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Love and HIV serodiscordance in gay men’s accounts of life with their regular partners

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This paper examines discourse on serodiscordant relationships in interviews with 16 HIV-positive and 3 HIV-negative gay men living in Scotland. Drawing on critiques concerning love, reason and HIV serostatus normativity, this paper supplies a much-needed insight into how gay men in serodiscordant relationships negotiate HIV prevention. Among other matters, some HIV-negative men were said to knowingly request risky sex with their HIV-positive partners as an expression of love. In some situations, the person without HIV claimed a normative serostatus that implied they could ‘invest’ more in the relationship by offering to have sexual intercourse that may expose them to HIV. Such dynamics expressed devotion on the part of the HIV-negative man, but implied obligation for the HIV-positive man. Based on these and other perspectives we argue for closer attention to gay men’s subjectivity in the present circumstances of proliferating biomedical forms of HIV prevention; more thoroughly reflexive public health engagements with gay men’s sexual cultures; and a research agenda for gay men that challenges HIV-serostatus normativity.

Keywords: gay men; HIV prevention; serodiscordance

Introduction

This paper analyses gay men’s talk on love and HIV serostatus. The background for this analysis is the growing emphasis on the biomedical aspects of HIV prevention, including how gay men apply knowledge of HIV serostatus to their sexual relationships. The concept of ‘negotiated safety’ can be used to understand these concerns because it gives credence to gay men’s reflexivity with regard to HIV serostatus (Kippax et al. 1993). We take this concept into our analysis of how gay men negotiate love and HIV serostatus in regular relationships. We rely here on a double meaning of ‘to negotiate’: first we draw on gay men’s subjectivity as a negotiation of the meanings of HIV prevention; second we use ‘negotiate’ to signal our interest in the relational. The focus is on negotiation between gay men in regular partnerships with regard to love and biomedical knowledge concerning HIV serostatus. We define subjectivity as the experience of being a subject and, in particular, how subjects take on the idea that the regulation of affect and rationality is a problem for themselves (Wetherell 2008).

Our focus on love engages with a troubling dimension of HIV prevention concerning affect and rationality. HIV-prevention research shows that regular relationships represent a situation within which HIV transmission may occur in different populations (Misovich,
Fisher, and Fisher 1997) including gay men (Flowers et al. 1997). In exploring this concern, HIV-prevention researchers (Adam, Sears, and Schellenberg 2000; Cusick and Rhodes 2000; Davidovich, de Wit, and Stroebe 2004; Mclean et al. 1994; Rhodes and Cusick 2000) have asserted that lack of condom use can be attributed to the emotional aspects of the relationship, among other matters. Not using condoms is said to symbolise ‘trust’ and help sustain intimacy (Adam, Sears, and Schellenberg 2000). A complexity here is that some researchers have framed such practices as negotiated safety (Davidovich, de Wit, and Stroebe 2004), where lack of condom use, when reported by those in seroconcordant relationships, is read as rational. Less obvious in such uses of ‘negotiated safety’, however, is the role that affect plays in these decisions. Love operates as an explanation for unsafe sex in some HIV-prevention research texts and is glossed over in others. Hence, our research takes up love, HIV and sexual relating with a critical gaze on the somewhat inconsistent ways in which HIV-prevention research has drawn on discourses of affect and rationality, thereby helping to advance how we conceptualise HIV prevention.

This problematic of affect and rationality in HIV prevention is particularly concerning within serodiscordant relationships. A literature running parallel with generic relationships research, and sometimes crossing over with it, has charted the challenges faced by heterosexuals and gay men in serodiscordant relationships (Adam and Sears 1994; Cusick and Rhodes 2000; Doyal and Anderson 2005; Ekstrand et al. 1999; Green 1995; Jarman, Walsh, and De Lacey 2005; Persson 2008; Persson and Richards 2008; Remien, Carballo-Dieguez, and Wagner 1995; Rhodes and Cusick 2000; Skurnick et al. 1998; van de Ven et al. 2005; van der Straten et al. 1998; van Devanter et al. 1999). This research shows that the immediacy of potential transmission can disrupt intimate ties. Like generic relationships research, a good deal of this serodiscordance research pivots on notions of the ‘balancing’ of the value of the relationship with the risk of HIV transmission (Cusick and Rhodes 2000; Doyal and Anderson 2005; Green 1995; Jarman, Walsh, and De Lacey 2005; Rhodes and Cusick 2000). It is argued that, among other matters, the experience of love gives the relationship value that exceeds that of the avoidance of the risk of HIV transmission. For example, echoing generic relationship research, individuals may choose to not use condoms because these are seen to interfere with emotional intimacy (Adam, Sears, and Schellenberg 2000).

These effects are often taken to imply that in relationships, both general and serodiscordant, love opposes rational action to prevent HIV. However, this view is based on an inconsistency in relation to affect and rationality. The view circulating in much research – that people weigh up the relative value of the relationship and the avoidance of the risk of HIV transmission – assumes that, despite love, they adopt a calculating stance. This assumption of calculative reason on the part of research participants is not altogether consistent with the role that love is said to play in its opposition to reason in much HIV-prevention research. It is assumed, in effect, that love is incorporated into rationality, while also standing in opposition to it. It may be that love can play both roles, but clearly, a dualistic conceptualisation of love and reason is questionable. Further, as Persson (2008) has shown, at times people in serodiffrent relationships prefer to not talk about HIV; they use silence to keep HIV out of the relationship. Such silence implies that HIV and the relationship do not always find a connection. It has also been argued that love is enabling of forms of subjectivity that some HIV prevention forecloses. As Squire (2003) has shown, love discourse provided HIV-positive women with access to forms of subjectivity proscribed for them in HIV prevention. By embracing their own capacity to love outside of HIV prevention requirements, indeed to love at all, conventions are broken.
and modified in ways that exercise subjective experiences otherwise denied. It follows then that simple notions of the opposition of love and reason may not be helpful and that to sustain them in the framing of social inquiry may do injustice to the autonomy of people affected by HIV. There is scope, therefore, for the argument we present here, which pays attention to the meanings of love and reason and how these articulate with condom use for gay men in serodiscordant relationships, but in ways that do not fall into the contradictions that plague much HIV-prevention research.

In addition, the literature on love and HIV prevention suggests, most often indirectly, that HIV-positive and HIV-negative serostatus are valued differently in the calculations that people make and that this valuation can depend on social and sexual contexts. For example, Cusick and Rhodes (2000) have argued that HIV-positive people were held to blame for the chance of HIV infection in regular partnerships, even when the HIV-negative person had requested unsafe sex. The criminalisation of transmission reflects this blaming of the person with HIV (for example Bird and Brown 2001; National AIDS Trust 2006). The different valuing of HIV-positive and HIV-negative serostatus is also suggestive of normative notions of health. For example, Novas and Rose (2000) have argued that, with the expansion of biomedical knowledge and capacities, optimising health has become a human right with implied responsibilities. Importantly, violation of normative healthiness becomes a transgression of human rights. In this view, HIV-negative serostatus, when taken as normative, is accorded with the right to protection; an assumption that is consistent with HIV campaigns that focus on people with HIV and the efforts to criminalise and prosecute such people for ‘infecting their sexual partners’ or, more accurately, for ‘transmission events between sexual partners’.

These aspects of the valuing of HIV serostatuses help explain why advocate organisations have employed a rights discourse and why critical research has begun to figure serostatus in terms of ‘different equivalence’. Various organisations have made declarations that draw attention to the right of people with HIV to autonomy (see, for example, UNAIDS n.d.). Critical research has taken up feminist discourse on relational ethics to re-value HIV serostatuses, where difference and equivalence can coexist in ways that further the autonomy of both people with and without HIV (Lather 1995; Squire 2000). Here it is recognised that people with HIV have specific needs and take specific action in HIV prevention, but this action is equivalent, in an ethical sense, to the needs and actions of those who are HIV-negative. This is particularly useful for the situation of serodifferent relationships because it helps both HIV-positive and -negative people recognise difference without jeopardising the autonomy of either party.

However, it would be mistaken to assume that HIV-negative serostatus is always normative and that the significance of knowledge regarding HIV serostatus is not influenced by other social factors. For instance, actual and perceived HIV prevalence appears to influence such processes as serostatus disclosure and the existence of, and access to, HIV-positive sexual sub-cultures. For example, Sheon and Crosby (2004) have argued that in social and sexual settings where HIV-positive gay men predominate – as they appear to do in parts of San Francisco – the normative expectation is not HIV-negative-centric because each sexual partner, whether HIV-positive or -negative, is expected to take personal responsibility for condom use. For heterosexually active people, other normative expectations appear to be important. For example, in research of heterosexual women in relationships with HIV-positive men, Persson and Richards (2008) have argued that gender articulates with serodiscordance in such a way that the men appeared to want to be able to erase their serostatus and ‘redeem’ their ordinary heterosexual male subject positions and therefore free themselves from concerns of
infectious disease and related responsibilities. This gendering of HIV prevention is reminiscent of the ways that heterosexual men can depend on their women partners to manage contraception and sexual health (Duncan and Hart 1999).

Taken together, these findings suggest that it is likely that for gay men in serodiscordant relationships, normativities figured around HIV serostatus are influenced by social and sexual factors. We know little about these dynamics, however. For example, the work of Cusick and Rhodes (2000) is based on interviews with HIV-positive, injecting-drug using, heterosexual people and gay men and their sexual partners, limiting our knowledge of the norms that shape the sexual and HIV-prevention practices of gay men in regular partnerships. Sheon and Crosby (2004) focused on accounts of anal sex without condoms, somewhat sidestepping the regular partner context, and Persson and Richards’s (2008) research focuses on heterosexual people. There is justification, therefore, for the present paper, which does explore how normative expectations regarding HIV prevention articulate with HIV serostatus for gay men in serodiscordant regular partnerships. In addition, our analysis is derived from interviews done in Scotland, a low-HIV-prevalence setting that lacks a visible and accessible HIV-positive subculture and where HIV-related stigma is overt (Flowers, Duncan, and Frankis 2000). In this way, our paper provides an important contribution to the literature, extending the basis for conceptualising how normative expectations regarding HIV prevention articulate with serostatus and, more generally, the importance of HIV-related biomedical knowledge in the sexual lives of gay men.

In what follows, then we apply our critiques of the uses of affect and rationality in HIV prevention research and the normativities attached to HIV serostatus to an analysis of the interview discourse of gay men regarding their experiences with serodiscordant regular partners. This analysis provides a novel framing of gay men’s subjectivity in articulation with biomedical knowledge and effects, one that, as we will see, has implications not only for assisting gay men but also for shaping HIV prevention and related research activity.

Methods

Our sample consisted of 16 HIV-positive gay men and three HIV-negative or untested men, recruited for research on sexual partnerships and sexual health care. All were recruited through advertising in the gay and HIV-positive press and leafleting gay venues. Inclusion criteria were: being gay or bisexual; resident in Scotland; and HIV-positive or having been in a relationship with an HIV-positive man. HIV-positive participants had been diagnosed between 6 months and 11 years before the date of interviews, with an average of 4 years between diagnosis and interview. The participants’ ages ranged from 22 to 54, with a mean age of 36. Average age at diagnosis was 29. All participants were white and represented a range of professional and working-class backgrounds.

The interviews were conducted by the second author either in the university, the participant’s home or at an NGO. In order to maximise the inductive methodology, one question was asked of every participant: ‘What do relationships mean to you?’ Further questioning was derived from the interview discourse itself. The interview talk flowed from initial, general accounts of experience to detailed retrospective accounts of thoughts and feelings. Ethical approval for the study was granted by Glasgow Caledonian University. All participants consented to their interviews being used for analysis and publication with pseudonyms used to protect their identity. Unless indicated otherwise, in what follows the participants are HIV-positive.
The interview analysis was informed by Interpretative Phenomenological Analysis (see Smith, Flowers, and Larkin 2009). The themes detailed below derive from an inductive analysis of the participant interviews examined in light of their resonance with the discourses outlined above regarding love and the valuing of serostatus.

**Love and sex**

As expected from the research on regular and serodiscordant relationships we have discussed, the emotional aspects of relationships are associated with sexual intercourse without condoms. Some interviewees spoke of the weakening of the practice of safer sex over the course of the relationship, as did Frank:

We found that once we settled well into the relationship, I became very comfortable with the whole kind of HIV thing, and I suppose I, at some stage in that time, decided well it wouldn’t be that bad a thing, given today’s treatments and you know, today’s kind of view of HIV and such like. It wouldn’t be that bad a thing if it were to happen. So I took the view that I wasn’t going to be this, ‘Right we’ve got to do every last thing properly and not share toothbrushes and be very careful with razors!’ … I just thought ‘no, we use razors and if you cut yourself, you know, stick it in the bin or something’. You know, it would just be that. But of course that’s not always enough because you don’t always see things right? I don’t know how many people normally get that off a razor, probably never, [laughter] … people can be very, you know, would separate everything and the different towels and just do everything, doing condoms for everything and I just took the view that wasn’t really a kind of normal way of viewing our relationship … I suppose kind of sort of settled into this idea, well this might happen at some stage, you know, and I think once I started to take that view, even things like condoms they’d disappear, at least until the point when either of us were going to cum sort of thing. (Frank, aged 30)

The extract charts the erosion of condom use in connection with the growing sense of connectedness Frank says he felt with his partner. The language of normality and domesticity is used to mark this transition. Significantly for HIV prevention, the sense of what risk means also changes as the relationship proceeds, even in this known serodifferent relationship. There is a fading of the need to sustain safer sex, at times attributed to a growing sense of security even in the face of possible HIV transmission.

Interviewees also distinguished sexual contexts through a range of oppositions in sexual meanings, including those that pertain to HIV. In particular, casual and relationship sex were represented as different HIV-risk situations. Casual sex was spoken of as bounded by the need to avoid HIV transmission in sexual intercourse with ‘strangers’, features that seemed less relevant for relationships:

I can’t honestly remember what happened, I think it was probably just, it was with a partner, it was relaxed, we were having sex and it just … I know that if it had been somebody I’d picked up in a bar, I would have used a condom, but somehow I let, I was lax and it was … I’d heard about people getting HIV through relationships and I’d never really got it but I think it’s just you don’t think about it so much, it’s not, your guard’s always up when it’s somebody new. Um so we did it, and I remember afterwards thinking that was silly, but somehow because you’d done it, it didn’t seem such a big deal if you did it the second or third time, and I think we must have done it about four, five times. (Alex, aged 34)

Alex’s account suggests that safer sex may be a shared expectation for strangers. But safer sex does not seem to stand up to repetition with a known partner. The account also gestures towards the shared agency of sexual intercourse in Alex’s ‘we did it’. As we have discussed elsewhere, strategies for safer sex have rarely addressed joint agency, wedded as they are to individualised action and appeals to calculating subjects (Davis 2008; Flowers and Duncan 2002). Further, Alex can also recognise the flaw in his actions and is given to self-admonition in ‘I was lax’. Alex goes on to figure himself as letting himself down:
But somehow within a relationship, even I can allow myself to be lulled into that false sense of security. Probably if you thought about it you know it’s not, it’s not safe, but somehow there’s something that’s making you feel it’s okay. (Alex, aged 34)

A key point of Alex’s accounts is that the self-regulation implied in HIV prevention acquires emotional qualities. Alex recognises himself as acting outside his own self-regulation. He finds himself wanting and offers himself up to self-recrimination, an emotional dimension of HIV prevention that is often ignored. Dowsett (2009) has pointed out that HIV prevention asks gay men to question themselves. One effect seems to be self-castigation associated with failing to self-regulate for HIV prevention. In addition, Alex’s accounts show that the rationality of HIV prevention can be appropriated and reinterpreted. In a way that is not consistent with orthodox HIV prevention, he reasons that, since condoms were not used on one occasion, further instances are not significantly problematic.

**Ecstasy and exchange**

The mixing of love and sex in the relationship was sometimes expressed in terms of ecstatic sexual intimacy. Sex without condoms figured here as symbolic of these developments, but not just in terms of the familiar discourse on increased pleasure and intimate connection. Sex without condoms appeared to have value to do with love and its reciprocation.

In the following account, Jack makes reference to sexual ecstasy in his relationship:

Making love was more of a kind of spiritual or even religious experience rather than being in your body having physical pleasure, I had complete pleasure throughout my whole body, I was making love. I was in love with him, I felt that he was in love with me. I know that he was, he was in love with me, I wouldn’t have felt like that if it wasn’t both ways ... when we were making love I didn’t, I wasn’t aware of myself as a person, I was more aware of the two of us together, and it was a different, different level of consciousness I would think as well. (Jack, aged 24)

For Jack, sex with his partner was transforming of him and the relationship, providing a catalyst for joining disparate selves. Consistent with what we have said about the emotional aspects of relationships so far, such transformation was at times linked with giving up condoms, as Lee says:

Lee: A condom’s great for protection but it’s it takes away the ... intimacy, the closeness the, oh, just everything.
Interviewer (I): Yeah, why do you think that is?
Lee: I think when you’re making love to someone, whether it’s male or female, I think the closeness, you can’t get any closer than your body fluids interacting with each other I mean it’s just ... the thought of that is just, fantastic. (Lee, aged 43)

In this example, condoms are placed in opposition to love, in a way that is consistent with the ways they are held to inhibit sexual intimacy noted in previous research (Adam et al. 2000). However, the interviewees show that sexual ecstasy marked by the lack of condoms goes further than the promotion of intimacy. These moments were also associated with offering anal sex without condoms to partners. Consider Jack again on ‘giving’ unprotected sex:

I: Why this change from flavoured condoms for oral sex to unprotected anal sex?
Jack: So it’s really strange, but it had been maybe a couple of years since I’d been like that and, the change happened, I suppose because I was deeply in love with the person, and that’s why, that’s the reason. It didn’t feel like sex, it didn’t feel like
we were having sex, it felt like we were making love and it didn’t feel that I had anything to worry about so. That’s kind of what it was, it was never painful, he was the best, best, the best lover that I’d ever had, it was the most enjoyable, satisfying sexual relationship and I didn’t think that I had anything to worry about so I suppose I wanted to please him. I suppose it was something that I could give him that I felt nobody else could, I suppose that was my way of trying to show him how much I cared.

I: What were you giving him, to show him how much you cared?
Jack: I was giving him myself, um, I was giving him what he wanted, I didn’t realise that at the time but um I was giving him my unprotected sex, which had never been an option in my mind before, before I met him, um but then I’d never met anybody that wanted to have unprotected sex with me before so...

(Jack, aged 24)

Here we see that sex without condoms, along with its familiar meanings of increased intimacy, was registered as a gift to the sexual partner, establishing a symbol of the love felt for the partner and inviting him to reciprocate this gift. This expectation of reciprocal exchange recalls Mauss’s (1990 [1950]) anthropology of the gift relationship where it is said that social ties are sustained through the exchange of material and symbolic goods. In the context of the love experience, the self and, as we will see, the HIV-negative self, is for some the ultimate gift.

**Serostatus and love**

As discussed, sexual relating was depicted as progressing in ways that run counter to the assumption that safer sex can be simply repeated in a kind of endless, de-contextualised simulacra of HIV prevention. Transitions in relationships were marked by increased sexual intimacy at times performed as anal sex without condoms, some moments of which were understood as ecstatic and transformatory. Anal sex without condoms could also mediate an economy of exchange, a giving of the self to symbolise and secure reciprocal love. But as the following interview explores, HIV serostatus appears to also mediate these meanings of love. We can therefore see that more is going on here than the calculation of the value of the relationship in relation to avoiding HIV transmission, as suggested elsewhere. HIV-negative serostatus appears to be entered into this economy of exchange. Revealed here, too, is the way that biomedicine, signified by HIV serostatus, is brought into the love experience.

In the following example, Jonathan talks of sex without condoms as a gift with implications of trust:

Jonathan: The times I’ve had unsafe sex have been when I’ve wanted to, as I’ve said before, someone to give me something and me to give them something back.
I: What kind of something?
Jonathan: Um, trust I suppose, in some strange way, um...
I: So what does trust mean to you?
Jonathan: Trust means to me that they would, you know they would tell me if they had, sexual contact with another person or, or I would trust that they wouldn’t put me at risk, you know if they felt that they may, yeah, and that works vice versa., and just like that normal kind of loving thing that people have. ... Trust relates to honesty I suppose and thing is being in a relationship you can have complete honesty with each other about um, what you’ve done and also what you’re thoughts and feelings are, you know. (Jonathan, HIV-negative, aged 31)

Jonathan is suggesting that the possibility of unsafe sex is a test of the other. If truly loved, Jonathan indicates, the other will act in ways that would never harm him, including letting him know if their previous sexual behaviour and, presumably, their HIV serostatus, might...
be a risk to him. In this view, the emotional aspects of sexual relating and HIV-prevention rationality are brought close together. We might even say that HIV prevention and love are co-produced. HIV-prevention discourse assumes rational use of knowledge of self and other, such as HIV serostatus, in ways that comply with the imperative of HIV prevention. In Jonathan’s account, however, forms of HIV-prevention rationality are deployed in a discourse of love, giving rise to uses that do not conform to HIV-prevention imperatives, nor simply resist them. The practice here is not so much about balancing the value of the relationship with avoiding HIV infection, it is about measuring love through the meanings associated with HIV prevention.

In the following example, Sam said he had disclosed his HIV status and a sexual partner offered sex without condoms as a way of demonstrating his devotion:

‘I’ll take the risk because I’m you know, I’m really into you.’ And blah blah blah, and you think for fu ... I mean it’s just as well in a way that I was kind of like not really into him, in the way that would all, would allow me to have kind of like say: ok I’ll go for it, you know. Um, because I think I could have easily been seduced into the idea that if I was so kind of smitten and he was willing to like kind of abandon all the. ... You know I might have felt pretty difficult and awkward and guilty about it, but I don’t know I might have succumbed as well you know. ... There’s an assumption inbuilt there that somehow, I don’t know maybe it’s something that they feel will then tie them for life, if they become positive you know, or maybe it’s the sense of I’m prepared to kind of do this for you as it were. (Sam, aged 45)

Sam noted that if he had been ‘smitten’ the situation may have been a substantial challenge for safer sex. Like other interviewees, Sam takes his own emotions and thoughts to be a problem, specifically in terms of how he may act if he had been ‘smitten’. We can see then another way in which subjects internalise the imperatives of HIV prevention and how these are made salient to emotional experience. In Sam’s account, it is not that love and reason influence each other in a kind of chain reaction, but that the self is understood as subject to the tension between them. We can also surmise from Sam’s account and the other accounts we have discussed, that the condom takes on different meanings according to the emotional context of the sexual partnership. This contingency echoes research with gay men that also argued for the multiple and situated meanings of condom use (Middelthon 2001).

Sam also generalises on his experience to reflect on how some men seem to think that offering themselves to infection is a way of cementing a connection. In this view, HIV serostatus is mixed with love discourse so that a giving of the HIV-negative self becomes a gift of love with its implied obligation. But we are then led to ask how does giving up condoms in this way acquire such value? We contend that the act is significant because it concerns giving up what has to be protected according to the rationality of HIV prevention. As noted, HIV prevention is predicated on a system of rights and responsibilities attached to HIV-positive and HIV-negative serostatus, which depend on social setting. Our research suggests that in some gay men’s regular partnerships, giving up condoms is not just more pleasurable and intimate, it also concerns measuring the significance of love by the value placed on normative HIV-negative serostatus. This is a view that Frank acknowledged in his description of how, when he was HIV-negative, he thought of his relationship with his HIV-positive partner:

I suppose goes hand in hand with this kind of thing of, you know of having, of as I said before I didn’t like the term ‘upper hand’ but you know, having this ‘I’m investing something more in this, than you can ever invest’, you know that ... it’s like it’s that imbalance almost of the imbalance, I and again I don’t know if that would be something that, I really don’t know if that’s something he had in mind. (Frank, aged 30)
The HIV-negative man is seen as both being able to give more to the relationship than the HIV-positive partner but also as having more rights within relational dynamics. Similarly, Andy describes a situation in which an HIV-positive partner (John), pretending to be HIV-negative, used the idea of potential infection as a means to express commitment to the relationship:

[John], when I met him, was HIV, but wanted to have unprotected sex with me and then wanted to become HIV and not telling me he was already HIV, that we could be closer. That kind of did my nut in. (Andy, 41)

Later, Andy reported that John had said: ‘life would be much easier if he [John] was positive and that it would bring us closer together’ (Andy). Significantly, it is not actual HIV serostatus that is a currency of love, but the symbolism of giving of the self in terms of HIV-negative normativity. Relatedly though, there is an assumption that the HIV-positive man is willing to take on and live with the idea that they may have infected their partner. This might make sense for the relationship in its ecstatic mode, separated off from the everyday. But the everyday comes back with insistent and profound consequences, since the public discourse on HIV makes it seem as if the person with HIV is always to blame. Indeed, Andy makes note of just this problem:

Because then he started to insist that he never wanted to use a condom. That he hated condoms, and that he felt, by not using a condom, it would bring us closer together, and that … and I kind of swayed back and forwards between it and … for a quiet life, sometimes, let it go, let it slip and let him do it. But … with that … any time we had an argument, he would use that against me. … Eh, obviously it was me to blame as well because I let it happen. (Andy, aged 41)

These accounts make stark examples of how HIV-positive and -negative serostatus can figure in sexual practice. In particular, a normative valuing of HIV-negative serostatus appears to provide a means of describing the intensity of the love one partner has for another. Such normative HIV-negative serostatus can automate the blaming of the HIV-positive person, even in situations where the negative partner had chosen to have unsafe sex (Cusick and Rhodes 2000). But distinctive in our paper is that it is the organisation of normativity within viral-based rationalities of HIV prevention that gives the gift of unsafe sex its meaning.

Discussion

Our analysis leads us to questions that have remained implicit so far: how is it that biomedical meanings can play such an important role in the experience of love for our participants and what does this imply for HIV prevention? We have examined how our interviewees charted their regular relationships in terms of the viral binary of HIV-positive and -negative. There is evidence of the hybridisation of biomedical knowledge with love and, relatedly, the melding of affect and rationality. Some participants spoke of knowingly engaging in HIV-risk-related behaviour as an expression of love (Andy reported a negative partner had said ‘I want to show you how much I love you, I want to fuck you without a condom’), effectively merging emotions, social ties and reason. HIV-negative serostatus had special value in the serodifferent relationship (when he was negative in a serodiscondant relationship, Frank talked of comparing himself to his positive partner, ‘I’m investing something more in this than you can ever invest’), demonstrating devotion on the part of the HIV-negative man and sponsoring obligation in the HIV-positive man. Such practices, featuring the mixing of the meanings of love and serostatus, suggest a modification to theory of gay men’s subjectivity and biomedicine. It is established that gay
men are reflexive with biomedical knowledge pertaining to HIV serostatus and related implications for HIV transmission (Flowers 2001). Such negotiations are said to indicate the action of gay men as agents of change in the rationalities of HIV prevention. But our analysis suggests that more is at stake here than the negotiation of HIV-prevention guidelines. Love and HIV-prevention rationality can be interdetermining, they can influence, even depend on, each other. Other examples of this interdetermination include serosorting, which draws together choice of sexual partner and HIV serostatus, and the barebacking and ‘breeding’ pornography consumed by gay men, which, at times, eroticises the exchange of semen and the related possibility of HIV infection. With these examples, the analysis we have presented here moves towards a notional ‘queer biosexuality’ that recognises how biomedical meanings come to mediate sexual experience. If this seems too fanciful, at least the accounts presented here point to the need for novel framings of gay men’s subjectivity in the present era of proliferating biomedical approaches to HIV prevention. Such an approach would be consistent with the views of other commentators on how gay life is lived after several decades of HIV (Dowsett 2009) and through biomedicine (Race 2009).

We have also illustrated some challenges concerning the valuing of HIV serostatus. As we noted in our introduction, in some social and sexual settings HIV-negative serostatus can be seen as normative, an assumption that can make it seem to people without HIV that those with the infection are responsible for containing it. Our analysis suggests that some gay men used this idea of normativity as the basis for giving value to their gift of anal sex without condoms and the obligations it implies for the person with HIV. But this economy of exchange only works because HIV-prevention discourse can support the idea that HIV-negative serostatus is normative. In this view, HIV prevention, ironically, has a role to play in the reinforcement of sexual intercourse that may transmit HIV. In addition, these perspectives are derived from the low-HIV-prevalence Scottish setting and, as such, contrast with findings from other, high-prevalence settings (Sheon and Crosby 2004). On this basis we can say that HIV serostatus articulates with normative expectations regarding HIV prevention in ways that differ according to social and sexual context. Because HIV serostatus normativity can create assymetries in the negotiation of HIV prevention and that such negotiations appear to be expressed differently in different social settings, it seems important to embrace more thoroughly such concepts as different equivalence (Lather 1995; Squire 2000). Such framing of relational ethics for HIV prevention might offer the chance of mitigating the effects of normative HIV-negative serostatus and be useful in various settings, high- and low-prevalence ones included.

Another perspective we have offered concerns self-regulation and implications for HIV prevention and the research that supports it. Our interviewees did take their own emotions and thoughts to be problems, at times in the form of self-recrimination. We need to find methods of HIV prevention that avoid self-condemnation for gay men. In particular, the problematisation of love and HIV prevention leaves our interviewees with nowhere to go other than to reflect, somewhat negatively, on these matters in their own lives. The example provided by Sam shows how he looked on as the effects of prevailing discourses on love played out in his partnerships. Sam reckoned that he was only saved from worse effects because he was not ‘smitten’. In this view the opposition of love and reason is a discursive trap, limiting the action of subjects and forcing self-recrimination. It would help if alternative accounts of love and HIV prevention could be given legitimacy. The emphasis on HIV prevention in research on the lives of gay men, our own included, may be part of the problem. Giving emphasis to the connections that love has with HIV prevention and that only, while understandable, has left other aspects of love and related
concerns un- or under-examined. Further, we need to also recognise that the HIV-related regulation of the desires and attachments of gay men resonates strongly with the history of the biomedicalisation of homosexuality. We could take the HIV-centric approach to love as one effect of the biomedicalisation of gay men’s life worlds. In this view, we need a social research agenda that addresses the conditions of possibility for homosexual love over and above what the implications might be for HIV prevention.

Lastly, the findings we have presented here can be used to inform reflexive HIV prevention that can recognise its own role in constituting problems for gay men in serodifferent relationships. We have drawn attention to the assumption of normative HIV-negative serostatus, which is in evidence in some discourse of HIV prevention and has effects in the love experience of gay men. Further, the assumed opposition of affect and rationality that runs through HIV prevention and the research that supports it needs to be interrogated so that alternative modes of subjectivity are not ignored. As Persson (2008), Squire (2003) and our own research has indicated, attending to the ways in which people in serodifferent relationships refused HIV, dared to love in ways that broke with HIV-prevention orthodoxy and melded love and the biomedical, point to more instructive accounts of subjectivity and HIV prevention.

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Résumé

Cet article examine le discours sur les relations sérodifférentes, exprimé au cours d’entretiens avec des hommes gays vivant en Écosse, dont seize étaient séropositifs, et trois séronégatifs au VIH. En exploitant des critiques sur l’amour, la raison et la normativité liée au statut sérologique vis-à-vis du VIH, l’article offre un aperçu très utile des modes de négociation de la prévention du virus par des hommes gays au sein de relations sérodifférentes. Entre autres problèmes, il était dit de certains hommes séronégatifs qu’ils demandaient à leurs partenaires séropositifs d’avoir des rapports sexuels à risque avec eux, en toute connaissance de cause, cette demande reflétant à leurs yeux une expression de leur amour. Dans certaines situations, les individus séronégatifs réclamaient un statut sérologique normatif qui impliquait qu’ils pouvaient plus « s’investir » dans leurs relations en proposant des rapports sexuels pouvant les exposer au VIH. De telles dynamiques étaient l’expression d’une dévotion de la part de l’homme séronégatif, mais avaient pour implication une forme d’obligation pour son partenaire séropositif. En tenant compte de ces dynamiques et d’autres perspectives, nous soulignons la nécessité d’être plus attentif à la subjectivité des hommes gays dans le contexte actuel de prolifération de formes biomédicales de prévention du VIH; d’engagements en santé publique reflétant beaucoup mieux les cultures sexuelles des hommes gays; et d’un programme de recherche sur les hommes gays qui remette en question la normativité du statut sérologique vis-à-vis du VIH.

Resumen

En este artículo examinamos el discurso sobre las relaciones serodiscordantes en entrevistas con 16 hombres homosexuales seropositivos y tres seronegativos que viven en Escocia. Basándonos en críticas acerca del amor, la razón y la normatividad de la situación sérologica con respecto al VIH, en este artículo ofrecemos una perspectiva muy necesaria sobre cómo los hombres homosexuales negocian la prevención del virus del sida en sus relaciones serodiscordantes. Entre otras cuestiones, se afirma que algunos hombres no infectados con el virus del sida pedían de manera intencionada relaciones sexuales arriesgadas con sus compañeros seropositivos para expresar su amor. En algunas situaciones, la persona no infectada con el VIH reivindicaba una condición sérologica normativa, lo que significaba que podía ‘invertir’ más en la relación si ofrecía una relación sexual en la que se exponía al virus del sida. Estas dinámicas expresaban devoción por parte del hombre seronegativo, pero implicaban una obligación para el hombre seropositivo. Basándonos en estas y otras perspectivas, sostenemos que es necesario prestar más atención a la sujetividad de los hombres homosexuales en las presentes circunstancias de proliferación de formas biomédicas para la prevención del VIH; más participación meticulosa y reflexiva de los servicios sanitarios del sector público con las culturas sexuales de los hombres homosexuales; y un programa de investigación para los hombres homosexuales que desafíe la normatividad de la condición sérologica del VIH.