Masculinity and sexuality in the context of heterosexual HIV

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HIV is both socially invisible and stigmatised in heterosexual society where it tends to be coded by heteronormative ideas around gender and sexuality, and commonly stereotyped as a 'gay men's disease'. How do heterosexual men negotiate seropositivity in this context? How does it shape their identity as social and sexual participants in heterosexual society?

This paper draws on the *Straightpoz study,* a qualitative study with heterosexual men and women with HIV and seronegative partners in NSW.[1] There were fourteen positive men in the study. They came from a range of socio-economic and cultural backgrounds, and were aged from 30 to 70. Five men were in relationships and nine were single, many of whom were divorced, separated or widowed by AIDS. Eight men were parents. Three lived with dependent children, two as single parents.[2] Only five men worked. Four men had been in jail. Time since diagnosis ranged between 1 and 20 years, with an average of ten years. Nine men were late presenters. As a result, the health of many men was poor.

The study included fifteen couples. In five couples, both partners were interviewed. For the remaining ten couples, only one partner was interviewed. In eight couples the male partner was HIV-positive. Six seronegative female partners were interviewed, two of whom were partners of men in the study. Half met their partner prior to his diagnosis and half after diagnosis. Two women had children from previous relationships and four worked full time.

[1] This study is conducted by the National Centre in HIV Social Research (UNSW) in collaboration with Pozhet, the Heterosexual HIV/AIDS Service NSW. Study participants were primarily recruited through the *Positive Health* cohort and through Pozhet. The men lived across and beyond Sydney, with a concentration in inner and outer western suburbs. One man recently moved to Queensland but was included in the study because of his previous participation in the *Positive Health* survey. Two men received the old age pension, seven the disability support pension, and five men worked, primarily in a part-time or causal capacity. Thirteen men were on HIV treatment. Unprotected heterosexual sex was the most commonly mentioned mode of infection, followed by needle sharing and surgical procedures. Many were unsure how they were infected and speculated between these modes. One man thought he was infected either through needle sharing or through sex with a transsexual person, and one man did not volunteer any information.

[2] The men had thirteen children between them, one child being HIV-positive

The history of the epidemic in Australia is closely linked with the gay community, which has been disproportionally affected by the virus. HIV prevention and education strategies have been mainly targeted at gay men, particularly over the past fifteen years. Meanwhile, HIV has receded from mainstream awareness and, today, HIV exists on the periphery of heterosexual society. It is not woven into language, relationships and awareness in the way it tends to be among many gay men.

This was evident in the men's circumstances of diagnosis. No one was diagnosed as a result of regular HIV testing. Severe illness was, by far, the most common reason for having an HIV test.[3] Few had ever considered HIV as a personal concern or risk and most were utterly shocked by their diagnosis:

> [The doctor] looks at me and he puts his hands on my shoulders and goes "I'm really sorry to tell you. You've been diagnosed with HIV". And I went "With *what?"* I just didn't get it. I just plain didn't get it … I couldn't hear a word he was saying. I was looking at the wall, trying to think, treading my steps back … you know, how, where, when? (Cameron)

Those who denied drug use or homosexual contact often encountered scepticism from doctors and hospital staff. 'Their assumption was that I'm some kerb-crawler', Cameron said. Many found it extremely difficult to accept their diagnosis and often had little understanding of what it meant in terms of health, longevity, reproduction and sexuality. They described a chaotic time of anger, disengagement and self-destructive behaviour following diagnosis. Depression was common and several men had attempted or contemplated suicide. There was a general reluctance to seek help or counselling, a common finding in studies of men and health. However, a lack of appropriate services and peer support for heterosexual men was another significant barrier.

[3] Several men presented with an AIDS-defining illness. Only one man was diagnosed with seroconversion illness. Other reasons included surgery and routine testing in relation to incarceration or military deployment.

Testing positive reinforced the sense of HIV as a marginal issue in heterosexual society. The men spoke at length about heterosexual people being ignorant and uninformed, how they mistakenly think HIV happens only to gay men. Most admitted to a similar mind-set prior to testing positive. Morris was convinced that his HIV test would be negative because he was a heterosexual man:

> [I was] ignorant about the whole thing. That's why when the doctor said he wanted to do the test I said "I won't have it; I'm not gay, there's no way" … I thought a hundred per cent I wouldn't have it. I have found out since that a lot of people that are not gay have it.

The men attributed such ignorance to a lack of HIV education. At the same time, they saw HIV as highly stigmatised in heterosexual society and struggled to come to grips with the homophobia and 'politics of sexual shame' that besiege heterosexuality (Warner 2000). The stigma of heterosexual HIV was overwhelmingly thought to derive from its association with socially unacceptable practices, primarily drug use and the 'wrong' kind of sex: promiscuity, infidelity, prostitution and homosexual contact. Because such practices are taboo, they are often secretive and beset by guilt, thus compounding the shame of heterosexual HIV. Regardless of how they were infected, the men felt forced into an 'identity corner':

> Everybody seems to think "You're HIV? You're gay! You're not gay? You're a drug user then". You know? Can't they get it any other way? Is that the only two ways in the world? They don't realise, you know (Gavin).

The cultural inscribing of HIV as 'gay' was experienced as a loss of identity. Feminist writers have argued that the formation of gender identity emerges out of negation. Heterosexual masculinity is defined by what it is not, by what it rejects, above all femininity and homosexuality. It depends on the repudiation of these identities for its own security and coherence (eg Butler 1997). The men responded to this destabilising of identity in several ways. Many emphasised the 'commonness' of

heterosexual HIV as if to reinstate their own identity: ‘There are so many straight people that have got HIV, it's not funny’, Kevin insisted. ‘It’s amazing the cross-section of the community that does have it’. Secondly, they expressed resentment towards the underlying homophobia of HIV stigma. Tobias, who worked in the hyper-masculine environment of the military, said:

> If I went in to work and said “I’m HIV positive”, they’d baulk because it is aligned with the gay side of the community … They’d say “Shit, we never thought Tobias was a poof” … [That] doesn’t make me resent either HIV or the gay community. It only gives me more sympathy for them.

Their own experience of stigma sensitised many men towards marginalised groups. This empathic response is perhaps also an attempt to absolve oneself from complicity in social prejudices when coming to terms with oneself as a person with HIV. This process may be difficult if stereotypes of *who* gets HIV have been internalised. Suddenly finding themselves to be ‘one of those people’, they turn those prejudices against themselves and shame becomes difficult to resist.

Stigmatisation, as Goffman (1963) observed, shapes how people live their lives. It forced the men to renegotiate their identity as social and sexual beings. There was a sense of not quite belonging in the heterosexual community anymore. They often lost male friends and withdrew socially to avoid questions or feelings of alienation. ‘You steer clear of things that you think will cause you problems and that's relationships’, Kevin explained. ‘I hate what I'm saying, but it's a fact’. Similarly, Morris said ‘I lead a very quiet life now. I don’t socialise much. I definitely don’t go out’. Equally, they felt like cultural outsiders in the positive community and typically had little or no contact with HIV services or other positive people.

Heterosexual relationships were a major issue for both men and women in the study, but there was a notable gender difference in their confidence and capacity to form relationships post-diagnosis.

Unlike the women, men with a partner were nearly all in a pre-diagnosis relationship, and being single was much more common among men. Fears or assumptions that potential partners would reject them were conveyed by strong sense of being compromised and undesirable as men:

> That's the main thing it's done to me, it's destroyed any relationship with a woman again … because it's set in my head now that I just can't, you know? … The reality is, you know, I've got an insidious disease … I don't think it's fair on a woman (Kevin).

The cultural script of heterosexuality relies on particular models of masculinity and femininity based around power, sexuality and reproduction. The stereotyping of heterosexual HIV as a sexual or moral transgression challenges both men's and women's capacity to enact certain conventional gender expectations. But HIV appears to pose distinct challenges to heterosexual masculinity by not only raising questions around men's sexual orientation, but by compromising their ability to father children and, frequently, their physical ability to work and 'provide', all significant tokens of heterosexual masculinity in many cultures (see Connell 1995).

For many men, these challenges conspired against the possibility of forming a relationship. They thought it would simply be too difficult to find a woman who would accept their serostatus, or find a woman who was herself positive, a preference among most men.[4] For men in relationships, issues around masculinity were also evident. Gavin lamented that HIV-related illness had affected his ability to work and earn money, to have sex, and to 'protect' his partner:

[4] Reasons for this preference included mutual understanding and less difficulty around disclosure, sex and reproduction. The chance of meeting a positive woman was seen as greatly reduced by a lack of meeting places for heterosexuals with HIV. Several men had placed personal ads in *Talkabout,* but with no success. Several men had made efforts to meet and date women, but some had given up after being rejected. A couple of men were having online relationships, one with positive women in USA and Africa. The other man had contact with Australian women through the internet, but had not disclosed to them.

> Nowadays I don't even *feel* like a man half the time, you know, I just feel useless type thing quite a lot. I can't do the things that I used to … Really, you know, if we had been relying on sex and money, we would have been finished *a long* time ago … I don't like traveling late night on trains anymore. When I was physically fit, it didn't worry me … I don't want to put Katya at risk. I could protect her before; now I can't … I don't ever want that to happen. It would make me feel pretty weak.

Female partners who had met their positive partner post-diagnosis often grappled with the men's stigmatised identity. They described how the men initially tried to push them away, afraid of the responsibility or afraid of emotional intimacy after being traumatised by their diagnosis. Miriam explained: 'He was trying to get me to leave the relationship as much as I was trying to get him to come into it. And he definitely wanted to be in it, but he didn't know *how* to be in it'. Others found it difficult to trust that their new partner would stick around:

> For a long, long time, oh, probably a good twelve months, he kept saying "I'm waiting for the bubble to burst. I'm waiting for you to change your mind and call it off"... [He] wouldn't let himself relax and believe that I wasn't going to just say "Okay, that's it! I can't deal with this". And it took a long time for him to accept that (Claire).

Where diagnosis occurred in an existing relationship, most men expected their spouse to leave and believed this would have been a legitimate course of action. Not only did diagnosis raise sometimes painful questions around transmission and trust, but also around their sense of 'worth' as men:

> I expected her to go, straight away. I though, "Well, she's going to leave me now". If she's got it herself, she's going to leave me because I gave it to her and, if she hasn't got it, she's not going to want to hang around and I wouldn't have blamed her. I don't blame people for being scared; it's because of the education they got … [and] who really wants to have a

husband or boyfriend who's basically going to be useless to do anything anyhow (Gavin).

The men's sense of themselves as sexual beings was often altered by HIV. Fear of rejection and transmission posed major barriers and many resigned themselves to never having sex again. Unlike gay men, heterosexual men have never been politicised as a sexual community and do not have a history of progressive, innovative and negotiated sexual practice (Segal 1990: 164). There are fewer opportunities to meet sexual partners; there are no casual sex venues and no culture of HIV-positive sex. The lack of a heterosexual safe sex culture further complicates the matter, along with the cultural construction of heterosexual sex as 'natural' and beyond change (Waldby et al. 1993).[5]

The invisibility of HIV among heterosexuals made disclosure to sexual partners difficult. In the heterosexual encounter, HIV is an anomaly and people with HIV are often imagined as sexually deviant in some way, or as having no right to a sexual life. Faced with this, how do you disclose the unexpected and then manage people's ignorance or fear? Heterosexuals with HIV may themselves be unfamiliar with the process of 'coming out'. Stigma 'is likely to be an entirely new experience', so they have 'no role models of disclosure on which to draw' (Crawford et al. 1997).[6]

Barriers to sex were also found among couples, but there was a notable difference between couples that had entered into a relationship with knowledge of HIV and those that had not. Post-diagnosis couples often enjoyed an active sex life, while sex was much less common in pre-diagnosis couples. Issues of choice are likely to play a part, with post-diagnosis couples having entered into

[5] Because the epidemic has largely been associated with gay men, heterosexuals are automatically assumed to be HIV-negative. HIV transforms the heterosexual encounter into unfamiliar territory and positive heterosexuals must renegotiate some of its meanings 'and cannot rely on the other participant in the encounter … to share their understanding' (Crawford et al 1997: 7). The capacity to renegotiate the heterosexual encounter is constrained by safe sex discourse being largely incompatible with cultural meanings and practices of heterosexual sex (see Moore and Parker Halford 1999; Crawford, et al 1997; de Visser 2005; Kippax et al 1994). These dynamics were difficult to negotiate for the men. The stress caused by having to make up excuses for insisting on a condom, or for not having sex at all, meant they sometimes felt pressured to either disclose or end the relationship prematurely. Derek, one of only two men who reported recent casual sex, had practiced non-penetrative sex with a couple of women. He said: 'They probably think "There's something seriously wrong with this chap"'. The other man had paid for sex.

[6] There were several additional barriers to sex, including illness, depression, impotence, fatigue, body shape changes, social isolation, being a single parent, and lack of financial or social opportunities to meet sexual partners.

their relationship with a sense of their sexuality and identity that is likely to be very different from those who have experienced the upheaval of a diagnosis in an existing relationship.

Additional barriers included ill health, depression, side effects and impotence, as well as a lack of language around both HIV *and* sex among heterosexuals. Loss of sex sometimes became an ongoing source of tension in couples, challenging the gender identity also of female partners, who felt hurt and deprived of their sexuality, especially if there was little communication or a perception that their positive partner was indifferent to their feelings.[7] The men struggled with feelings of guilt because they felt responsible for the loss of sex in the relationship. For them, sex became a source of stress and confusion as they tried to juggle their own sexual inability with their partner's sexual needs, causing some to avoid any physical or sexual contact altogether.[8]

In conclusion, straight men with HIV remain largely invisible in Australian heterosexual society, as well as in the broader positive community, and little is known about their experiences of living with HIV. The same is true of seronegative female partners, who are often stigmatised by association[9] and rarely recognised as 'people living with HIV' who deal with everyday consequences and decisions in relation to HIV. The men and couples in the study had found their own ways of negotiating HIV.[10] Yet, these were not always successful or conducive to social and sexual well-

[7] Hazel, for example, said: 'One day [sex] just stopped like that, so that was the HIV. Yeah, that's the biggest one … And I didn't get a say in it, either … He didn't want to know about it. He said "Oh, well, that's it" … He doesn't want to discuss it. Every time I bring it up, he says "Oh, no, no" … In the beginning I was very angry and hurt'.

[8] Nigel, for example, said: 'Sometimes I'm not sure, like things are coming together and then I think "Oh, is it going to go too far?" Or I don't want it to go over into the full thing because I don't have it in me. So she's always said "Look, there's petting and all that sort of thing". But I know then sometimes if I start, she wants more. And that's been a big conflict. And I know her feelings too, because she's still sexually, you know, capable and all that sort of thing'.

[9] 'Courtesy stigma' (Goffman 1963: 30) was expressed by many female partners, who said their relationship with an HIV-positive man was provocative to many people and often met with bewilderment or curiosity, even anger and disdain. They told stories of being lectured by friends, colleagues and health professionals about their 'irresponsible' and 'foolish' behaviour: not only were they wasting their lives, their choice of partner were an indictment of their own morally corrupt character.

[10] Couples emphasised the importance of information and communication in the process of coming to terms with HIV and building a healthy relationship. For partners, being invited into the emotional world of their partner was seen as imperative, as was their sense of being legitimate participants in 'living with HIV'. The attainment of this often depended on existing communication patterns and emotional intimacy in a relationship, accentuating the fact that couples who are not resourced in this way may require support in the form of specialised counselling or peer programs, which are currently limited for heterosexual couples affected by HIV.

being. This finding exposes the cultural and sexual politics that shape heterosexual HIV and raises complex questions around not only gender identity in the context of HIV, but of heterosexuality more broadly, questions which we hope to pursue in future writings. It also highlights a lack of support and appropriate resources for those living heterosexually with HIV. Available resources are mainly targeted to gay men and do not always address or support the needs of heterosexual men or partners (cf van der Straten et al 1998). Greater access to specifically tailored resources would better enable men and couples to negotiate HIV in their lives.

REFERENCES:

Butler, J. (1997) 'Melancholy gender/Refused identification' (pp. 132-150) in *The psychic life of power: Theories in subjection.* Stanford: Stanford University Press.

Connell, R. W. (1995) *Masculinities.* Sydney: Allen and Unwin.

Crawford, J. Lawless, S. and Kippax, S. (1997) Positive women and heterosexuality: Problems of disclosure of serostatus to sexual partner. In Aggleton, P., Davies, P. and Hart, G. (eds.) *AIDS: Activism and alliances.* London: Taylor and Francis.

De Visser, R. (2005) One size fits all? Promoting condom use for sexually transmitted infection prevention among heterosexual young adults. *Health Education Research,* 20(5): 557-566.

Goffman, E. (1963) *Stigma: Notes on the management of spoiled identity.* London: Penguin Books.

Kippax, S., Crawford, J. and Waldby, C. (1994) Heterosexuality, masculinity and HIV. *AIDS,* 8: S315-S323.

Moore, S. and Parker Halford, A. (1999) Barriers to safe sex: beliefs and attitudes among male and female adult heterosexuals across four relationship groups. *Journal of Health Psychology,* 4(2): 149-163.

Segal, L. (1990) *Slow motion: Changing masculinities, changing men.* London: Virago Press.

Van der Straten, A., Vernon, K., Knight, K., Gomez, C. and Padian, N. (1998) Managing HIV among serodiscordant heterosexual couples: serostatus, stigma and sex. *AIDS Care,* 10(5): 533-548.

Waldby, C., Kippax, S. and Crawford, J. (1993) Research note: Heterosexual men and 'safe sex' practice. *Sociology of Health and Illness,* 15(2): 246-256.

Warner, M. (2000) The trouble with normal: Sex, politics and the ethics of queer life. New York: The Free Press.