



Dissertation submitted in fulfilment of the requirements for the degree of
Doctor in Psychology

RECONSTRUCTING HIV- SERODISCORDANT COUPLE RELATIONSHIPS

**Relational Understanding for HIV and Serodiscordant
Couples in Taiwan**

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Abstract

Serodiscordant couples, in which one partner has human immunodeficiency virus (HIV) and the other does not, are hidden in Taiwanese society. Because of HIV stigmatization, serodiscordant relationships are an unrecognized, unblessed, and unspeakable type of relationship. The majority of Taiwanese research concerning HIV-serodiscordant couples has focused on HIV-serostatus disclosure strategies, disease prevention, reproductive issues, and challenges for romantic couples caused by HIV. Studies have rarely emphasized the strengths, resilience, and possibilities of couples in these relationships.

From the perspective of social constructionism, illness experiences are socially constructed, and people co-create the meanings of illnesses in relationships. In this research, I endeavored to understand how serodiscordant couples interpret the meaning of HIV in their relationships. This research was conducted as a qualitative investigation using social constructionism concepts and collaborative narrative inquiry methods. Seven serodiscordant couples were enrolled.

Participants stated that the fear of infection had troubled them continuously since they began serodiscordant relationships, but the fear had diminished with time. Additionally, after entering a serodiscordant relationship, the infected and noninfected partners experienced the stigma of HIV and discrimination together. Discussing their worries and concerns with each other had helped partners transform living with HIV from a problem for their relationships to a connection for the couple. HIV was regarded as a concern for both partners. Couples also created new meanings of HIV and reconstructed the meanings of being in serodiscordant couple relationships.

Diverging from previous research that observed that noninfected partners were usually the caregivers in these relationships, in this study several infected participants were caregivers and comforters for their noninfected partners because the infected partners had more experience living with HIV. Noninfected partners felt less worried when they saw their partners living with HIV with optimism, positivity, bravery, and a relaxed attitude. The expert knowledge of the infected partners comforted their noninfected partners, confounding the patient–caregiver dichotomy in the dominant discourse. Finally, participants suggested that Taiwan needs more social resources for noninfected partners in serodiscordant relationships and that the experiences of more serodiscordant couples should be shared with the public.

Key Words: HIV; serodiscordant couple relationships; social constructionism; narrative inquiry

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