Dilley, J. W. (2014). Shame, self-acceptance, and disclosure in the lives of gay men living with HIV: An interpretative phenomenological approach. *Psychology and Health, 29*, 583-597.

Statistics Canada National Household Survey (2011). *Data tables: Religion, immigrant status and period of immigration, age groups and sex for the population in private households of Canada*. Retrieved from <http://www12.statcan.gc.ca/nhs-enm/2011/dp-pd/index-eng.cfm>

Stewart, K. A. (2011). The spiritual framework of coping through the voices of cancer survivor narratives. *Omega, 63*, 45-77.

Wagner, G. J., Serafini, J., Rabkin, J., Remien, R., & Williams, J. (1994). Integration of one's religion and homosexuality: A weapon against internalized homophobia? *Journal of Homosexuality, 26*, 91-110.

Westerfelhaus, R. (1998). A significant shift: A pentadic analysis of the two rhetorics of the post-Vatican II Roman Catholic Church regarding homosexuality. *Journal of Gay, Lesbian, and Bisexual Identity, 3*, 269-294.

Wilkerson, J. M., Smolenski, D. J., Brady, S. S., & Rosser, B. R. (2012). Religiosity, internalized homonegativity, and outness in Christian men who have sex with men. *Sexual and Relationship Therapy, 27*, 122-132