



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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Chapter 1 Introduction

Human immunodeficiency virus (HIV)-serodiscordant couples are hidden in Taiwanese society. Much of the public is uninformed about this type of relationship, and serodiscordant couples do not readily disclose the nature of their relationships. To increase awareness about HIV-serodiscordant relationships in Taiwan, seven serodiscordant couples were enrolled in this study and interviewed from the perspective of social construction. The interviews explored how they perceive, deconstruct, and reconstruct the meanings of HIV in their serodiscordant relationships.

Section 1 Motivation For This Work

1.1 How I Came To This Work

As a Taiwanese psychologist specializing in couples and family therapy, I have more than ten years of training in postmodernism and social constructionism. In my practice, I have far fewer opportunities to address HIV- and acquired immunodeficiency syndrome (AIDS)-related issues than I do other relationships issues.

Since 2013, the Taiwanese Regulation of Registration and Continuing Education has required psychologists in Taiwan to attend training courses on disease control and gender issues. Most classes on HIV- and AIDS-related issues that I have attended discussed HIV and AIDS from a pathological point of view. The natural course of HIV and AIDS and their

physical and psychological consequences were emphasized. As a result, HIV and AIDS are considered by most psychologists and helping professionals to be significant problems for the infected people and their families.

I believe it is crucial to learn how to offer emotional supports and social assistances to individuals with HIV and their families. Resources for support and assistance are scarce and not readily available to the population affected by HIV, especially for HIV-serodiscordant couples¹ (Hsieh, 2006). Due to relatively infrequent contact between serodiscordant couples and social support systems, the stories of couples with one HIV-seropositive member are unheard by the public. In addition, only a few research articles pertaining to HIV-serodiscordant couples have been published. The stories of such couples are worthy of inquiry, and their interpretations of HIV and the obstacles it presents in relationships should be explored to guide practitioners of psychology and social welfare.

1.2 My Knowledge Of HIV

My initial understanding of AIDS, the “the twentieth century plague” (Bellows, 1985), was as a horrifying terminal illness. I learned about AIDS for the first time as a junior high school student in the 1990s, a few years after the AIDS outbreak in the United States. At that time, Taiwan’s official health education textbooks focused on the route of AIDS

¹ HIV-serodiscordant couple: couple have different HIV infection statuses. One partner is HIV negative sero-status and the other is HIV positive sero-status.

transmission and the dire complications that result from a destroyed immune system. Because of the limitations in medical treatment, AIDS was considered an incurable disease and a virtual death sentence. The Taiwanese health authorities portrayed AIDS as a menacing condition in their campaigns against it.

Thirteen years thereafter, the award-winning television series *Angels in America* was broadcast on the HBO network and gave me an impression of AIDS as closely connected to suffering and death. The series presented a story set in 1985 about a gay man with AIDS. The man was shown suffering from the complications of HIV infection and taking countless pills for AIDS treatment, even though the side effects of the medications were nearly killing him.

HIV infection can now be controlled with regular medication and is seen as a chronic disease. Thus, suffering and death no longer appear to be the primary concerns of people with HIV. The first person with HIV that I encountered was a client I saw as a psychology intern in 2004. We discussed at length whether it would be appropriate to let my client's children know that my client was HIV-positive. My client finally decided that it was an unspeakable secret, and this view of HIV-positive status is still ubiquitous in Taiwanese society.

After several years of clinical practice, I had learned that HIV infection is no longer life-threatening, and my fears surrounding HIV faded gradually. However, I could not help but weep when one of my best friends, whom I will refer to here as A, told me that he had tested positive for HIV in 2011. I shed tears out of worry for A, despite the fact that the

mortality rate of HIV infection has decreased, and the side effects of medications are less severe than they were in the 1980s and 1990s. Was my pity a reflection of my concern about the challenges A was going to face? Did I unconsciously assume that HIV infection equals death? Was I worrying that A would have to take medicine for the rest of his life or deal with discrimination? My reaction to the news of my friend's HIV infection sparked my curiosity about the origin of my worries.

Following A's disclosure, others among my friends came out to me, one after another, revealing HIV-positive statuses or in HIV-serodiscordant relationships. Their stories involved suffering and challenges faced by both the infected people and their partners. On the one hand, HIV was seen as *the bad guy* that played a severely damaging role in their relationships. On the other, some HIV-serodiscordant couples were able to manage the challenges of HIV. Many of them claimed that HIV was not the main difficulty in their relationships and that serodiscordant status did not fully represent their relationships.

On the basis of my knowledge and experiences, I conclude that HIV is perceived of mainly as a disease and a problem in Taiwan, and HIV-serodiscordant relationships are still regarded with skepticism. Couples in which partners have different HIV infection statuses appear to experience more stress and challenges. These difficulties and the resilience that HIV-serodiscordant couples demonstrate in managing their relationships remain poorly understood in Taiwan. Exploration of these couples' experiences is critical to helping

psychologists and other health and social work practitioners better understand these couples and individual situations, and provide appropriate evaluations and interventions. Practitioners should understand, for example, couples' perceptions of HIV in their relationships and how couples experience HIV-related difficulties. This research is presented within a social constructionism framework with the goal of assisting readers to reconstruct their views of HIV-serodiscordant couples.

Section 2 Research Motivation

This section introduces the most common perspectives among Taiwanese about HIV. It also discusses why HIV-serodiscordant couples were selected as research participants and how investigation into their relationships may provide alternative views of HIV.

2.1 Common Ideas About HIV In Taiwan

More than 30 years have passed since the first Taiwanese patient with HIV was confirmed, yet most people in Taiwan still panic upon hearing the term "AIDS." Over the past three decades, the media and public have continued to fear and discriminate against people living with HIV (PLHIV), who are asymptomatic individuals with HIV infection. PLHIV have been stigmatized and stereotyped as drug abusers or sex workers. PLHIV are often assumed to be promiscuous and gay men. Moreover, certain health officials have

proclaimed that HIV represents the “wrath of God” and have stated that people with HIV infection “live shamefully and die dreadfully” (Chang, 1991). Consequently, numerous PLHIV have been treated unfairly and deprived of rights to education, work, health care, and housing.

In 1994, an elementary school student in the Pescadores, a group of islands in the Taiwan Strait, contracted HIV through a blood transfusion. All his classmates transferred to other schools, leaving him alone in the class.

In 2006, the residents of a community in Taipei protested and filed a lawsuit against a branch of Harmony Home, which provides nongovernmental accommodation for PLHIV, to force the shelter to move elsewhere (their efforts were unsuccessful).

In 2012, a junior high school teacher was said to be infected with HIV and the school’s administration required the teacher to undergo testing in a hospital.

In 2015, the neighbors of another Harmony Home branch unsuccessfully appealed to the mayor of Taipei to have the shelter relocated.

These stories provide perfunctory insight into Taiwanese public perception of HIV/AIDS. The media often overemphasize the infected status of PLHIV and suggest that

they are guilty of spreading the virus. Because of such news reports, PLHIV are often stereotyped as criminal suspects (Lin, 2009).

In 2012, the Persons with HIV/AIDS Rights Advocacy Association of Taiwan conducted a poll on patients' rights-violation experiences and found that the rights of more than 9 in 10 people with HIV infection had been jeopardized in employment, health care, schooling, residence, nursing, and privacy as a result of HIV-related prejudices. In addition, one third of people in Taiwan still believe that they can contract AIDS through dining with patients with HIV, contact with their saliva, and sharing toilets (Kuo, 2016/03/01).

2.2 What If HIV Is Not Just HIV?

Whenever people define what “reality” is, they are always speaking from a culture tradition (Gergen & Gergen, 2004, p.11).

Reality changes with culture context, and people formulate various interpretations, perspectives, and realities under different circumstances. HIV, for example, is primarily considered an *illness* under medical discourse. Within this context, people with HIV infection are considered *patients* who must take medicine regularly to limit their viral load for restoring or maintaining their immunity and who must make appropriate measures to prevent disease

transmission. Their partners are seen as part of *patients' families* and become participants in the health care and disease control system.

Although HIV has been studied for more than 35 years, and the Taiwanese government and nongovernmental organizations have led educational campaigns to promote destigmatization, Taiwanese people still hold fearful and negative attitudes toward HIV. HIV is also associated with stigmatization and discrimination in cultural and historical contexts (Sontag, 1989; Hsieh, 2003; Lo, 2016). Even though campaign efforts have aimed to create awareness that HIV is a chronic disease that is manageable as opposed to rapidly fatal, these campaigns are still based on the point of view that HIV is a disease under medical discourse. Is the fact that HIV is a manageable disease enough to reduce the public's fears and prevent stigma? Does the medical discourse not perpetuate the disease label and the idea of the effect a disease can have on society? Who has the right or power to choose the appropriate discourse for interpreting HIV-related issues? Who supports the evolution of such a discourse?

2.3 HIV-Serodiscordant Couples Under the Dominant Discourse

People generally organize their experiences, construct their worldviews, and form their self-identities according to how their stories are told. When people have the opportunity to express themselves, their stories can be re-experienced and re-created and they can

reconstruct meanings (Bruner, 1986). However, the dominant discourse strongly affects how people interpret their stories. Those who deviate from the dominant discourse may be marginalized, pathologized, silenced, or otherwise oppressed.

HIV-serodiscordant couples are unlikely to be met with approval in Taiwan (Tsai & Hsu, 2009), and individuals are dissuaded from entering relationships in which one member is HIV-positive because disease transmission, medical care difficulties, and stigmatization are seen as inevitable (Hsieh, 2003). However, for individuals who are maintaining HIV-serodiscordant relationships, HIV may not be their primary concern; HIV does not fully define these relationships. The present paper comprises conversations with HIV-serodiscordant couples. I listen to couples' experiences and stories that may differ from the dominant discourse. I also explore their local knowledge (White & Epton, 1990; White, 2001) of how serodiscordant relationship members relate to their partners and the world.

2.4 Research Between The Positive And The Negative

For the past 35 years, studies on HIV-affected relationships have focused mostly on challenges and complicated issues that serodiscordant couples encounter (VanDevanter, Stuart Thacker, Bass & Arnold 1999; Persson, 2008). Research related to HIV-serodiscordant couples in Taiwan has been scarce, and within the dominant discourse, most people still object to this type of relationship (Tsai & Hsu, 2009).

However, new meanings and possibilities are created in differences, interactions, and responses (Gergen, 2010; McNamee, 2014). Compared with couples in which members have the same HIV serostatus, serodiscordant couples have to coordinate much more due to their different infection status. This coordination may create unique relationship patterns.

In this study, I hoped to achieve two goals through conversations with serodiscordant couples: first, to explore new meanings for HIV that may differ from the definitions that dominate medical discourse; second, to illuminate how partners reconstruct their relationships based on conceptions of serodiscordancy that may differ from the mainstream view.

Section 3 Research Purpose And Expectation

This section describes the purpose of sharing stories and the expectations of the author and the research participants, including the thoughts that participants wanted to convey to potential readers.

3.1 Purpose

Social constructionists believe that identity, perspective, and meaning are byproducts of social interaction. People construct their reality through interaction. Whenever interpersonal difference or conflict arises, social constructionists encourage the involved

parties to engage in dialogue and listen to one another to co-create new meanings (Gergen, 2010).

Therefore, in the present study, spaces were provided in which members of HIV-serodiscordant couples could converse and each partner could listen to the other. Through these conversations, partners revealed how they construct HIV-serodiscordant couple relationships and interpret the meaning of HIV in their relationships.

3.2 Expectation

This study presents HIV-serodiscordant relationships. These examples may provide reference points for other people with HIV infection and professionals in the health care and social work fields. This research is also expected to foster alternative perceptions of and attitudes toward HIV and serodiscordant relationships among readers.

3.2.1 Writing For People Living With HIV

“HIV took me away from my life and brought me back to my life,” said QQ.

After testing positive for HIV, people often feel depressed, as if they were living under the shadow of death without hope. Numerous people who test positive for HIV hold an unshakable belief that, because of their HIV status, no one could love them. Some of them

decide to remain single for life and avoid intimacy out of concern for the safety of others (Chuang, 2015, November). Readers are invited to learn from PLHIV's accounts of how they see intimate relationships, overcome worries, regain their life force, and rebuild their confidence.

3.2.2 Writing For HIV-Serodiscordant Couples

"HIV is not the major issue in our relationships," appealed Hsun and W, QQ and DW,

Romeo and Juliet, Sheng and Zhai, Mr. 8 and Mr. 9, D and L, Max and Roger

Before the scheduled interviews, I visited the Taiwan Lourdes Association, a nonprofit organization dedicated to supporting PLHIV and their families. The Lourdes Association social worker with whom I met noted that when one member in a relationship tests positive, the other member usually chooses to end the relationship. Those who decide to maintain their relationship are uncommon. Because serodiscordant partners rarely publicize their situation, few precedents upon which serodiscordant couples can model and manage their relationship are available.

Social values are cofounded with other people; therefore, fear of and uncertainty about HIV infection and AIDS has been collectively constructed. In this atmosphere of fear and uncertainty, some people attempt to rely on their own wisdom to manage

HIV-serodiscordant relationships. These relationships are out of public view and comprise alternative realities. This study is intended to set a precedent for people who are considering serodiscordant relationships and for those who are already in serodiscordant relationships. Serodiscordant relationships are presented and validated through the study participants' testimonies.

3.2.3 Writing For Health Care And Social Work Professionals

“Please reflect upon your own opinion about HIV first,” appealed W and Hsun.

Hsun, as an HIV-infected person, and several infected participants in this study felt that health care and social work professionals had treated him unfairly. Most people, including such professionals, unconsciously base their actions on mainstream views. Health care and social work practitioners who work with HIV-positive individuals and their partners will benefit from this study as it provides an opportunity to reflect on their unconscious perceptions of HIV and serodiscordant relationships. Hopefully, this study will enable caregiving professionals to realize how they contribute to the medical discourse around HIV and how they might reconstruct their values and realities to align with their responsibilities.

Chapter 2 Literature Review

In this chapter, I describe the historical context of HIV and HIV research. I also introduce the concept of social constructionism. Finally, I apply social constructionist perspectives to HIV and serodiscordant relationships.

Section 1 Introduction To HIV

This section describes the historical development, cultural context, and current state of HIV in Taiwan. Examples of delicate situations and difficulties that can be encountered by HIV-serodiscordant couples in their relationships are provided.

2.1 Historical Context Of HIV

HIV is transmittable through body fluids such as blood, semen, vaginal discharge, and breast milk. The virus attacks the human immune system, reducing the immunological defense of infected people. The medical complications that arise from HIV are collectively called AIDS and can lead to death when left untreated (Taiwan Centers for Disease Control, 2018).

By 2016, AIDS had been a public health concern for 35 years. In 1981, a sudden outbreak of pneumocystis pneumonia was reported among numerous young gay men in the United States, some of whom passed away. The common health characteristics of these men

were compromised immunity and associated complications. An increasing number of cases with similar presentations were identified, particularly among heroin addicts, sex workers, Haitian immigrants, and patients with hemophilia. These findings suggested that HIV may be transmitted through sex, blood transfusion, and intravenous drug injection (Sontage, 1989; Cleghorn, Reitz, & Popovic, 2005; Lo, 2016).

The origin of HIV, however, was unknown. Researchers traced the virus to Africa, where it had already been prevalent in the early 1950s. HIV was found to have then spread to Europe and the United States through the global movement of people. In the 1980s, health care professionals were unable to treat HIV infection. Without effective medications, patients died from their HIV infection (Goudsmit, 1998).

A movement was begun against HIV-infected people. HIV and AIDS were considered notifiable diseases in numerous countries. These countries enforced case reporting systems that required health workers to notify authorities of HIV cases. Some countries prohibited blood donation from gay men, Haitian immigrants, and heroin users and even refused entry to HIV-infected people and patients with AIDS (Lo, 2016). People considered the disease a death threat and avoided any contact with those infected. Consequently, patients with HIV and AIDS were harshly discriminated against.

Medication for HIV was first developed in 1986. It was expensive, and dosing was required every 4 hours, causing a tremendous physical and mental burden. Pharmacology

progressed and, in 1995, Dr. David Ho proposed highly active antiretroviral therapy (HAART). This combination therapy, also known as the triple drug cocktail, effectively inhibits virus replication and thus counteracts the destruction of the immune system (Holt, 2015). Restoration of their immune systems makes HIV-infected people less susceptible to complications and death. As stated by Dr. Yi-Chun Lo in his book,

With the use of the triple cocktail, HIV treatment began to serve as more than a stopover on a patient's path to the morgue. Many patients with AIDS could be discharged and followed through outpatient services. (2016, p. 79)

Further advancements have been made in medicine, and regular medication can now reduce the circular viral loads to barely detectable levels, rendering the disease almost noncommunicable. Thus, AIDS has been transformed from a terminal illness into a chronic disease (Cheng, 2011; Lo, 2016). Only a slight difference exists between the life expectancy of affected people and that of the general population. If treated early and appropriately, progression of AIDS is no longer the most threatening obstacle for people with HIV infection.

Because of the initial prevalence of AIDS among gay men in the United States, Haitian immigrants, and heroin users, these groups were epidemiologically defined as high-risk

populations. After the initial outbreak in the United States, protests were organized against these groups, and some members of US society called for segregation. Not until the revelations of HIV infection in hemophiliacs, heterosexuals, and Hollywood celebrities did people begin to realize that HIV affects numerous people in the general population, not just those in high-risk populations. Since the 1990s, numerous fundraising efforts for HIV research, safe sex advocacy campaigns, and name-correcting movements have occurred (Sontage, 1989; Lo, 2016).

To date, many countries have lifted bans on the entry of individuals with HIV infection. Studies have shown that timely treatment and prophylaxis can lead to a normal life expectancy in certain people with HIV infection. Nevertheless, public fear of HIV and AIDS remains deeply rooted and is a long-lasting source of stigmatization.

2.2 HIV And Stigmatization

Over more than 30 years of HIV research, numerous studies have evaluated the complicated feelings of HIV-infected people. The most discussed and unavoidable topic is the stigmatization of patients with HIV infection. Sontag (1989) depicted the disease as “an invasion” for the society. People with the infection made every possible effort to reduce its effects and the threat of death. Before the development of HAART, AIDS was a life-threatening disease known as the twentieth century plague (Bellows, 1985). Untreated

HIV infection compromises people's immune systems, leading to critical symptoms. HIV infection does not cause immediate death; however, once patients become symptomatic or HIV infection has progressed to AIDS, the untreated disease results in premature death. Because of the mortality associated with the disease and widespread public fear of transmission, numerous people with HIV infection have been ostracized. Public fear engenders stigmatization, and those with HIV infection are perceived as criminals for the possibility of transmitting HIV. Although HAART has made the disease controllable and delays its progression, the negative associations of HIV remain deeply seated in the public consciousness (Lo, 2016). Many people still regard HIV a threat, if not a disaster. Discrimination can be further mixed with moral condemnation: HIV-infected people are stereotyped as sexually promiscuous or drug addicts and are thus seen as lower-class citizens.

Stigmatization affects the self-perceptions of those with HIV infection. After testing positive for HIV, they usually feel overwhelmed, and some may develop posttraumatic stress (Anderson et al., 2010; Martin & Kagee, 2011; Sherr et al., 2011). These reactions may be followed by shame, depression, uncertainty about the future, negative self-identity, and low self-esteem (Thomas et al., 2005; Jang, Anderson & Montes 2011). Moreover, patients with a positive HIV status may avoid seeking medical help because of concerns about encountering discrimination from health workers or the leak of personal information (Chesney & Smith, 1999). Fear that other people may discover their prescriptions and pills also prevents some

from adhering to regular follow-up and medication regimes (Ostrom, Serovich, Lirn, & Mason, 2006; Rintamaki, Davis, Skripkauskas, Bennett & Wolf, 2006).

Stigmatization also affects the interpersonal relationships of people with HIV infection. Their greatest worry is the potential loss of social relationships or rejection and discrimination from friends and family if they disclose their HIV status (VanDevanter et al., 1999; Antelman et al., 2001; Maman, Mbwapbo, Hogan, Kilonzo, & Sweat, 2001; Medley, Garcia-Moreno, McGill & Maman, 2004; Daftary, Padayatchi & Padilla, 2007; Simbayi et al., 2007; Nyblade, 2006; Sheilds et al., 2015). This worry causes them to be socially avoidant and withdrawn (Vance & Burrage, 2006). Furthermore, a high proportion of couples separate or divorce after the disclosure of a partner's positive HIV status (Keogh, Allen, Almedal & Temahagili, 1994; Bunnell et al., 2005). Therefore, people with HIV infection should weigh the risks and benefits before disclosing their status to others (Semple et al., 1997; Black & Miles, 2002). For HIV-infected people who are single, negative self-perceptions may affect their attitudes toward intimacy. They may debate whether to begin a relationship or to remain celibate for life (Earnshaw & Chaudoir, 2009; Chaudoir & Fisher, 2010; Chaudoir, Fisher, & Simoni, 2011; Bogart et al., 2011).

2.3 HIV In Taiwan

AIDS is translated into traditional Chinese to a shortened unofficial term pronounced “Ai-Zi,” which literally means “caused by love.” This translation was chosen in the hope that it would alleviate fear of AIDS and reducing discrimination against people with AIDS and HIV. This section describes the current medical care for HIV-infected people, policies and regulations on HIV-related issues, and public perceptions about HIV in Taiwan.

2.3.1. Medical Care In Taiwan

The first case of HIV in Taiwan was identified in 1986. To date, the number of HIV cases identified is more than 30,000. According to the Centers for Disease Control (CDC) of Taiwan, HIV is primarily transmitted through sex and needle sharing (Taiwan CDC, 2017). The medical care and welfare provided in Taiwan are not inferior to those provided in Western countries. Whereas in the United States patients are required to pay HIV-related medical fees themselves, the Taiwanese government has made available free anti-HIV drugs since 1988, which was 2 years after the first case of HIV was identified in Taiwan (Lo, 2016). In 1990, Taiwanese legislators passed the third reading of the Acquired Immune Deficiency Syndrome Control Act, which was renamed the HIV Infection Control and Patient Rights Protection Act in 2007.

Since the introduction in 1997 of HAART, or the AIDS cocktail, the mortality rate among patients with AIDS in Taiwan has decreased significantly. Currently, people with HIV infection are required to take medication for life to control the viral load. Such medication regimes have transformed HIV infection into a chronic disease.

The Taiwan CDC compiles a special budget for the treatment of HIV infection; operates a case management system for follow-up of PLHIV and their sexual partners; and provides HIV-related education, follow-up, transferal, and counseling. In addition, community nonprofit organizations offer accommodation, legal aid, and peer support and facilitate the implementation of the Taiwan CDC's infection prevention policies (Wu, 2014). These organizations primarily serve people with HIV infection and seldom offer services to their noninfected partners or family members.

2.3.2. Medical Regulations In Taiwan

In accordance with the World Health Organization International Guidelines on HIV/AIDS and Human Rights, the Taiwanese Ministry of Health and Welfare passed and revised the HIV Infection Control and Patient Rights Protection Act to defend the rights of people with HIV infection to education, health care, employment, nursing, and housing and to protect them against discrimination. Furthermore, in 2015, the Ministry of Health and Welfare reinstated the rights of infected foreigners to enter and reside in Taiwan. However,

Article 21 of the act prohibits people with HIV infection from concealing the fact and having unsafe sex or sharing needles with others, for which they can be sentenced to 5–12 years in prison. Thus, Article 21 perpetuates stereotypes and misunderstandings of PLHIV.

Does the Protection Act protect or restrict people with HIV infection? The act secures HIV-infected people's rights to education, work, health care, nursing, and housing; it prohibits schools, health care facilities, and employers from discriminating against or violating the rights of people with HIV infection; and it requires the authorities to compile a budget for HIV-related medical care. However, the Protection Act also appeals to people with HIV infection to not engage in unprotected sex and needle or syringe sharing. If HIV-infected people engage in these behaviors, they may be sentenced to several years in prison. Thus, people who do not understand HIV or who already hold prejudices may misunderstand PLHIV as criminals because of the restrict behaviors of Article 21.

In 2013, the United Nations Program on HIV/AIDS endorsed serious punishments for nondisclosure of serologic status and stated that exposure to and transmission of HIV are serious human rights violations. The Protection Act was established under circumstances that differ from those of the present day, and the purpose was to warn for PLHIV reducing the spread of HIV. At the time of writing, advanced treatment for HIV infection can inhibit viral loads to undetectable and noncommunicable levels. If treatment is initiated early and appropriately, the appearance and behavior of HIV-infected people may not be

distinguishable from those of the general population. However, in Taiwan, the relevant policies and laws have not yet been revised, and PLHIV still bear stigma and misunderstanding associated with HIV.

2.3.3. HIV And HIV-Infected People In Taiwan

In the cultural context of Taiwan, threats or punishment have traditionally been used to ban undesirable behaviors. In attempt to reduce the incidence of HIV infection, health officials have disseminated threatening messages to minimize the prevalence of risky behaviors that lead to HIV. These threatening messages, embedded in education programs, have elicited fear of HIV, AIDS, and HIV-infected people and have caused people with HIV infection to be mislabeled as dangerous. HIV-infected people have internalized such stigma, and, consequently, have felt guilty, punished, and ashamed (Tsai, 2014 & 2016).

Moreover, in Taiwan, HIV is transmitted primarily through sex and needle sharing, which are associated with indiscrete sex and drug use. HIV-infected people are thus stereotyped as sexually indiscriminate, promiscuous, or substance-addicted. These stereotypes result in more stigma and discrimination against people with HIV/AIDS, and HIV/AIDS has come to be regarded as more than just an illness (Chen & Shih, 2010; Wang, 2012).

Internalized stigma and negative concepts affect HIV-infected people's roles in and attitudes toward romantic relationships. In Taiwan, HIV-infected people may think of their HIV status first, rather than love, if their potential partner could accept their serological status before initiating or being involved in intimate or romantic relationships (Tsai, 2014). Some people with HIV infection repress their affection for others and choose to remain celibate or establish romantic relationships with other HIV-infected people only because of fears of disease transmission and of rejection. Feelings of guilt and low self-esteem following HIV infection often cause people with HIV infection to feel unworthy of intimacy or sex or to feel that they are inferior to others; these feelings results in stricter mate-choice criteria or in HIV-infected people allowing their partners to have extra-relational affairs (Tsai & Hsu, 2009; Lai, Feng, Cheng, Ko & Ko., 2010; Tsai, 2014; Pai & Ko, 2014).

In summary, the Taiwanese government provides PLHIV with abundant resources and legislation to protect their rights. Simultaneously, Taiwanese law implicitly and indirectly discriminates against PLHIV. Moreover, HIV-related assistance and services are not readily accessible to the HIV-negative partners and family members of PLHIV. In any type of couple relationship, including HIV-serodiscordant relationships, when one partner becomes ill or traumatized, the other partner suffers, too. In Taiwanese society, HIV-serodiscordant relationships and the availability of related services require further attention.

2.4 HIV-Serodiscordant Relationships

In this section, I describe the issues that HIV-serodiscordant couples face, including the possibilities of transmission and HIV stigmatization, and how couples cope with these challenges.

2.4.1. Research On HIV-Serodiscordant Couples

HIV-serodiscordant couple relationship refers to monogamous relationships in which one partner is infected with HIV and the other is not. From a public health perspective, the noninfected partner in such a relationship is considered to be at high risk of HIV transmission. Therefore, HIV infection control strategies have specified “couples” as a unit of intervention. HIV voluntary counseling and testing (VCT) was designed to encourage regular serologic testing and safe sex among these couples, to offer HIV treatment and prevention services, and to educate the couples on the communication skills required to discuss delicate issues such as safe sex and sexual health. The implementation of VCT interventions targeting couples as units significantly decreased the rate of infection in seronegative partners (Allen et al., 1992; Padian et al., 1993; De Vincenzi, 1994; Allen et al., 2003). VCT, safe sex, and the advocated pre-exposure prophylaxis (PrEP) are all effective preventive procedures that reduce the incidence of seroconversion in serodiscordant couples. Because HIV prevention programs consider *couples* as units subject to status change, HIV is no longer a *personal*

disease for people with HIV infection but rather a concern *in relationships*. Thus, HIV-related research has begun to focus on serodiscordant couples.

Regional differences are apparent in HIV and AIDS studies and may be explained by the global discrepancy in resource distribution and medical accessibility. Africa, the most pandemic area of HIV and AIDS, did not receive international assistance for the disease until 2000 (Lo, 2016). Most studies evaluating the prevalence of HIV and AIDS in Africa have focused on infection rate reduction and safe sex education. Asian societies are more conservative about the topic, and many studies conducted in Asian countries have focused on the stigma of HIV, the biopsychosocial pressure on people with HIV infection, and status disclosure to the partners and family of PLHIV. By contrast, researchers in Western countries were examining the issues now under study in Africa and Asia before 2000 and have begun to focus on *romantic relationships* and *family relationships*. Studies in Western countries have investigated family members' reactions toward HIV-infected in lived ones and how PLHIV manage their couple relationships. This research trend may be associated with the development and efficacy of HAART. Although research on HIV-serodiscordant couples is being conducted at different paces among regions, couples in all regions face the common challenges of HIV transmission and stigmatization.

2.4.2. HIV Transmission Issues

Given that HIV can be transmitted sexually, seropositive people and their seronegative partners must confront the possibility of virus transmission, fear of which can negatively influence their sexual relations and damage their relationship (VanDevanter et al., 1999; Palmer & Bor, 2001; Tsai & Hsu, 2009; Psi & Ko, 2014). To avoid HIV transmission, many serodiscordant couples choose to abstain from sex (Keegan, Lambert & Petrak, 2005) or allow partners to have sexual partners outside their relationships (Bunnell et al., 2005). For these couples, connected and conflicting issues arise with regard to reproduction, disease prevention, status disclosure, and health maintenance (Van der Straten et al., 1998; Tangmunkongvorakul et al., 1999; Bunnell et al., 2005; Ko & Muecke, 2005; Persson, Barton & Richards, 2006; Persson, Richards, Barton & Reakes, 2009; Harmann & Amico, 2009; Talley & Bettencourt, 2010; Rispel, Cloeteb, Metcalfc, Moodyd & Caswelld, 2012).

After one partner has been tested to be HIV-positive, a couple's experience of living with HIV changes their sense of intimacy and communication patterns (Remien, CarballoDieguez & Wagner, 1995; Palmer & Bor, 2001; Beckerman, 2002; Remien, Wagner, Dolezal, & Carballo-Dieguez, 2003). Their relationship may transform into a caregiver–patient relationship or into an even bmore unbalanced situation. Critical decisions, such as those regarding medical care and relationship termination, are more likely to be made by noninfected partners (MacDonald, 1998; Van der Straten et al., 1998; Tsai, 2008; Tsai & Hsu, 2009). Moreover, noninfected partners may decide to end their relationship after

experiencing heavy emotional burden under the pressure of long-term care (Bonuck, 1993). By contrast, HIV can also strengthen intimacy. If infected people readily inform their noninfected partners about their HIV status in establishment of a formal relationship and enact protective measures deliberately, their noninfected partners may feel taken care of and safe (Tsai & Hsu, 2009; Tsai, 2014). Additionally, if noninfected partners actively use condoms and have positive attitudes toward HIV, people with HIV infection may feel supported, which strengthens their relationship (Lai, et al., 2010).

2.4.3. HIV Stigmatization For Couples

The social stigma of HIV is another challenge faced by serodiscordant couples. HIV-related stigmatization and discrimination can damage relationships (Nyblade, 2006; Persson & Richards, 2008; VanDevanter et al., 1999; Rispel et al., 2012). HIV-infected people may be blamed for exposing family members to risk of infection, and dissolution, divorce, and HIV-related domestic violence are prevalent among serodiscordant couples (Porter, Hao, Bishai, Serwadda & Wawer, 2004; Bunnell et al., 2005). Comparing with HIV-positive men, HIV-infected women are more likely to be stigmatized, and this stigmatization may be internalized and transformed into negative self-evaluation, including decreased sexual desire and self-perceived attractiveness (Lawless, Kippax & Crawford, 1996; Santos et al., 2002). In addition, many noninfected partners in relationships with

HIV-infected people feel conflicted about the HIV status of their partner. They may fear infection and feel shocked, angry, betrayed, disappointed, sad, hopeless, and ashamed of being the family member of an HIV-infected person (Sowell et al., 1997; Bennetts et al., 1999; Li et al., 2007; Sanders, 2008; Pereira & Canavarro, 2009).

Stigmatization also deter serodiscordant couples from seeking social supports; thus, partners form crucial support systems for each other (Van Devanter et al., 1999; Palmer & Bor, 2001). If couples' social supporters have insufficient understanding of HIV, similar to that of most people, there may be a problem. Serodiscordant couples have been found to worry about post-disclosure discrimination and isolation from their family members and friends. These concerns about isolation make status disclosure more difficult (Bunnell et al., 2005; Hough, Magnan, Templin & Gadelrab, 2005).

2.4.4. Serodiscordant Couples' Management Strategies

Most HIV-serodiscordant couples develop their own strategies for sex, infection prevention, and reproduction, such as condom use, abstinence, agreed extra-relational sex, and separation (Bunnell et al., 2005). Some couples discuss HIV-related issues, whereas others do not. Thus, Persson (2008) categorized couples as "sero-sharing" and "sero-silent," and sero-sharing couples tend to discuss and deal with HIV as a shared challenge. These couples accept the existence of HIV, persevere through the course of the disease, and work

together to establish prevention strategies (Pereira, Dattilio, Canavarro & Narciso, 2011). Hailemariam Kassie & Sisay (2012) described the various steps that partners can take to maintain relationships: solidify family relationships, normalize HIV in their relationships, have sex without condoms to promote intimacy, participate in each other's lives, disclose HIV status to selected family members and friends, and join HIV-related networks. Beougher (2012) reported that couples negotiated safety agreements related to risk-bearing ability, risk-lowering strategies, and whether noninfected partners should accompany their HIV-infected partners to regular medical follow-ups.

Sero-silent couples tend to regard HIV as a personal rather than shared problem. Noninfected partners are less involved in the treatment courses of their HIV-infected partners. Partners do not engage in dialogue about HIV; hence, the infected partners must face all challenges alone (Persson, 2008). The benefit of a sero-silent relationship pattern may be that lives and conversations that are not dominated by the existence of HIV; the disadvantages may be the existence of barriers to communication about safe sex and uncertainty about the future of the relationship. Rispel et al. (2012) suggested that sero-silent couples may refer to HIV as "it" to maintain a distance from the idea of the disease.

According to Lai et al. (2010), numerous women infected with HIV in Taiwan avoid discussing HIV-related issues with their partners and have low expectations of being cared for by their partners. Repetitive references to HIV during conversations may heighten their

awareness of having the disease and elicit worries about noninfected partners' objections to their status. Many couples describe HIV as an "intruder" that creates distance between partners in close relationships; to avoid conflict, they may avoid discussing sensitive HIV-related topics, such as communication about sex, patterns of care, medical testing and follow-ups, and relationship maintenance (Hsieh, 2006; Tsai, 2008; Tsai & Hsu, 2009).

Discussing HIV may be advantageous to serodiscordant couples. Consideration of HIV as a common challenge facilitates conversations about topics such as safe sex practices, prevention strategies, medical arrangements, and birth plans. These conversations can improve relational quality and reduce the risk of transmission (Pequegnat & Bray, 2012; Reniers & Armbruster, 2012; Straten, Gamarel & Johnson, 2014; Conroy et al., 2016). Communication, openness, and togetherness are all critical for maintaining serodiscordant relationships (Rolland, 1994; Van Devanter et al., 1999; Palmer & Bor, 2001; Bunnell et al., 2005). Positive communication helps serodiscordant partners manage HIV, minimize emotional stress, support each other, and increase intimacy (Rolland, 1994; VanDevanter et al., 1999; Beckerman, 2002; Remien et al., 2003).

Section 2 Social Constructionism

The terms *constructivism* and *constructionism* are frequently used interchangeably. Constructivism emphasizes mental processes, whereas constructionism focuses on the

interaction between individuals and the world (Gergen & Gergen, 2004). In the present study, I follow Gergen's (1985, 2009a, 2009b) conceptualization of social constructionism and focus on relational process because I believe that meanings are generated in relational interactions. This section introduces the origin and the basic concept of social constructionism, and how social constructionism changes from individual thinking to relational process.

2.1 Origin Of Social Constructionism

The concept of social constructionism was born in the era of postmodernism, a philosophical movement that rejected modernism. From the 16th to the 18th centuries, ideological trends moved through individualism, the Enlightenment, and modernism. People began to question clerical power and the doctrines taught by the church and to pursue objectivity, reason, and science. This movement, known as positivism and modernism, encouraged the pursuit of truth through objective observation and hypothesis verification. Thereafter, another movement emerged, postmodernism, which was characterized by doubts of the modern ways of thinking and assumptions of truth. Postmodernists question objectivity and neutrality, criticize reason, and challenge scientific knowledge (Gergen, 2009a).

One of these critics, Habermas (1994/2003), argued that every quest for knowledge is based on a certain purpose or stance, and descriptions of objects or events cannot be free

from specific value judgments. He believed, therefore, that humans are incapable of objectivity and neutrality and that human values are embedded in all natural sciences.

Reason, the core value of modernism, is highly regarded in the West. Reason refers to the human ability to obtain knowledge and includes the capacity to examine evidence and make inferences. Through reasoning, people can evaluate the past and predict the future. Derrida (cited by Gergen, 2009a), a deconstructionist, contested the concept of reason. He claimed that reason limits the meaning of objects and narrows the scope of human thinking. When someone accepts a reasoned point of view, their knowledge is reduced rather than expanded. Derrida elaborated that numerous words are dichotomous, such as good and bad or right and wrong. However, the words themselves are meaningless outside the context of a text or speech. Therefore, individual words cannot be understood alone. He proposed that the meaning or “truth” of words varies according to the context and argued that word use changes over time and space (Hong & Chen, 2016). Derrida believed that deconstruction loosens linguistically-based dichotomous boundaries, allowing greater possibilities for interpretation (Yang, 1995; Derrida & Nancy, 2011).

People with modernist views emphasize the authority of science. Modernists believe that scientific research can explain a variety of phenomena on earth and that science enables discovery and verification of universal truths (Gergen & Gergen, 2004). People who can explain phenomena are seen as experts or authorities. Under fair and consistent rules and

authorities, societies become more stable. Structures enable patients to see medical doctors, students to attend schools, and employees to go to work. Most people recognize or submit to some authority as a judge or an indicator of truth. For example, in medicine, physicians define health; in school, teachers define the code of conduct.

Foucault (1977/1992) investigated how people subjugate themselves to various powers. In his opinion, specific fields of study involve specific discourses. When people assume that these discourses are true without questioning them, they perpetuate the power of the discourses and allow the discourses to shape their lives. In the health sciences, for example, medical discourse forms the basis of people's understanding of the human body and affects their behaviors, experiences, and self-identifications. Diseases are products of medical discourse (Foucault, 1977/1992). Patients are told how to live healthier lives, when to take medicine, and how to avoid deterioration. Within medical discourse, health care providers are authorities, and patients submit to them. People normalize these health care experiences, and medical discourse becomes accepted truth. Foucault (1980) argued that authorities or powers could not exist alone, but, rather, that they were products of community construction. Therefore, Foucault urged people to continually examine their role in the construction and perpetuation of authority structures:

Let us ask, instead, how things work at the level of ongoing subjugation, at the level of those continuous and uninterrupted processes which subject our bodies, govern our gestures, direct our behaviors, etc. In other words...we should try to discover how it is that subjects are gradually, progressively, really, and materially constituted through a multiplicity of organisms, forces, energies, materials, desires, thoughts, etc. We should try to grasp subjection in its material instance as a constitution of subjects.

(1980, p.97)

Foucault's belief that power cannot exist without a societal context is similar to the opinion of social constructionism on authorities. In social constructionism, power and authority are byproducts of relationships (McNamee, 2014). When people agree with certain discourses and authorities, they subjugate to them and perpetuate their function. For example, when HIV and PLHIV are understood within medical discourse, PLHIV are expected to follow physicians' orders and HIV is seen as an illness. People are thus subjugating to the medical discourse that HIV is an illness. We may reflect on whose values or beliefs are recognized in various discourses, whom the discourses benefit, and what the consequences are. Once people become aware of their participation in creating and perpetuating discourses, they are more likely to realize the limitation of these belief structures and open up to alternatives.

Social constructionists challenge scientific authorities through criticism of the ostensibly unquestionable truths these authorities advocate; science is considered one rather than the only way to understand the world and regarded as a mere concept about which a community of people shares perceptions (Mannheim, 1936/2006; Kuhn, 1962/2017). Social constructionists encourage new interpretations of phenomena rather than the overthrow of modernism or science. Criticism of and curiosity about others' beliefs may lead to new possibilities (Gergen, October 2014).

2.2 Reality Is Socially Constructed

In modernism, people use language to express, communicate, and understand each other. Language is thought to reflect the expresser's mind; people use language as a tool for describing their thoughts, the world and the reality. Therefore, proficiency in language is therefore highly praised. People learn to use language to depict their experiences. Scientists attempt to observe and present the world and the human mind precisely and *without bias*.

According to social constructionism, language is a byproduct of relationships and interactions, and accurate description will depend on a communal understanding. For instance, a banana can be named "banana" rather than "apple" only if you and I agree. People require common linguistic rules to understand each other (Gergen & Gergen, 2004). Wittgenstein (1953/1995) thought that the intended meaning behind language cannot be

understood without taking the user's context into consideration. People living in the same context have similar lifestyles and understanding of words in their interactions. Their conversation comprises a back-and-forth that Wittgenstein called the *language game*.

Social constructionists believe that language plays a crucial role in the construction of reality. Through repeated coordination, people establish their customs, social rules, behavior standards, and values, and differentiate good from bad, right from wrong, and success from failure (Andersen, 1992; McNamee & Gergen, 1999; Gergen & Gergen, 2003 & 2004; McNamee, 2004; Gergen, 2001 & 2009a). However, the differentiating capacity and dichotomous nature of language bring about judgments and truths that people come to take for granted (Gergen, 2009a). Community members submit to these truths as rules for living, and those who do not comply with the rules are marginalized or prevented from providing input (White & Epsen, 1990). Foucault (cited by Gergen, 2009a) urged people to reflect upon how individuals who claim to understand truth and administer judgment control of other people. When people do not question the truths informing their practices, they subjugate to authorities and accept authoritative categorizations, such as healthy or sick. Social constructionism invites us to reconsider received concepts and how language use affects meaning and truth. Gergen and Gergen wrote the following:

The basic idea asks us to rethink virtually everything we have been taught about the world and ourselves. And with this rethinking we are invited into new and exciting forms of actions. (2004, p.8)

The basic idea of social constructionism is that when people communicate with others, they also construct the world. Nothing can be real unless people agree that it is (Gergen & Gergen, 2004). Reality is byproduct of social interactions and is defined from a particular cultural standpoint (Gergen, 2001; Gergen & Gergen, 2003; Gergen & Gergen, 2004). Moral standards are also based on communal agreement. Vocabulary used to describe materials, knowledge, ethics, and reality can be used and is meaningful when people in a community agree (Gergen, October 2014). Social constructionist encourages examination of what we know, how we came to know it, and who may benefit (McNamee, 2004). It also prompts us to question our assumptions with regard to people's authority to judge truth, objectivity, and knowledge. When we attempt to understand the world from diverse angles, open up dialogues, listen to different voices, or question dualism, we create new possibilities. If we choose new interpretations of our experiences, we can construct new worldviews.

2.3 From Individual To Relational Being

McNamee (2009) stated that the major difference between postmodernism and modernism lies in the transition from a focus on individuals and their actions to the processes with which people relate. Whereas modernism stresses individual abilities, postmodernism situates each person in relationships. Individuals cannot exist alone; they must collaborate with others. The next sections review the transition in ideology from a focus on individual to relational beings.

2.3.1 From Individualism To Relational Processes

Individualism is highly regarded in Western cultures, and individual abilities and characteristics are valued. People are encouraged to attain excellence and stand out. When problems arise, authorities ask individuals to change their behaviors or beliefs. Psychotherapists attempt to change clients' cognitive and behavioral patterns; educators strive to improve students; and employers encourage higher competitiveness and efficiency. Excellence becomes the main goal of life. Underachieving individuals are called upon to improve. However, individualism results in isolation, alienation, and competition (Gergen & Gergen, 2004; Gergen, 2009a; McNamee, March 2014 & March 2018).

Social constructionism centers on relational processes and posits that loftier goals originate from relationships than from isolation. McNamee (March 2014) pointed, "*all that is*

good and valuable within relationships is dependent on others' responds." People in a community set standards; success and failure are only meaningful within the community context. Different community has different standard. When the self, others, and the world are understood from a relational viewpoint, no single universal standard or reality can exist, because standards and reality vary with the community and context. Through repeated coordination, people create self-identities, behavior patterns, and responses within relationships. They also create their values, meanings, and truths. Every coordination enables creation of new meanings or agreements. Social constructionists appreciate multi-inquiry and the possibility for people to create various realities and conceptualizations of the world.

2.3.2 Meaning-Making Is Coaction

Gergen & Gergen (2004) posited that human behavior carries no meaning until been responded to. A friendly outstretched hand is meaningful only when the other person responds by taking an action such as extending his or her own hand for a handshake. An action serves only as an invitation but means nothing without a response.

Meaning-making results from coaction (Gergen, 2009b) as opposed to private internal processes. Meaning-making is not a process in which a received truth is observed and described, but rather a byproduct of relational processes. People interact to create meaning, knowledge, truth, and values (McNamee, 1996). As stated by McNamee (March 2014),

“Meaning is neither mine nor yours, but emerges out of ‘our’ relational engagement.” People make meanings within relationships, and they form their identities and conceptualize the world through others’ responses to them (McNamee, 2004; Gergen, 2009a; McNamee & Hosking, 2012). When people interact, they co-construct the world.

People co-create standards, meanings, and realities, and form taken-for-granted values. However, standard-breaking may provoke reprimand, conflict, or opposition. Figure 1 illustrates the explanation of McNamee (2007 & 2015) for the development of beliefs and meanings within an interaction. People coordinate to make rituals and patterns; these rituals imply certain standards and expectations; and, over time, these standards and expectations become moral orders or the dominant discourse.

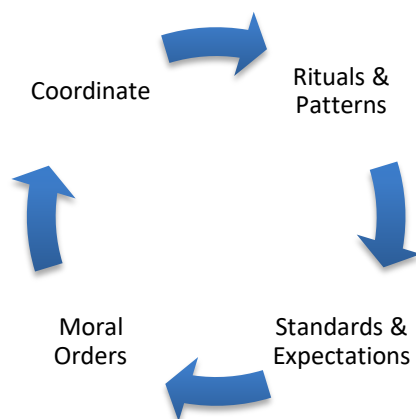


Figure 1: Construction of Worldviews (McNamee, 2007 & 2015)

A new cycle begins each time coordination occurs among different parties, and new meanings, truths, ethics, or values can be re-created. How do the dominant discourses remain

unchallenged if meanings are not still? In social constructionism, the dominant discourse is also the byproduct of relationships. When people feel oppressed, they situate themselves in an oppressed position and regard the dominant discourse as an oppressor. If a new meaning-making cycle is to be begun, modes of interaction must change.

Regarding HIV-related issues, how do people participate in the medical discourse on HIV and maintain their beliefs that HIV is a fearful disease? When authorities appeal against discrimination, are PLHIV positioned as recipients of discrimination? If the discourse around the discriminator and the discriminated is to be altered and a new pattern created, the conversational space should be opened, the voices of other parties should be heard, and thought must be given to how to co-create alternatives. In this way, new meanings and possibilities will be generated.

Invitations to conversation can foster understanding and new possibilities in the face of differences. According to McNamee (2009), everyone is responsible for changes that result from their relational processes. I refer to this phenomenon as relational responsibility. When people focus on the dialogic process rather than problems, remain skeptical of norms, and consider possibilities for inviting more participants into a conversation, changes occur. Social constructionists invite us to think about what and how we are co-creating and how we can improve that process (McNamee, 2014).

In social constructionism, more than one correct mode of living in the world is acknowledged to exist. Although people cannot predict or control the future, they can make invitations for and respond within conversations that create new actions, meanings, and possibilities.

Section 3 Serodiscordant Relationships As Social Construction

In the following sections, HIV infection and serodiscordant relationships are situated within the social context and discussed from the perspective of social constructionism.

3.1 Illness Experiences Are Socially Constructed

According to social constructionism, descriptions of illnesses, knowledge about diseases, and diagnoses are constructed in relational processes (Gergen, Lightfoot, & Sydow, 2004; Katz, May 2017). People create the meanings of certain illnesses in their communities; therefore, illness cannot be discussed outside of cultural and historical contexts (Kleinman, 1988; Conrad & Barker, 2010). People's interpretations of illness and the treatments it requires are influenced by their culture (Kleinman, 1988 & 1999). Cultural circumstances shape patients' conceptions of their selves in relation to their illness. Additionally, community response to patients and illnesses can affect patients' self-identity and their experience of having a disease (Conrad & Barker, 2010). Diagnoses not only describe patients' physiological states, but also shape patients' psychological perceptions and social

interactions (Bury, 1982). For example, Taiwan people were threatened by Severe Acute Respiratory Syndrome (SARS) in 2003, and almost every person wore surgery mask in public in order to prevent viral transmission. After this period of time, when someone is diagnosed with a common cold, this person is in courage to wear a surgical mask in public areas, maintain an arm's-length distance from others, or cover his or her mouth and nose. If someone is unable to fulfill these interpersonal expectations, he or she will likely be rejected or considered a source of transmission. A common cold simultaneously influences a person's physiological health and his or her interaction with others.

Chou (2010) reviewed classical Chinese literature and found that perception of health condition reflects morality in Chinese culture. If a person is ill, he/she is morally degenerate or has performed deviant behaviors. Illnesses are punishments. If patients transmit diseases to others, they are strongly denounced. Illness is also connected to ethic and family relationships in Chinese culture. Confucius said, "*Our bodies, down to every hair and piece of skin, are received by us from our parents, and we must not presume to injure or wound them. This is the beginning of filial piety.*" This statement suggests that children must take care of themselves and should not cause their parents to worry about them. If a person is ill, he/she is unfilial and will be condemned. Thus, children may hesitate to disclose illness to their parents. If a person is diagnosed with a stigmatizing condition, such as mental illness or HIV/AIDS, his/her parents and family members also experience associated societal pressure

and shame from the stigma (Zhung & Lin, 1997). Not only patients, but also their parents, partners and family members experience the effects of their illnesses (Yang, Kung, & Yang, 1998).

The accepted social meaning of a disease affects patients' perceptions and experiences of the disease, as well as their behaviors and their self-identity (Foucault, 1977/1992; Conrad & Barker, 2010). A physician's diagnosis changes the patient's behaviors, and an illness can thus not be treated solely as if it were a physiological condition (Freidson, 1970). As a result, patients not only suffer physically from diseases, but also psychosocially as a result of changes in their social interactions (Priya, 2012). The processes of understanding, interpreting, and living with illness are socially constructed. Similarly, people with illnesses may form their self-identities in and through social interactions. Within a disease's historical, cultural and social contexts, everyone contributes to the construction of the discourse on the disease (McNamee, 2015). If all people have some influence in the construction of a disease's meaning, we also have the ability to reconstruct the dominant discourse.

3.2 Illness In Couple Relationships

When someone is ill, their significant others, such as family members or partners, may be affected even though they do not physiologically have the disease. Researchers have investigated the effects of diseases on patients and their families. From the viewpoint of

relational interaction, members in a relationship constantly affect one other. When one member becomes ill, the other will be influenced. Researchers regard individuals in a partner relationship as interacting parts of a system (Carlson, Bultz, Specia & St. Pierre, 2000; d'Ardenne, 2004; Kayser, Watson, & Andrade, 2007; Badr & Carmack Taylor, 2008; Figueiredo et al., 2008; Miller & Caughlin, 2013). Numerous studies discussing the influence of diseases on couple relationships have begun to emerge. Diseases were found to affect couples' ability to deal with conflict and their satisfaction with their relationships (Fisher, 2006). Researchers have observed that lovers became patients and caregivers, and their psychological states were affected (d'Ardenne 2004; McLean & Nissim 2007). Similarly, an originally strong relationship correlates positively with couples' adaptation to illnesses (Trief, Grant, Elbert, & Weinstock, 1998; Ben-Zur, Gilbar, & Lev, 2001; Berg & Upchurch, 2007), well-being (Lal & Bartle-Haring, 2011), and life quality (Northouse et al., 2002; Gustavsson-Lilius, Julkunen, & Hietanen, 2012) and negatively with worries or anxiety (Karademasa & Giannousi, 2013).

An individual partner's perception of an illness also affects that of the other partner in a relationship. Surrey and Shem (1998) believe that if partners perceive illness as a challenge that they must face together, that "we-ness" strengthens their connection as a couple. This standpoint differs from that in which a disease is seen as a patient's personal problem. When togetherness is emphasized, patients and their partners can understand illnesses as *our*

illnesses rather than differentiate *your* illnesses from *my* illnesses. When partners regard a disease as their shared challenge, they believe that they are “in it together” (Skerrett, 2003). They can form a strategy for cooperating, facing the disease, and creating a new couple relationship identity (Persson, 2008; Fergus, 2011). For instance, a couple of which one member has HIV infection or has been diagnosed with cancer may call themselves an HIV couple or cancer survivor couple. Adoption of a new couple relationship identity affects couples’ satisfaction with their relationships (Pasipanodya & Heatherington, 2015), adaptation to illnesses (Weinman, Heijmans, & Figueiras, 2003), and management of disease (Lyons, Michelson, Sullivan, & Coyne, 1998; Kayser et al., 2007).

In addition, couples may create new meanings for the illnesses with which they are dealing (Skerrett, 2003; Kayser et al., 2007). According to Houston-Barrett and Wilson (2014), new meanings for a disease and a new relationship identity are generated when a couple holds a positive attitude toward a disease. Examples of positive attitudes toward illness include seeing the illness as a challenge rather than a punishment and using the situation as an opportunity to evaluate their previous lifestyle.

To understand how a couple constructs the meaning of an illness, Conrad & Barker (2010) advised directly investigating the views of the patient and his/her partner, trying to see the couple as one unit, and listening to the couple’s interpretation of the illness. The couple’s situation should not be interpreted using the majority mainstream viewpoint. Change can be

co-created when an effort is made to understand a couple's unique interpretation of illness and the strategies they use to deal with the illness's physical, psychological, and social effects (McNamee, 2017).

3.3 Reconstructing HIV-Serodiscordant Relationships

Social context influences how people see illnesses, and different diseases carry various cultural meanings. This section discusses the social meaning of HIV-serodiscordant relationships.

3.3.1. Social Meaning Of HIV

HIV may have existed as early as the 1950s, but the US government did not establish a budget for HIV-related issues until the 1990s. The first identified cases of HIV/AIDS were found among the most discriminated populations in the United States: gay men, sex workers, intravenous drug users, and Haitian immigrants. These groups were ascribed negative social meanings in mainstream American society, which principally supported white supremacy and monogamy. The unrecognized sexual orientation, sexual behaviors, and substance use among the groups were negatively regarded. AIDS came to be seen as a disease of gay men, substance user and Haitian immigrants that had nothing to do with the general population. AIDS was considered a punishment for marginalized people who had behaved immorally

(Sontag, 1989). As HIV/AIDS began to imply unacceptable behavior, people feared contracting the disease or becoming one of *them*: drug users, sex workers, or homosexuals (Herek & Capitanio, 1999; Pryor, Reeder, & Landau, 1999; Capitanio & Herek, 1999; Herek, 2000). Cultural context and stigmatization prevented HIV/AIDS from being seen only as a physiological disease (Rasera Vieira, & Japur, 2004; Thomas et al., 2005). The majority white and heterosexual society was indifferent to the numerous Haitian immigrants and gay men who became infected with HIV. The wave of mortality was regarded as the result of a natural ecological cycle, similar to periodical famines. Western countries did not recognize the potential severity of HIV infection until heterosexual and highly educated Caucasians became affected (Lo, 2016).

Influenced by Chinese culture, many Taiwanese people believe that illness is a punishment for patients and their family members. Sexually transmitted diseases are harshly condemned in the Chinese cultural context. Patients with sexually transmitted diseases are considered degenerate and immoral (Lin, 2012). Zhung and Liu (1997) noticed that many PLHIV believed that HIV was divine retribution for deviant behaviors. Family members of PLHIV also regarded the AIDS/HIV status as a family secret, and consequently, family members were inhibited in seeking help and social support. The Taiwanese media also perpetuated negative and stigmatizing discourse. PLHIV were portrayed as deserving of punishment. Prejudiced discourse continued until some *unfortunate and innocent* PLHIV

became infected because of blood transfusions or their partners' adulterous relationships (Hsu, Wu & Lin, 2003).

Because of medical advancement, HIV infection is no longer a death sentence (Sheilds et al., 2015), but HIV-related stigmatization and discrimination persist. What are the possible alternative interpretations of HIV? When the mainstream view is that PLHIV are inferior, filthy, and dangerous, can they still be warriors in the fight against HIV and AIDS? Are people willing to learn from the stories of PLHIV and examine the world from different points of view?

3.3.2. Social Meaning Of Serodiscordant Relationships In Taiwan

The public's negative attitude toward an illness fosters stigma. Stigmatized people may internalize their stigmatization as a sense of guilt, which can result in negative self-perception (Kleinman, 1988, 1999). Collective perception of HIV can thus negatively affect PLHIV. HIV-infected people in Taiwan often exhibit poor self-esteem (Tsai & Hsu, 2009; Lai et al., 2010; Tsai, 2014; Bai & Ko, 2014), which influences their attitude toward courtship and romance. They may believe that finding true love is impossible (Wu, 2003; Chen, 2004). If they establish a serodiscordant relationship, the infected individual may assume that they are responsible for protecting their partner from contracting the disease. In addition, the

relationship is regarded as a rare opportunity that they should cherish because of the low likelihood that others will accept them (Lai et al., 2010; Tsai, 2014).

Stigmatization of illness also affects the family members of infected individuals (Kleinman, 1988, 1999). When HIV is part of a relationship, HIV infection becomes a shared concern that challenges both members. Couples may have to cope with being labelled and stigmatized, fear of disease transmission, uncertainty about the future, and worries about how to reveal their serodiscordance and handle rejection from friends and family (Lin, 1994; Su et al., 1998; Hsieh, 2006; Ko, Lai, Liu, Lee & Ko, 2009). In addition, HIV-naïve partners often have to maintain the secret of their partners' HIV-positive status, and thus, they are unlikely to seek help from family and friends. Both HIV-infected and HIV-naïve members of a couple are *closeted*. Noninfected people are readily labelled as potentially infected if they reveal their serodiscordant relationship to others; thus, they experience HIV stigmatization and discrimination alongside their HIV-infected partners (Tsai, 2008; Tsai & Hsu, 2009).

HIV-infected people and their noninfected partners often tell me that they do not feel able to disclose their relationship status to their families who would likely to force them to break up or divorce. HIV stigmatization makes HIV-serodiscordant relationships an unrecognized, unblessed, and unspeakable type of relationship.

3.3.3. Coordination In HIV-Serodiscordant Relationship

Studies on HIV-serodiscordant relationships have presented the difficulties, sufferings, and conflict that these couples may experience in the face of HIV infection and stigmatization. However, helping professionals may also look beyond medical and problem-oriented viewpoints to understand this specific type of relationship.

According to social constructionist perspectives, every couple can uniquely interpret HIV infection, so the meaning of HIV to one couple may differ from its meanings to other couples. Therefore, different serodiscordant relationships cannot be assessed using a universal standard. In serodiscordant relationships, couples coordinate their beliefs about the meaning of HIV, difference in serostatus, and relationship. The meaning of a serodiscordant relationship depends on how each member responds to and coordinates with the other.

I employ McNamee's idea of the construction of worldviews (2007 & 2015) to explain how couples construct the meaning of HIV in their relationships under the dominant discourse (see Figure 2). For the majority of HIV-serodiscordant couples, the biggest challenge is fear of HIV transmission. Many couples discuss risk reduction strategies (**rituals and patterns**), such as HAART, PrEP, or protected sex. Subsequently, PLHIV are expected to avoid infecting their HIV-negative partners; the noninfected partners are also expected to protect themselves. Maintaining serostatus becomes both the partners' and the public's expectation (**standards and expectation**). If the originally HIV-naïve partner tests positive for HIV, the couple may be subject to moral condemnation and criticism that the PLHIV

failed to protect the originally uninfected partner (**moral orders**). However, from the social construction stance, the meaning of HIV is always transforming in serodiscordant couple relationships, and HIV-affected couples may adopt a variety of lifestyles.

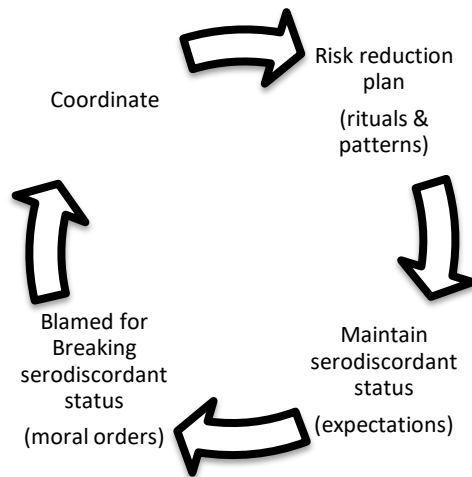


Figure 2: Coordination in between HIV-serodiscordant couple relationships (adapted from McNamee, 2007 & 2015)

Social constructionists claim that meanings are dynamic. There is no single method by which HIV-serodiscordant couples live with HIV, nor is there one meaning of HIV infection. As a researcher, I am thus curious about serodiscordant partners' experiences of living with HIV. My initial task was to create a space where people could conduct conversations that differ from the mainstream discourse and to think about how to invite serodiscordant couples to participate in these dialogues (McNamee & Gergen, 1999; McNamee, 2009). The dialogues started because of my wish to pay attention to unheard voices, and I then invited

couples to engage in dialogues, which I guided within a framework of my relational responsibility as a researcher (McNamee & Gergen, 1999). The participating couples and I co-created a space for conversation that was not merely problem-oriented. The interviews focused on serodiscordant couples' management of their relationships but emphasized their strengths, resilience, and possibilities rather than problems and disappointments (McNamee, 2009).

Section 4 Closing Reflections

Medicine has advanced since the first cases of AIDS presenting as pneumocystis pneumonia were identified in 1981 in the United States. Initially, death from AIDS was inevitable for people infected with HIV. With the development of HAART, HIV has been transformed from the beginning of a terminal disease into a chronic illness. Although a cure remains to be found, people with HIV infection do not succumb to HIV if appropriately treated, and only a slight difference exists between their life expectancy and that of the general population.

Advancement in medicine is also reflected in the trend for studies on serodiscordant couples. Most studies published before 1995 discussed the fear, loss, and death that HIV caused. After the start of HAART in 1995, researchers began to focus on effective prevention, safe sex, reproduction, and relationship management for HIV-affected couples.

Serodiscordant couples, academic scholars, and clinical practitioners are pondering how partners live with HIV. The situation of people with HIV infection and their noninfected partners has been transformed from one of desperation to manageable coexistence over the past 35 years. These health care developments and subsequent research trends are leading people to foster more open and diverse opinions on HIV-related issues.

Articles on serodiscordant couples mainly focus on their practice of safe sex, sexual relationships, childbearing, emotional struggles, management of stigma, and how related challenges affect their relationships. Research trends are also not excluded from stigmatizing tendencies. Most studies have focused on the problems, sufferings, and persecutions that serodiscordant couples face. When HIV becomes an intruder or enemy in their relationships, affected couples feel pain, and their relational powers become skewed. External and internalized stigma cause serodiscordant couples to feel “miserable” and even bullied and victimized.

Cultural implications and the meanings of illnesses are created within cultural contexts, and the ways in which people acknowledge and respond to illness affect patients and their families. People with HIV infection have been stigmatized due to the disease’s historical context, and this stigmatization negatively affects the self-identification of PLHIV and their HIV-naïve partners. Social constructionism offers an opportunity to consider HIV from various points of view and to reflect upon ideas that we may have taken for granted, thus

bringing about new possibilities. In this study, I reflect upon the mainstream view of HIV and HIV-serodiscordant relationships in hopes of co-constructing new realities with serodiscordant couples and enabling more people to gain a new perspective and attitude toward HIV infection and HIV-serodiscordant couples.

Chapter 3 Methodology

In this chapter, I detail the ideas about my research, the research methodology, the research process, and the strategies for compiling interview results. I adopted social constructionism and collaborative narrative inquiry to explore research participants' life stories and relationships.

Section 1 On The Research

Psychology research methodology was a required subject in my college. One objective of this course was to learn to conduct a high-quality, high-validity, and high-reliability social psychology research project. In other words, I attempted to reduce all possible influences in real social interactions that might affect the research result. It was a valuable learning experience for me. However, it raised the following questions: Can research with a perfect design truly reflect human behaviors and thoughts? Is there any different way to understand human beings?

1.1 Preferred Meaning Of Research

The core concept of social constructionism is that people actively construct their world, and social constructionist researchers attempt to understand *how* people construct their experiences and *what* the reality is constructed (Holstein & Gubrium, 2008; Holstein &

Gubrium, 2011). Social constructionism emphasizes that research should not focus solely on standard procedures or discovering the truth, but actually also is a way of connecting with people and understanding their worlds and realities. Harlene Anderson (September 2013 and March 2017) proposed the idea on research: “*research is to learn and generate knowledge*”. Research is the attempt to learn from and understand people. It is a process that involves learning from participants and co-creating with participants (Anderson & Goolishian, 1992). Researchers and participants are conversational partners in the research process; it is a *subject–subject-withness* relationships involving shared inquiry (Anderson, 2012 & 2014).

I adopted the idea of collaborative inquiry (Anderson, 2012 & 2014) in my study. I believe that dialogue is a mutual transformation process, and both researchers and participants change through this process. In the dialogical processes, I shared my thoughts, feelings, reflections, curiosity, and what I heard and observed with the participants. The purpose of my research was not only to ensure that I understood them but was also based on the belief that sharing my inner thoughts would engender new thoughts and conversations. New meanings will also be generated in the dialogical processes (McNamee & Hoskings, 2012).

As an outsider to HIV-serodiscordant couple relationships, I hope to open a broader dialogical space and invite participants to share their experiences in HIV-serodiscordant

relationships and unheard voices of participants under dominate discourse. Social constructionism enables me to view research and the world from a different perspective.

1.2 Research And Social Construction

In traditional scientific research discourse, all phenomena and matters are considered independent and stable entities, and the role of researchers is to discover the truth about the world as it is. Using reliable and verifiable methods, researchers can understand the world and human minds and uncover new knowledge (Gergen, 2009b; McNamee & Hosking, 2012; McNamee, 1998 & 2014). Researchers must be dispassionate, neutral, and objective, and attempt to remain detached from their research (McNamee, 2010). They attempt to distinguish fact from personal values and reach ultimate answers through standardized and controlled methodologies. Through scientific methodologies, human behaviors can be repeatedly observed, controlled, analyzed, and verified (Gergen, 2009a; McNamee, 2010 & 2014). Research results are regarded as objective and neutral truths that are applicable in various contexts and communities (McNamee, 1998 & 2010). This framework implies the existence of a universal truth (Gergen, 2009a). With regard to the relationship between researchers and the researched, researchers are considered experts, and the researched are considered subjects. Researchers select research methods and purposes, interpret participants'

actions, and determine conclusions. Thus, researchers are the only parties with knowledge and have authority over their research participants (McNamee, 2009 & 2010).

Social constructionist researchers approach inquiry from a different perspective to that of traditional scientific researchers; from social constructionism perspectives, meaning is generated in social contexts and interactional processes, and no reality is considered ultimate, nor is any truth universally applicable. People's actions are socially constructed; therefore, the nature of appropriate actions and reactions depends on social context (Gergen, 2009a). Researchers cannot predict or control people's actions because people and meaning are in a state of continuous coordination and transformation. Research is a fluid, dynamic, and open-ended process; therefore, research results are transient. Meaning and interpretation vary according to the community (McNamee, 2014).

According to social constructionism, researchers cannot be objective, dispassionate, or neutral. Even the choice of research methods and the interpretation of research results involve researchers' values (Gergen, 2009a; McNamee, 2014). Researchers choose research topics and methodologies and construct questions. In other words, the research process involves constructing an understanding of the world. Therefore, social constructionists encourage researchers to adopt a self-reflexive stance and be aware of the influences of their personal values on their research processes (De Haene, 2010; McNamee, 2014). Researchers must continue to ask themselves why they choose certain methods, who benefits from the research

discourse, whose voices are excluded, which topics are opened up or shut down, what value judgements are involved in the inquiry, and whether research participants agree with the researchers' interpretations (McNamee, 2009; Gergen & Gergen, 2004; Gergen, 2009a; McNamee, 2010; McNamee, 2014; Bodiford & Camargo-Borges, 2014).

The relationships between researchers and participants are characterized by coordination, cocreation, and shared power (McNamee, 1988, 2010; Holstein & Gubrium, 2011; Bodiford & Camargo-Borges, 2014). Researchers regard participants not as subjects but rather as conversation partners. Researchers attempt to work with participants and do not expect specific responses from them. Participants are welcome to correct researchers and propose ideas, and researchers remain engaged throughout the inquiry process. Researchers share their inner dialogues, allow themselves to consider multiple voices and possibilities, and create a participatory process (McNamee, 1988; Andersen, 1997; De Haene, 2010; McNamee, 2009). Social constructionists embrace the idea of "*how are we doing, rather than what am I doing*" (McNamee & Hosking, 2012) and focus on inviting research participants into open dialogical spaces and creating possibilities.

Research comprises relational practices and processes of reconstruction (McNamee & Hosking, 2012). Social constructionist researchers focus not on discovering one truth but rather on reconstructing multiple realities through dialogical processes involving research participants. In contrast to traditional scientific researchers, who emphasize reliability and

validity, social constructionist researchers are more concerned with the utility and generativity of research (McNamee, 1998; Bodiford & Camargo-Borges, 2014). Researchers attempt to create benefits for participants, appreciate multiplicity and complexity, and generate new possibilities. Researchers expand their understanding of participants' worlds through communication, and meaning is generated and transformed in every interaction. The preceding descriptions constitute the position and perspective from which I interacted with the participants in this study. Throughout the research process, I strove to respect and appreciate the participants and enable them to voice their opinions without concern. The participants and I co-created new meanings in relation to HIV and serodiscordant relationships.

Section 2 Narrative And Collaborative Inquiry

Many people believe that researchers select participants.

However, actually, it is participants who select researchers.

They choose someone who can present their stories well.

—My research reflection

Modernist scientific researchers consider participants as subjects, and participants participate in research *for* researchers. Researchers select participants and establish inclusion

and exclusion criteria. While conducting this research, I believed that I was establishing the criteria and selecting participants. However, I realized that participants had the power to decide whether they participated in the research. They decided whether to help me or reject my invitation. Participants were choosing a researcher who could be trusted and could present their stories effectively.

From social constructionism and relational research perspectives, researchers and participants collaborate and co-create research. Research could not be completed without their participation. It was my honor to receive participants' help and gain their trust.

2.1 Collaboration With Participants

I hoped that this study was not *my own* but *our* research; that is, research that participants and I co-created. My relational responsibility was to open a conversational space and invite participants to respond. It was a *doing-with* research process. Both the participants and I shared the power to voice our thoughts.

McNamee (2009) stated that researchers are not experts with certain professional knowledge but are primarily responsible for creating a space for open dialogue to understand participants' world and to create new meaning in relationships with them. In each interview and dialogue, I was a conversational partner with the participants. I attempted to be open and curious, and try to not let my personal values affect my appreciation of the participants.

I adopted collaborative inquiry in my research process (Anderson, 2012 & 2014). By adopting a not-knowing stance and being curious, I attempted to *be with* participants. The research process was a graceful learning journey. If I did not understand some of the participants' responses, I asked and confirmed their responses with them. They could correct me or propose their thoughts. The participants and I explored and led the research direction together. I expected that new understanding would be generated in this mutual transformational process.

2.2 Research Methods: Narrative And Collaborative Inquiry

Research has historically been conducted to achieve a research goal, instead of for the benefit of participants. For social constructionist researchers, research is a method for inquiring about participants' lives. Participants can share their opinions and reconstruct their stories in conversations with the researchers. One key goal of researchers is to enable marginalized people to voice their opinions and increase understanding of their worlds. The pertinent questions for researchers are how to create a dialogical space and how to create new possibilities and new meanings through inquiry.

Research methods often reflect the assumptions and value of a particular community; thus, no ultimately correct research method exists (Gergen & Gergen, 2004). Different methods create different meanings. Social constructionist researchers choose methods that are

appropriate and responsive for participants (McNamee, 2010). Therefore, social constructionists encourage multiple research methods, and certain methods are adopted to provide more opportunities for participants to voice their opinions. I hope that this research can become a means for connecting with people and will not be limited to a certain methodology. I choose collaborative and narrative inquiry as my research methods. I attempt to understand participants' worlds through narrative inquiry with a collaborative attitude.

Lieblich, Tuval-Mashiach and Zilber (1998) stated that narrating is a way to understand individual's world and his/her life experiences. Narratives are meaningful for people, and people represent and reconstruct the meaning of their life experiences while telling their stories. Sometimes, transformations and changes happen in the same time (Riessman, 1993; Squire, 2013). By focusing on narratives, researchers can also understand how participants construct their world and what means of these stories (Squire, Andrews & Tamboukou, 2013).

From social constructionism perspectives, narratives help people construct their identity and reality in the context of relational and cultural context; narratives cannot exist outside of relationships (Gergen, 2009a; Sparkes & Smith, 2009). For narrative constructionist researchers, participants do not share stories or meanings which are *already there* or properties of individuals, but generate meanings and identities in the relationships and interactions with researchers. Researchers actively participant in the interview process,

encourage participants to discuss their unique experiences and ensure that the conversation continues to unfold and expand. Narrative inquiry, not collecting participants' narratives, is a process in which researchers and participants co-create realities and new meanings (Anderson, 2000; Gergen & Gergen, 2002; Smith, 2003; Squire, 2013; Loots, Coppens & Sermijn, 2013). Researchers are responsible for creating space for new possibilities and relationships through inquiry and explore participants' expectations in their stories.

However, as a researcher, I realize that I retain power over participants and have many opportunities to ask questions and to interpret what participants say. Most participants also believe that they are being *interviewed*, instead of that they are *participating in* the research. All I can do is attempt to open a conversation with participants with a collaborative attitude and stance. If participants refuse to answer questions or share stories because of my agenda, I follow participants' directions and do not attempt to force them to meet my expectations. The research process is fluid, and the subsequent step is based on the preceding step (Anderson, 2014). The process is similar to DeFehr's idea of "dialogical social inquiry," which is a participant-driven methodology (DeFehr, 2008 & March 2017). This type of research is a process in which responses and understanding are simultaneously derived. The research purpose is to generate new understanding, rather than determine a universal truth. If both participants and researchers agree, they can change the research process. Researchers are correspondents and not analysts or interpreters.

This research focuses on how participants generate the new meaning of HIV and how they reconstruct their couple relationships. I invited participants as coresearchers and conversational partners to author their stories about experiencing HIV in relationships. I believed that the participants were adept at managing HIV-serodiscordant couples' relationships. I hoped to focus on these marginalized voices and their insider knowledge. Through conversations, I hoped to help readers gain a comprehensive understanding of these couples' relationships and to create new meanings for HIV.

Narrative inquiry comprises complete collaboration and creation, and both researchers and participants are transformed in the research processes. Several participants informed me that something had changed in their relationships. The participants had the opportunity to know their partners more and reported feeling closer after my interviews. HIV seemed not to burden them. A new meaning of HIV was created.

Section 3 Research Process

Before inviting participants to participate, I interviewed several HIV health care professionals in Taiwan to understand their thoughts about this research. I collected their questions for HIV-serodiscordant couples. In this section, I describe my strategies for inviting participants and the interview process.

3.1 Interviewing HIV Health Care Professionals

In Taiwan, the literature on HIV-serodiscordant couples' relationships is scant. Although I have known several people living with HIV (PLHIV) and their partners and have heard their stories and their experiences of being in relationships, I still had little understanding of HIV-serodiscordant couples. Before inviting participants and creating interview questions, I had several conversations with HIV health care professionals; some of them are my colleagues, whereas others were introduced by these colleagues. These health care professionals included one social worker from an HIV nongovernmental organization (NGO), one HIV case manager from a hospital, and three counseling psychologists who had experience working with PLHIV. Each interview took 60–90 minutes. These interviews elucidated these health care professionals' experiences and viewpoints about HIV-serodiscordant couples. Thus, I gained a more comprehensive understanding of HIV. These professionals also provided some suggestions about my research and proposed some questions for HIV-serodiscordant couples'. These suggestions and questions facilitated the creation of interview questions for participants. The following questions were posed to HIV health care professionals:

- Please briefly introduce your professional background and your experience of working with PLHIV.
- What have you observed in HIV-serodiscordant couples (e.g., challenges,

strengths...)?

- What do you expect to learn about serodiscordant couples' relationships?
- Do you have any suggestions for this research and the researcher?
- Do you have anything to add?

These HIV health care professionals noticed that HIV-serodiscordant couples face many challenges, and one of the challenges is risk of infection. Many such couples separate eventually because of this worry. However, the health care professionals noticed that the couples who can live with HIV have stronger resilience and are more willing to commit in relationships and were more caring toward each other. HIV was not the only focus in their relationships.

The interviewed health care professionals also suggested some questions that I could pose to participants, including how serodiscordant couples face HIV stigma, how couples negotiate their different serostatuses, what couples' perceptions of HIV, what the challenges are in their relationships, and how they disclose their serostatuses to their parents or family members. I created my interview questions for the participating couples on the basis of these questions, and expected to combine the interviewed health care professionals' curiosities.

The health care professionals also had expectations for my research. They noticed that PLHIV hesitate to build loving relationships and doubt whether they could love and be loved.

HIV-serodiscordant couples also feel confused. Serodiscordant couples' relationships have not been clearly represented in the literature, and no model has been established. No one has taught them how to manage this relationship type. In addition, most HIV-serodiscordant couples believe that HIV is a considerable problem in relationships and have negative thoughts about HIV. The interviewed health care professionals expected that my research could provide a more comprehensive understanding of HIV's role in couples' relationships and that I could deconstruct and reconstruct the meaning of HIV.

I felt lucky privileged that I could hold discussions with these interviewed health care professionals who have abundant working experience with PLHIV and serodiscordant couples. Their observations in practice and their expectations for this research inspired me considerably.

3.2 Research Participant Invitations

When I started to invite research participants, I asked a social worker from an HIV NGO and HIV case managers to share my research invitation in their communities. However, I received no responses. That lack of responses might be because HIV is a sensitive topic; thus, people hesitated to contact me, a stranger, to participate in the research. Therefore, I asked my friends if they knew any HIV-serodiscordant couples, and they invited these couples for

me. In addition, some research participants helped me to invite other couples to participate in this research after they had had contact with me and believed that I was reliable.

I believe that the difficulty in recruiting participants for this research was not only because HIV is a sensitive topic in Taiwan but also because PLHIV experience considerable discrimination and oppression in this society. Several participants reported that they had worried about being discriminated against during the interview. They were willing to participate in the research only after our mutual friends reassured them that I was a reliable researcher. It helped participants feel relieved and comfortable to participate in the research.

3.3 Participant Inclusion Criteria

This study focused on long-term couples' relationships. To develop participant inclusion criteria, I referred to several researchers' criteria for recruiting participants (Hailemariam et al., 2012; Rispel et al., 2012; Gamarel and Johnson, 2014; Darbes et al., 2014). I invited HIV-serodiscordant couples involving one partner living with HIV and one noninfected partner. Participants had to have been in relationships for at least 1 year. Both partners had to be 18 years or older and have mutually disclosed serodiscordant-couple status for more than 6 months. Participants could be heterosexual couples or same-sex couples. Both partners had to be interviewed together.

3.4 Interview Process

Each couple was interviewed twice. Semistructured interviews were conducted in this research. I prepared a list of questions for the first interview and emailed these questions to the couples before our first meeting. Participants could decide whether to answer all the questions. The questions for the second interview were prepared on the basis of the first interview. The second interviews concerned any responses I did not understand; I clarified such responses with the participants and asked them about topics I aspired to learn more about.

Two interviews were audio-recorded and transcribed. I emailed the transcriptions to the participants, and they confirmed the accuracy of the transcriptions. If some parts were transcribed incorrectly, the participants could ask me to correct or remove them. The file containing the recorded audio was deleted after the research was completed. The confidentiality of the transcriptions was maintained.

3.4.1. Interview Questions For Participants

The interview questions were divided into four parts: information on the couples, initial features of the HIV-serodiscordant couples' relationships, current features of HIV-serodiscordant couples' relationships, and recommendations and other remarks. The

questions could be edited or deleted depending on the participants' preferences. The detailed questions are outlined as follows:

- Information on the couple: How long have you been in a relationship? When and how was your HIV status disclosed?
- Initial features of HIV-serodiscordant couples' relationships: How did you respond to as a couple, how did you both respond to this serodiscordant status? Did you face any challenge or influence related to HIV?
- Current features of HIV-serodiscordant couples' relationships: How do you currently manage your relationship? How do you support each other? How do you perceive HIV now?
- Recommendations for others: What message would you like to convey to society, health care professionals, and other HIV-serodiscordant couples?

3.4.2. Preparation For The Interview Process

Before The Interview

I applied certain approaches to ensure that the interviews involved comfortable, easy, and secure conversations with participants. For example, in my research invitation letter, I introduced myself, my background, and my research motivations.

Most participants applied for the study through email or instant messaging. I distributed the questions for the first interview and consent forms to participants. Consequently, they could read them and decide whether to participate in the research. To understand the research more and learn more about me, two couples requested to meet me in coffee shops before they made a final decision.

Commencing The Interview

For the interview, I arranged a convenient and private location so that participants would not encounter friends or acquaintances. I invited participants to think of a “nickname” representing HIV if they desired. The purpose of the nickname was to minimize the stereotypes related to HIV, which might obscure participants’ experiences. However, each couple preferred to use “HIV,” “H,” or “AIDS” instead of creating a nickname. Their preference for the term “HIV” might be because the participants, who were willing to be interviewed, already had a clear and strong identity as HIV-serodiscordant couples. HIV was not a taboo subject in their lives and relationships. Thus, they felt no need to replace HIV with another term.

I did not want the participants to feel that they were being interrogated. Therefore, I expressed my appreciation to the participants before the interview commenced. I appreciated the participants coming out to me as serodiscordant couples and their participation in this

research. My first question was “What made you want to participate in this research?” I did not immediately present the questions to them.

After the first meeting, I transcribed the interview. Subsequently, I created questions for the second interview on the basis of topics that I was curious about and that I wished to have more dialogue about with the couples. Similar to the first interview process, I emailed the questions to participants before the second interview. Participants had the right to edit or remove questions.

3.4.3. Rationale Behind Interviewing Partners In Relationships

People asked me why I interviewed partners together instead of separately. They asked whether I was ever worried that partners might argue during the interviews. I believe that partners cocreate meanings and relationships. Both listening and responding are vital in the creation process. Without hearing the other partner’s voice, one may not be able to reflect, respond, and create new meanings. Listening, responding, and reflecting occur on a frequent basis. An environment involving relational understanding and listening is created for both participants and the researcher. New meanings are generated in relational processes (Gergen, 2009a; McNamee & Hoskings, 2012). In this research, I hoped to invite partners to discuss HIV as well as to create a space for multiple voices and to reconstruct the meaning of HIV.

3.5 Research Ethics

The research ethics comprised two parts: (1) informed consent and participants' rights and (2) anonymity and confidentiality.

3.5.1 Informed Consent And Participants' Rights

Before commencing the interviews, I ensured that all participants understood the research purpose and process. In addition, participants were informed that they had the right to refuse to answer my questions, ask to pause the recording process, and withdraw from the research. If participants felt any psychological discomfort, they could contact me for referrals for professional help.

In addition, participants authorized the use of their interview data in my dissertation, publication in a journal article, or both. They signed the consent form only after they had understood their rights and all conditions.

3.5.2 Anonymity And Confidentiality

Before commencing the interviews, all participants enquired about the confidentiality of the research process. The participants asked this question because HIV remains a sensitive topic, and they worried about being discriminated against. Therefore, I asked participants to give themselves alternative names to protect their real identities. The only personal

information that I used was participants' ages, how many years they had been in their relationships, how many years those living with HIV had been infected before commencing their relationships with their partners, and when their HIV statuses were disclosed to their partners. Participants were assured that all files containing the recorded audio would be deleted after the research was completed, and the confidentiality of all transcripts would be maintained.

3.6 Participants' Information

The following table lists participants' personal information. H+ represents PLHIV, and H- represents noninfected partners. The reason for these two symbols (H+ and H-) was to help readers understand participants' backgrounds and the context, not to emphasize the differences between partners.

Name	Age	Years in relationships	When did the PLHIV disclose their HIV status to their partners	How many years had PLHIV been infected before starting their relationships with their partners

Hsun (H+) & W (H-)	27/32	3 years	Before being in the relationship	1 month
QQ (H+) & DW (H-)	27/24	11 months	Before being in the relationship	5 years
Juliet (H+) & Romeo (H-)	31/30	6 years	Before being in the relationship	6 years
Zhai (H+) & Sheng (H-)	27/24	4.5 years	Before being in the relationship	2 years
Mr. 9 (H+) & Mr. 8 (H-)	37/52	9 years	After 4 months in the relationship	N/A
D (H+) & L (H-)	30/30	1 years	Before being in the relationship	2 years
Max (H+) & Roger (H-)	30/27	5 years	After 1.5 years in the relationship	5 years

I found the research process challenging. I am an introvert, and it requires considerable courage for me to contact and talk to strangers. However, because of the research design, I had to contact people who I had never met. I had to ask for help from a social worker from an HIV NGO, case managers from hospitals, and research participants, and hoped that they would provide me opportunities to meet with them. I realized that arranging respectful and comfortable interviews for participants was vital, similar to Harlene Anderson's (September 2013 & March 2017) statement that *being a good host* is crucial. I could not accomplish this research without others' help. I had to learn to cooperate with others.

Section 4 Data Analysis

In this research, seven HIV-serodiscordant couples shared their experiences. Each couple was interviewed twice, and each interview lasted for 90–120 minutes. I audio-recorded and transcribed our conversations. In this section, I describe the data compilation process.

4.1 Compiling The Interview Results

Listening to the interviews, reading the transcripts, and compiling the interview results were touching processes for me. I was honored to have the opportunity to hear participants' stories and learn their wisdom about living with HIV in relationships. I also struggled with deciding how to present their stories effectively. How could I help the participants to fully express their opinions? Could the participants' experiences be "compiled" and "analyzed"? I contemplated approaches for completely presenting their stories to help readers understand participants. I briefly described each couple's story and compiled participants' experiences of facing HIV into different themes to help readers understand the participants.

In traditional methodology-driven research, researchers establish research questions, hypotheses, and even themes, and subsequently choose suitable research methods to analyze and explain the research results. In this research, I chose a participant-driven methodology

(DeFehr, 2008 & March 2017); I did not attempt to fit interview dates into a pre-existing coding frame or my analytic preconceptions but rather allowed participants to lead me into their world, and tried to respond to and understand what participants wished to tell me. Finally, I chose the category-content model of narrative analysis obtained from Lieblich, Tuval-Mashiach, and Zilber (1998). Categories were generated from the interviews. Subsequently, I organized the participants' narratives into themes. I attempted to help participants share and express their opinions as much as possible. Similarities and differences may be observed among the seven couples' experiences, and I grouped similarities and differences. I did not do so in an attempt to decontextualize participants' experiences or determine a universal truth, but rather to help readers gain an improved understanding of participants.

I read each transcript three times and marked what surprised me or those parts that I found touching and that inspired my curiosity. I also paid attention to unheard voices. I attempted to let participants take the lead and tell me what they truly aspired to share with the world. After reading the 14 transcripts 3 times, I noticed similarities and unique features of these seven HIV-serodiscordant couples' experiences of living with HIV.

I compiled these similarities and unique features into three relationship stages. The three relationship stages are outlined as follows: "before entering a HIV-serodiscordant relationship," "let's start dating! And then...", and "advice from participants."

PLHIV and noninfected partners shared their life experiences on the “before entering a HIV-serodiscordant relationship” stage with me. On the basis of the findings, I compiled the following themes: participants’ motivations, how PLHIV view HIV in their lives, and couples’ considerations before committing to a relationship.

Regarding the “Let’s start dating! And then...,” stage, participants shared their experiences with HIV after committing to relationships. On the basis of the findings, I compiled the following themes: PLHIV in serodiscordant relationships, noninfected partners in serodiscordant relationships, transformation in serodiscordant-couple relationships, and creating new meanings.

The participants shared their advice with the world in the “advice from the participants” section. On the basis of the findings, I compiled the following themes: advice for couples, advice for serodiscordant couple–support services in Taiwan, and research feedback from the participants.

4.2 Inviting Participants To Review The Results

The goals of social constructionist research are to provide a voicing space to participants, rather than discovering the truth or ensuring that research results are reliable. In the process of interviewing and compiling interview data, researchers restate participants’ ideas; however, participants may not fully agree with the researchers’ interpretations.

Researchers can return the research results to the participants and invite them to approve them and establish credibility (Riessman, 1993).

Lincoln and Guba (1985) recommended several techniques to enhance credibility, and I adopted one of these techniques to establish trustworthiness: the member-checking technique. The member-checking technique is a technique in which the participants are invited to review the interview transcripts, research results, and researchers' interpretations. If the participants believe that their ideas are represented adequately and agree with the researchers' perspectives, the study will be more credible.

The member-checking process for my research was adopted in two different phases: (1) during the interview process, and (2) after the interview data were compiled. During the interview process phase, I continually confirmed participants' viewpoints with them because I aspired to ensure that what I heard and understood was what they wished to share. (Lincoln & Guba, 1985).

After the data were compiled, I invited the participants to read their own interview transcriptions and their words that I adopted into my dissertation. The participants could provide feedback about the thematic categories, my interpretations, and my understanding. If they disagreed with my interpretations, I invited them to enhance my understanding through conversation. They could ask me to correct or remove the parts that they did not want to share with readers. Through this research, I aspired to present the participants' meanings as clearly

as possible, and I did not want to present only my own thoughts and interpretations. I thus cocreated the research with participants. The research process involved a coparticipant relationship instead of a researcher–subject relationship.

I emailed all participants their interview transcripts and my research results. The seven couples did not propose any ideas or disagreements, and one of the couples, Max and Roger, emailed me back:

Dear Yuan-chin,

We have read the transcripts and have no questions about them. It was a fascinating experience to read our story from another person's perspective and it makes us wonder, "Are we this beautiful couple?" We also want to thank you. Because of these interviews, we know each other more, and we also feel closer to each other.

Participants' voices are vital for researchers; my key objective is to let the participants' voices be heard. During the participant-checking process, I realized that research is a mutual process. After hearing the participants' stories, I reinterpreted what I heard and recounted my thoughts to them. They also generated new ideas about their stories and relationships from my feedback. Meanings and relationships were transformed in the process.

Section 5 Reflexivity And Closing Thoughts

For social constructionist researchers, reflexivity is vital in the research process. McNamee & Hoskings (2012) stated that "*reflexive practices can include paying attention to*

the scientist's or inquirer's discourse and the possibilities it opens up/closes down in the inquiry processes of constructing self, other, and relations" (p. 99). How a researcher starts inquiry and interprets research data relates to their approach to discourse. A reflexive position reminds researchers to be aware of what they might input into relationships and how this could affect their research (Bodiford & Camargo-Borges, 2014). How did I understand the participants' worlds? Did I have a preference when listening to the participants' stories? Did I exclude any voices? Reflexivity helped me to pay attention to my own discourse and the possibilities to open or close a dialogical space in the research process. I examined my own values and avoided overinterpreting or excluding participants' voices.

After I compiled the research results, I invited one of my friends to read and provide feedback. My friend suggested that my interpretation was "too positive." I reflected on this feedback. I reconsidered whose voices, because of my values and discourses, were excluded or strengthened during the inquiry processes. I noticed that the stigma and prejudice associated with HIV are seldom mentioned between PLHIV and their noninfected partners. Therefore, I focused more on the topic, "how couples face HIV together."

I reflected on my discourse of relationships and how couples should be when facing illness in relationships. I realized that I seemed to believe that couples should face challenges together, and this belief affected my questions and responses. In addition, narrative therapy training might be another valuable discourse. As a narrative therapist, I often focus on the

narratives of how people live with challenges and difficulties rather than focusing on people's problems. I believe in the resilience of relationships and that if couples can face challenges together, they can create new possibilities.

Regarding the stigma and prejudice associated with HIV in couples' relationships, although I was aware of this topic in my inquiry, I chose not to initiate conversations about it with the participants; this is because this topic is highly sensitive. I had only two inquiry sessions with each couple, and I did not know how the couples would react if I initiated this topic. I was concerned that the topic might have a negative effect on the couples. Would the PLHIV feel discriminated against by their partners? Would the noninfected partners hide their real thoughts because of the concern that they might hurt their infected partners?

In addition, I noticed that most participants did not want to describe their experiences and relationships negatively. For example, a participant considered HIV to be a positive force and stated that HIV made him aspire to become a good person to catch up with his partner. He did not like to describe himself as an inferior person with low self-esteem; he described how HIV drove him to work hard to be a good person. I followed the participants' interpretation and presented the methods through which they hoped people would become aware of them.

I not only presented participants' negative experiences, such as discrimination and fears of being infected when they faced HIV, but also presented how they maintained their

relationships with hope and reconstructed the meaning of HIV in their relationships. As indicated by McNamee and Hoskings (2012), social construction research focuses on new possibilities and unheard voices. Researchers are responsible for creating conversational spaces, generating new understanding, and reauthoring stories.

Chapter 4 Entering Couples' Worlds

Dear Readers:

Maybe you are ready to know more about these seven HIV-serodiscordant couples' stories. These stories, just like yours and mine, are ordinary but unique. Every story is true and living around us.

In chapter 4, I briefly introduced these couples to you. In couples' stories, you will know how they met each other, and how they supported each other. I also wrote down my reflections after interviewed them. You will know couples' considerations before committing to a relationship in chapter 5. In chapter 6, you will learn their experiences as HIV-serodiscordant couples. Couples also gave the public some suggestions in chapter 7.

I invite you to read these stories with appreciation. Trying to understand the wisdoms of experiencing HIV in relationships.

Yuan-chin Chang

Hsun and W: HIV Brought Us Together

Hsun(H+) and W(H-) are a gay couple of three years. When they were good friends before, W(H-) had a crush on Hsun(H+) and became the most important support to him when the latter was tested positive for HIV infection. They decided to date with each other one month after the diagnosis to which W(H-) often attributed the beginning of their romantic relationship. For the past three years, they went together to see doctor, attend lectures, and to gather other HIV-related information.

According to them, the greatest challenge during the first two years has been the common fear of disease transmission: W(H-) has been afraid of getting HIV, and Hsun(H+) has been also afraid to passing on the virus. While the former has decided, before they started dating, to “let it go if he happens to get it,” Hsun(H+) continued to feel “guilty” of the possibility of having W(H-) contract the disease. They remained anxious for long, albeit the infected one has achieved undetectable, if not non-communicable, level of viral load on therapy.

They spent a lot of time and effort dealing with issues that stemmed from HIV. Hsun(H+) searched for the meaning of HIV in his life and tried to live peacefully with HIV through the help of psychotherapy and spiritual practice, while W(H-) chose to discuss with his friends in an attempt to ease his own nervousness. Both were driven by the threat to learn more about legal, medical and human right issues related to HIV infection. Moreover, they

began to educate, to share their experience, and to stand up for the community of the infected. Eventually they were less affected by the disease and realized that there are many things that are more important than HIV in life. They hoped to encourage other serodiscordant couples to go through the difficulty and not to set a limit to themselves based on the fear or stigma.

Towards the end of the interview, both Hsun(H+) and W(H-) revealed their probable reluctance to join the study had this research begun one or two years earlier when they were still occupied with the repercussion cause by the test result. They also fed back the way they perceive their relationship in front of HIV. They used to feel alone in the fight with HIV respectively. Through the interview, they rethink the meaning of HIV in relationship and try to review, witness again, and appreciate the efforts they made for each other during the past three years.

After Interview Note:

Hsun(H+) and W(H-) were the first couple with whom I had interview. Hsun(H+) requested an informal meeting before the session to ensure the rights of interviewees before the decision to participate was made. He wanted to know who I am, my intention to conduct the research, and the reason both members of a couple are recommended to attend the interview together. They minded having their status of being serodiscordant couple released, feared for their safety and their right to work, and worried about potentially annoying

interviewers. The questions they raised helped me to arrange the details of my following interviews. I am grateful to Hsun(H+) and W(H-) who believed me and gave me such an opportunity for this adventure.

About six months after my interview with them, I was informed their breakup which made me sad because it harshly impacted on my expectation for relationship. Ken Gergen's words crossed my mind: we all expect a result for a story. And I am still reflecting what if the result does not fulfill our expectation.

QQ And DW: HIV Put My Hands In Yours

QQ(H+) and DW(H-) is another gay couple. They were acquainted one year before courtship, and at the time of the interview, they have been together for 11 months. QQ(H+) was a university student when he tested positive for HIV and chose to deny the fact initially. He regained courage to face HIV with the help of workshops for personal growth after graduation. QQ(H+) said: "HIV took me away from my life and brought me back to my life."

QQ(H+) started HAART and informed DW(H-) of his infection status before entering into relationship in order to protect DW(H-) from transmission, which moved DW(H-) and had him think that QQ(H+) treated their friendship really carefully. Both of them agreed that HIV had their hands held together.

The topic about HIV has been the most challenging issue because they took different approach to deal with it. QQ(H+) wished to bear any stress and medication side effects alone and not to make his partner stressful. He therefore avoided to be seen taking medicine and refused company to see his doctor, which made DW(H-) feel rejected and excluded. Then, DW(H-) handed in his term paper on HIV to show his care and to convey the hope that they can go through HIV together. Both of them expressed their love in their own ways respectively.

They were also concerned about the fear of disease transmission, which was demonstrated in DW(H-)’s dilemma when QQ(H+) proposed to try unprotected sex given his

undetectable viral load. DW(H-) was fearful even he knew the risk should be low. At the same time, his refusal would be taken as a proof that he did not love his partner. This made his feelings and their relationship so conflicted. Therefore, on seeing the research recruitment, they signed up for the interview and take this as a practice of discussion about HIV.

This was the first time they talked about relational influence of HIV. Given their trial on this untouchable topic, they told me that they felt more secured and much closer to each other. QQ(H+) became more caring when DW(H-) felt insecure, and DW(H-) were more willing to listen to QQ(H+). And based on the fact they were able to deal with such a complicated issue, they believed they were capable of dealing with any challenge in the future.

After Interview Note:

In my first conversation with this couple, I told them that “You got guts! Don’t you fear of having arguments or hearing horrible things?” In fact, I was worried about the feelings of QQ(H+), because he seemed to be stressful when DW(H-) spoke without reservation. I thus sent a message to show my willingness to help for any inconvenience. He replied:

Good Evening, Yuan-Chin,

I am very thankful to you because we had a really wonderful and valuable dialogue. I think, to open the box and to discuss freely is the way for us to understand each other.

I am really thankful. My hope was to know our real states. I got to know from this opportunity that there is much for us to learn about love, forgiveness, acceptance and our care for each other.

I was very thankful to QQ(H+) and DW(H-) that they trusted me and allowed me to open a challenging conversation together. I felt cheered up when they told me there was an apparent change after the interview, because I witnessed in their relationship the belief that change follows the venture of opening a space for conversation. As Sheila McNamee (2014, March) said, “research as therapy, research as social change.” I got courage and saw the beauty and courage in people living with HIV apart from its negative meanings.

Juliet And Romeo: Responsibility And Real Happiness

Romeo(H-) and Juliet(H+) are heterosexual couple and have married for three years. Juliet(H+) contracted HIV from her ex-boyfriend at university, but she made up her mind to keep her life on and continued to complete her post-graduate education. She did not feel possible to find a mate until she met Romeo(H-).

Right before their commitment, Juliet(H+) revealed her “incurable illness — HIV infection.” Romeo(H-) withhold his contact with Juliet(H+) and took one month to think again, to learn more about HIV, to adjust his attitude towards HIV and decided to court her. “Beauty is in the eye of the beholder,” Romeo(H-) explained, “and she can live for up to thirty to forty years then I will be also about to die.” He also promised not to abandon Juliet(H+) under any circumstances. Based on the optimal condition of Juliet(H+) and the evaluation of her obstetrician, they took the minimal risk to practice unprotected sex to conceive and turned out to give birth to a healthy daughter. As Romeo(H-) remains serological negative for HIV, they think about the possibility of having another shot.

Although the HIV infection of Juliet(H+) in a rational manner, it is still unspoken to their family and friends. They planned to make other excuse or tell white lies to elude their doubts on uncommon events such as the stay in infectious disease unit instead of a labor room, Caesarean section without a common reason, and the prophylactic treatment for the

newborn. Luckily, they did not have to bother concealing the fact because Juliet(H+) had premature rupture of membrane which made all of these understandable.

During my interview with this couple, what they referred to most frequently was their optimism: “to find the small yet real happiness” in adversity. (Note: “small yet real happiness” was a word created by Japanese novelist Haruki Murakami.) For example, they were reimbursed for the surgical delivery and the prescribed formula for their daughter. They would live one day happier than not. In addition, they believe any challenges in marriage can be overcome as long as they collaborate. HIV is one and seems to be one of the easiest to them. They also encourage each other to maintain their health so as to stay with each other for long.

In sum, Romeo(H-) and Juliet(H+) resigned themselves to any difficulty including social stigma and discrimination and choose to think positively. “We can’t change the world, but we can change our minds. Keep going and we can go through it,” said Romeo(H-).

After Interview Note:

Romeo(H-) and Juliet(H+) were the only heterosexual couple and the only married couple in this study. To respect their need to take care of their baby, I conducted the interview at their home. And during the interview, they took turn to look after their daughter, so actually she was also “present” in our dialogue.

In my opinion, it was likely that Romeo(H-) assumed the responsibility and promised not to abandon his wife because of traditional Chinese marital ethic. Under this framework of ideal love, a couple should be no mean divorce to prove their commitment in every aspect of life said as life, aging, illness and death. It was also noteworthy that they discussed HIV frankly, probably because they considered to have a child. These were admirable.

Zhai And Sheng: Sharing We Our Stories To Change The World

Sheng(H-) and Zhai(H+) are gay couple of five years and the only public HIV-serodiscordant couple. They often share their experience openly to various groups of audiences.

Zhai(H+) has been a known HIV-positive person before they started their relationship. Zhai(H+), a university student at that time, found the resources for people living with HIV was scarce either on the Internet or at social welfare, hence shared his experience in the LGBT support group at school. After they began to date, Sheng(H-) was frequently asked for his feelings as a partner of an infected person, which urged him to reflect his identification as such.

Again, the toughest issue for this couple is also the anxiety about disease transmission and the disapproval from Sheng(H-)’s family. After the first month of their romance, Sheng(H-) informed his family of their relationship, and he took long and tried hard to deal with the pushback from his family. He was too occupied with this familial crisis to deal with his own fear. Not until Sheng(H-) unintentionally expressed his fear of getting HIV was Zhai(H+) aware of his need for security, and Zhai(H+)’s reassurance and his promise of protection made Sheng(H-) feel he was not alone. When Zhai(H+) was suffering on combination therapy physically and psychologically, Sheng(H-), in turn, invited Zhai(H+) to live together with his family to help him go through the depression. Eventually Zhai(H+) was

recognized as if he were another son by this family, and Sheng(H-) knew very well that Zhai(H+) appeared to be a good listener, a supporter and a nice company in life with whom Sheng(H-) can deal with complicated feelings and ease himself more easily. Sheng(H-) further detailed that he would not have insisted on the relationship and learned and grown that much were it not for the disapproval from his family.

After Interview Note:

I have heard a lot about the name of Sheng(H-) and Zhai(H+) from my friends, acquainted case managers, and other interviewees. Their fame was evident, and they accepted my invitation immediately for they really wanted to help the community affected by HIV infection. They were also familiar with HIV-related issues, enlightened me and led me to think about many questions I have never thought about. It was my conversation with them that brought the opportunity for me to reflect upon and challenge the discrimination against HIV. I was therefore impressed by their vocation to speak on behalf of and stand up for those people who live with HIV.

Mr. 9 And Mr. 8: HIV As the Touchstone Of Love

Mr.8(H-), a Taiwanese gay man, has been in relationship with Mr.9(H+), a European gay man for nine years. They are currently living in the European and stay in Taiwan couple months a year. Mr.9(H+) was told to have HIV infection four months after they started their romantic relationship. Owing to this crisis, their head-over-heels crush on each other was crushed to bits.

They used to discuss HIV actively soon after they knew the diagnosis. Three years afterwards, Mr.9(H+) began his treatment and was stabilized but chose to bear the burden alone, refuse to talk about HIV and avoid sex. Consequently Mr.8(H-) could not help but turned to his family and friends for help. The pressure mounted as misunderstanding continued and busted into severe conflicts in the seventh year of their relationship. The crisis prompted them to look for a psychotherapist to open the Pandora's box and begin to deal with the effects of HIV on their relationship.

Mr.8(H-) and Mr.9(H+) agreed that HIV was the touchstone of love. It not only brought about obstacles to challenge their love but also sped up their growth. They learned to fight instead of flight, to discuss openly, and to accept the difference between them. The way they see their life changed as well. Mr.8(H-) came out with his homosexuality and his stable relationship to his family for he did not want to have something unfinished when he dies. Mr. 9(H+) gave up his resistance to HIV, felt much easier and closer to Mr.8(H-).

Mr.8(H-) and Mr.9(H+) described their love as a novel full of twists and turns. After leaving no stone unturned, they felt the stones was lifted from their hearts.

After Interview Note:

Mr.8(H-) is a 20-year friend of mine, he accepted my invitation right away on knowing my plan to do a research on HIV-serodiscordant couples in Taiwan. He said they have been waiting for this for long because they wanted to have a chance to share their stories to the public, especially by way of a trustworthy friend.

The appropriateness could be questionable for a research interviewer to interview his or her friend. In my point of view, my familiarity with Mr.8(H-) facilitated the establishment of rapport with this couple. Mr.9(H+) felt much more comfortable based on the friendship between Mr.8(H-) and me. On top of this, Mr.8(H-) has accepted my invitation soon after the beginning of my doctoral study, which allotted them half a year to prepare well and join the interview more comfortably.

Unlike other interviewees, they underwent together the appearance of HIV when they were already in a romantic relationship. They struggled to think of ways to manage the challenge of HIV, tried to stay with each other, found their strength and created their new meaning in it together. I was moved by their relational persistence.

Max and Roger: HIV Teaches Us To Cherish Each Other

Max(H+) and Roger(H-) were a gay couple of 6 years. Max(H+) seemed to be transmitted with HIV by his ex-boyfriend. Double minorities severely impacted him and made him depressed. Thanks to the support from his family, he was able to graduate from university. He rebuilt his confidence and recognized his talents through religion and artistic creation.

It was unique to this couple that Max(H+) kept his HIV-positive status a secret until one and half a year after he began to date with Roger(H-), because he noticed Roger(H-)’s reluctance to discuss HIV. Roger(H-) became more compassionate for people living with HIV after listening to the story of a Taiwanese HIV-positive writer, Ya-Hwei Chang, and his HIV-negative partner, Max(H+) felt prepared to reveal his HIV-positive status to Roger(H-) who might choose to break up with him.

Roger(H-) was shocked and depressed in the beginning. Knowing that Max(H+) got HIV from his ex, Roger(H-) believed Max(H+) was innocent, wanted to treat him nicely and promised him a better relationship. Roger(H-) did not choose to cease their romance because the condition was not immediately life-threatening and because he himself was not infected during the previous 18 months he stayed with Max(H+). Roger(H-)’s acceptance relieved Max(H+) and drove him the latter to become a better man and to “catch up with” Roger(H-) in Max(H+)’s words.

In their opinion, HIV brought about more positive effects than negative results and taught them to live one day at a time. Max(H+) found his direction in life again, and Roger(H-) his affection for Max(H+).

After Interview Note:

Max(H+) and Roger(H-) were enrolled to the study on the Internet. Although they humbly said they wanted to participate because they did not have any idea of where to go in the weekends, their intention was to help more people to know more about people living with HIV and serodiscordant couple relationship.

This couple was the most impressive to me because Max(H+) was the only one who inform his testing result to his family soon after the diagnosis. With family support, Max(H+) go through the dark, and eventually found the positive strength from his life with HIV and almost forgot his infection status. His attitude towards HIV seemed to help them to live with HIV in a harmonious way.

I do remember Roger(H-) told me his deep wish at the end of interview: he hoped this study could be an article that could be accessible and helpful to the public.

D And L: HIV Makes A Unique Page In Our Life

D(H+) and L(H-) were also a gay couple. They had been familiar with HIV related issues before they were engaged to each other. When D(H+) disclosed his HIV-positive status, regular treatment was the only request made by L(H-).

This couple is special because that not only D(H+) is living with HIV but also that his boyfriend L(H-) is a survivor of osteosarcoma, a malignancy of the bone. Both diseases are defined as a catastrophic illness and generally covered by Taiwan National Health Insurance, for which they expressed in a humorous way: “What a coincidence! Both of us have a medical team, and both of us are catastrophic illness card holders.” Probably because both experiences were similar in certain way, they would “live in the moment in spite of the uncertainty of the future and establish a quality relationship.” It was in this vein they regarded HIV as an addition of a unique page to their life that helped them to learn to live with something new.

In their opinion, HIV is easier for them to manage with only regular medication. Instead, D(H+) cared more about the recurrence of cancer in L(H-) and hence studied traditional Chinese medicine and meridian in the hope of improving his diathesis.

On the other hand, this couple were stuck with the problem of confidentiality. D(H+) wished to reduce social stigma and wanted to recognize openly his status of being HIV-infected, to speak for people who live with HIV, and to prove to the public that the

infected persons can live in a healthy way. He believed that “if everyone comes out of the closet, there is no closet.” However, L(H-) is concerned with disapproval from the family and potential unemployment that might happen to D(H+) should his health condition and their relationship are known to others. They would therefore wait for a better time for further consideration.

D(H+) and L(H-) expected to empower others with their stories to learn about HIV, to decrease their fear, and to encourage those infected to accept and trust themselves. They thought HIV is not the end of the world, and people living with HIV can find their love one day.

After Interview Note:

Before my interview with D(H+) and L(H-), we introduced ourselves to each other briefly to let the couple understand the purpose of my research. L(H-) asked for confidentiality for D(H+)’s job was special and more susceptible to layoff due to HIV-infection. I could feel L(H-)’s care and his wish to protect. I also noticed D(H+)’s calling to voice on behalf of people living with HIV and to advocate HIV name rectification. It seemed they are comfortable with the change and challenge in life because they went through those toughness of being ill. I learned from them that we cannot change what happened, but we can take action to change the society and create our future.

Chapter 5 Before Starting HIV-Serodiscordant Couple Relationships

This chapter discusses the thinking processes of HIV-infected and uninfected persons as potential partners before establishing romantic relationships. Rather than scheduled, this topic emerged during my conversations with participants. Many HIV-infected participants disclosed their immediate-early feelings after testing positive for HIV and the reasoning behind their decisions to begin their HIV-serodiscordant couple relationships.

I will begin by discussing their motivations, that is, the reasons for which they would show up on behalfs of persons affected by HIV infection. The following section explores how those affected persons view the emergence of HIV in their lives and their experience encountering HIV infection. The third section is intended to probe what would persons with and without HIV infection consider before entering into or maintaining a relationship.

Section 1 Motivations Of Participants

When my interviews began, I pondered on how to help participants feel relaxed instead of being interrogated. Right before the interview with the first couple, I came to think of being curious about why they were willing to be interviewed. As a result, “Why do you want to participate in this study?” became our first topic.

I was touched that all participants mentioned they joined in this study primarily for wanting to do something for HIV. In addition, having confidence in the researcher also motivated their participation. This has always been the section I feel most touched. As a vehicle for telling their stories well, bearing these important stories and their entrustment, I hoped to let their voice heard.

1.1 Trusting Researcher

HIV has been stigmatized and still remains a taboo in Taiwan. I had difficulty to recruit participants. It was quite hard to find voluntary serodiscordant couples through the help of social welfare sections or infectious disease professionals. Among the 7 participating couples, only 2 couples enrolled on their own initiative. The other 5 couples were all introduced either by our common friends or by enlisted participants. Many of them revealed that their willingness to be interviewed was based on their familiarity with the introducers.

W(H-) and QQ(H+) were both informed of this study and assured by our common friends, A and K respectively, because of which they were able to trust me.

W(H-): A said he is quite confident in you and trust you. I think this affects me. I think it apparently affects my willingness.

QQ(H+): Hmm, honestly, I trust K very much, I trust such a relationship. Hmm, noticing what you are doing. So I feel, I feel that is pretty good. So I can trust you very much.

Zhai(H+) also joined in this study through the help of our common friend A. Zhai(H+) and his boyfriend Sheng(H-) have declared their serodiscordant relationship. Knowledgeable about current situation of HIV/AIDS-related issues in Taiwan, they often speak in public to raise social awareness of HIV/AIDS. The fact that there is little study on serodiscordant couples in Taiwan also encouraged them to participate.

Zhai(H+): A is a trusted friend of mine. So, then, uh, there are not many interviews conducted for noninfected partners in serodiscordant couples. Most interviews are likely to be based on HIV-infected persons or HIV-infected gay men. Serodiscordant couples need more resources and deserve more studies. So, and for A's sake, I feel it's acceptable.

It appears researcher's understanding of and sensitivity toward HIV-related issues and his/her reliability affect the willingness of serodiscordant couples to participate in the study. This leads me to reflect upon the levels of friendliness, trustworthiness, and nonjudgmental attitude as the difficulties HIV-infected persons may frequently encounter in their lives.

1.2 Doing Something For HIV

All of the participants hoped to stand up for HIV and serodiscordant couple relationships and to reduce the stereotype and stigma of HIV. Also, these participants hoped this study could increase research publication and related articles to let people know serodiscordant couple relationships as a feasible type of relationships.

1.2.1 Letting People Know More About Serodiscordant Couple Relationships

For most people, serodiscordant relationship appears filled with insecurity and challenge. HIV-infected persons themselves feel it's hard to build stable intimate relationships as well (Lai, et al., 2010). Given the rarity of precedents for serodiscordant couples, Mr.8(H-) and L(H-) want to affirm mixed-status relationship as a viable love by telling their stories of getting along with their partners.

Mr.8(H-) said, by telling his story with Mr.9(H+), he hopes to help couples who are struggling with HIV in their relationships, and to offer a prospect of serodiscordant relationships.

Mr. 8(H-): I hope this interview will tell our story, the story between Mr. 9(H+) and I, will help the people who are still struggling with their relationships because of HIV. ...I hope, in the future, when people read your thesis, read the study, they will understand that HIV is not a sin. HIV is not a sin. Nobody wants to get it. ...I hope this interview might give them a positive perspective that you know you could be free to talk about who you are, even with HIV in you.

L(H-) wanted to share his story with D(H+) to make people know HIV, knowing that HIV was not so fearful. HIV-infected persons can fall in love and have romantic relationships.

L(H-): I think if it's possible to let people know this disease through the form of stories or tell them this disease is actually not a great scourge or the doomsday as you imagined, many people can still live well. They can have, experience love, experience relationships.

As noninfected partners in serodiscordant relationships, both L(H-) and Mr.8(H-) wish people to look at the infected persons in a normalized way and to see the viability of serodiscordant relationship.

To date, there is only one academic study about serodiscordant couple relationships in Taiwan (Tsai & Hsu, 2008). Researches about intimate relationships of HIV-infected persons are in the minority.

By taking part in this study and sharing his own experience, W(H-) wants to increase the visibility of serodiscordant relationships in the field of traditional studies.

W(H-): As for AIDS, although I am not sure what such an interview could bring, I think it's pretty good if such an interview could provide something. Apparently, your goal is an academic publication. I hope something could be generated academically.

Roger(H-) proposed an important expectation. He hopes this study would end up with an easily reachable and readable article, rather than a doctoral dissertation stacked in the library or published in an unnoticed academic journal.

Roger(H-): As I see it, academic papers are usually written well, but later they are placed in the library, you know. Then I feel, if possible, if a chapter or one...one section of your work could be publicized in a journal, a newspaper, on the Internet, or through any prevailing mass media, that will be, of course, this study will have better influence on society.

W(H-)’s and Roger(H-)’s expectations for this study led me to think about what defines a “valuable research.” Is an article published in a traditional academic journal, or a study validated by academy internationally, the only “valuable research?” Perhaps as Bodiford and Camargo-Borges (2014) stated, a research with useful, generative and helpful to the great public, and easily available to laypersons, is nothing less than a “valuable research.”

1.2.2 Reducing Stigma Of HIV

HIV is still received, in Taiwan, as a result of promiscuity and drug use. When it comes to HIV, people think of indiscriminate sexual life and drug users. W(H-), L(H-) and Roger(H-) wants to make people know more about HIV, because understanding can help to reduce misunderstanding, stigma, and discrimination against person infected with HIV.

W(H-) said stigma is the greatest challenge for HIV. The disease per se is not the problem. Rather, it’s the negative views on HIV that affect the disease and the infected persons.

W(H-): In my opinion, I don’t regard AIDS as a problem. I, in fact, at a later time, really think that AIDS is not a problem. Then, I really want people to know it’s not so problematic a situation. I’d like to turn back, I still hope to be of help for the part of AIDS stigmatization.

L(H-) expects people to simply regard HIV as a disease, without additional judgment.

L(H-): My feeling is, my expectation is that everyone could take it as a common disease, in stead of an infidelity, an adultery, or something of other implications. It is just a disease. Could we face it with an attitude we would take while being faced with a disease?

Roger(H-) hopes the public can know more about HIV. More positive discussion about HIV can help people increase knowledge and understanding of HIV, and thus to eliminate the stigma of HIV.

Roger(H-): I think to, to de-stigmatize is to let the public understand. It's not such a, that is, such, such an unacceptable thing. Thus, I feel there is a need for research or, uh, media. Thought Taiwanese media is terrible, something could be revealed, or discussed in a positive way. This would be better than no discussion. It's better to discuss it.

Although these three participants are not infected by HIV, they understand and realize what HIV is. Knowing well HIV is not as scary as received, they wish to share their stories of their lives with their partners, to tell people that HIV is not as frightening as they may think. They all want to make an effort to de-stigmatize HIV.

Section 2 How Do PLHIV See HIV In Their Lives

This section was beyond my plan, since my focus of this study was on serodiscordant relationships. Interestingly, the HIV-infected participants in every couple referred to their experiences after testing positive for HIV.

During the process of relational conversation, researcher does not control but follows the trends of dialogues, to create the possibility of diversity in dialogues (McNamee, 2014). I think the experiences are important to those infected participants. At this very moment, I put back my scheduled goals for the interviews so as to listen to what participants wanted to tell. These stories unfolded their experience sustaining initial phase of depression, walking through the dark, and coming to terms with HIV.

2.1 Depressive Phase

HIV infection is a real blow to many people. Almost every infected person in this study was struck depressed on knowing positive for HIV and had many negative thoughts such as feeling of guilt, suicidal thought, fear of losing intimacy, and avoidance of social interaction.

2.1.1 Feeling Of Guilt

HIV-infected persons have borne the label of being guilty (Sontag, 2001), and they may feel being punished for having done something wrong (Lee, Kochman & Sikkema, 2002).

Hsun(H+) had many negative thoughts and self-blame at the beginning, as if he had misbehaved and deserved the punishment.

Hsun(H+): I don't know how much I have cried. When I felt less like to cry, my bad feelings recurred. It felt like I had done something wrong. How did I get here? I felt really bad. I had many self-blame, many poor opinions on myself,

and I suffered a lot for these. I felt I deserved it because I was very bad. Something like that. It was so painful that I did not know what to do.

2.1.2 The Impact on Intimate Relationships

As presented by many researches, one of the most concerned is potential rupture or loss of intimate relationship (Passin, Kim & Hutchinson, 2006; Dixon-Mueller, 2007; Pai & Ko, 2014). D(H+) was also the case, anxious that his boyfriend might breaking up with him.

D(H+): uh, I was, uh, told, in September, two, three years, three years ago at an anonymous testing site. I was told positive, then I went there. Afterwards, I have been very anxious all that night. I was so anxious because of relationship. ... I felt so down at, at that time, because I fear that the counterpart would not accept and leave.

QQ(H+) remembers his first thought on testing positive for HIV was that “I can’t date with others. I can’t make love with others.” He thinks this is a cruel state within the social context where it’s hard for people living with HIV to believe they could have love and sex.

QQ(H+): My first time, I remember, when I tested positive for the first time, the technician telling me “you can still date with someone, and you can still make love.” But what came into my mind first was that I could not date with anyone and that I could not make love with anyone. ... While discussing this with an infected person, what is cruel behind, the reason why the infected would not believe, is the cruel state within the entire social background. This makes them distrustful of this.

Under this circumstance, Hsun(H+) thinks there is nothing he can do. He has regarded himself as a “lucky” one to have a mate, and is not sure about any chance to find an alternative if he breaks up with his current boyfriend.

Hsun(H+): The stigma is like what I just mentioned. Surviving in such an atmosphere created by our circle, people unconsciously feel that “Yeah, there is no other choice. What else can I do?” Most friends of mine who tested positive think this way. I encouraged them that “you can try it.” But they said “No way. What if someone knows?” When I think of my personal view, I can no longer comfort them, because my feeling is that I am the luckier one. This kind of thing can happen to me. What if I, I don’t know, anyway. If there is another encounter, can this kind of thing happen again? I would rather think the world is not this peaceful.

It is said the infected persons who have the opportunity for close relationships should treasure that “someone is willing to love you” given it is difficult for them to find a partner. They may become more yielding and submissive in their relationships.

Zhai(H+) finds the infected community in Taiwan develops its special philosophy of love: *need to appreciate*. It implies not only that they have to “cherish” their partners but more deeply that the infected should appreciate since it has been very hard for them to meet the ones who are willing to love them.

Zhai(H+): There was an atmosphere in which you have to treasure if you have a boyfriend. And now, I joined a group on Facebook whose atmosphere is also one in which people say, “Oh, you have to appreciate, because it’s hard to find someone.” ... I can easily understand why they ask to appreciate, because it’s really hard for the infected to find a partner. But what I find later about appreciating, especially when it happens to the infected, the operation is like this: For example, if two persons quarrel, someone may tell you “While he can accept your infected status, why don’t you yield to him?” But what to “yield” could be something quite important to this guy, you know. Or they may advise something like “How about turning a blind eye to it?” I feel it’s the infected community that requires you to do it, it’s the whole community that tells you to treasure is a must for the infected.

To appreciate, in such a philosophy of love, can evolve into a tolerant attitude. In case of dispute or that their partners are unfaithful, the infected tend to tolerate to maintain their relationships. Due to stigmatization and resulting low self-esteem, the infected are more likely to feel not good enough and thus unworthy of equal or equitable romantic experiences.

2.1.3 Normal or Abnormal? Am I Normal?

People living with HIV frequently see themselves equivalent to “patients” with HIV. Even physically indistinguishable on appropriate treatment, they often feel subjectively that they are weak and in need of extensive effort to maintain their health.

I interviewed Romeo(H-) and Juliet(H+) three months after Juliet underwent cesarean section. As a full-time mother and housewife, she was exhausted taking care of her daughter. Her conflictual feeling was that she thought to be as “normal” as average people at times, but she also regarded herself “abnormal” and physically inferior to others when she felt tired looking after her child.

Juliet(H+): Right, but, but I know I am on long-term medication, from my junior year to now. I took medicine for a long time, received caesarean section to deliver, and looked after my child. It was really, really tired. I feel quite conflictual in my head sometimes. At times you tell yourself a normal people, and at times, I feel really tired and not a normal people. You can imagine how conflicted it is.

Yuan-Chin: There is a conflict, then what?

Juliet(H+): I could only feel entangled, you know. Sometimes, it's not helpful either to be angry or to stay calm. And then I feel really tired, really, really tired. ... I mean, I feel normal at times, but I know I do have "AIDS." I feel complicated.

My conversation with Juliet(H+) propels me to reflect. It takes time for recovery from the caesarean section surgery indeed, and it's truly a strenuous task to look after a newborn. Her reaction is similar to that of those who undergo cesarean delivery and hence could be a normal physiological change instead of a significant one due to her HIV status. However, Juliet(H+) tends to associate the tiredness with HIV, and based on which she presumes that she is easily tired, physically weak, and nothing less than a patient. This reflects a well received presumption and stereotype about the "physical condition" of the infected persons.

2.1.4 Thoughts Of Death

According to Taiwan Lourdes Association's survey in 2016, more than half PLHIV have had feeling of hopelessness and suicidal ideation (Lin, 2016/11/21). Max(H+) was found infected by HIV before the age of 20. On knowing this, Max felt defeated, thought his life was over, and even considered to kill himself.

Max(H+): It's... It has been very hard already... already for me to accept my gay identity. Here came another hit. That is, the hit was doubled: not only being gay but HIV carrier. I really wanted to give up on my life. ...For I feel really, really hard to accept. I mean, my life was messed up.

2.1.5 Avoidance Of Social Interaction

Researches show that PLHIV tend to keep themselves away from others for fear of strange looks from others. They worry that others may respond negatively or criticize them if their testing results are known (Vance & Burrage, 2006; Jeyaseelan et al, 2013; Onyebuchi-Iwudibia & Brown, 2013; Zeligman, Hagedorn & Barden, 2017).

QQ(H+) contracted HIV when he was a college student. He was afraid of meeting his teachers and classmates, so he began to avoid people.

QQ(H+): Hmm, in my junior and senior years, I want to escape from myself, hmm, and many relationships, my life, and my schoolwork, and so on. ... I covered myself up in my junior and senior years, you know. I was very afraid of meeting with profs. I was afraid of running into my classmates.

From the initial stage after diagnosed positive, HIV-infected individuals sustain a great deal of stress and stigma from the society. They may become socially withdrawn, doubt themselves, worry about loss of intimacy, if not think of suicide.

2.2 Getting Through The Darkness

To manage the impact and depression from HIV, infected persons took medication regularly to control the viral load, found their goals in their life with the support from other patients with HIV, and come to terms with HIV. People living with HIV could get through the difficulty.

2.2.1 Regular Medication

Regular dosing of anti-HIV drugs may lower and maintain viral load at a non-infectious level and help to regain immunity. Mr. 9(H+) said he was preoccupied with HIV, thinking of his HIV-positive status all the time, before antiretroviral therapy. His physical condition was stabilized after taking medication. Therefore, he was no longer exhausted by his worry about passing on the virus to his sero-negative boyfriend, Mr. 8(H-).

Mr. 9(H+): Now [it's] getting better. Now, all things go away. HIV is not every day in my mind. When I take medicine, OK, I know it's for my HIV. ... Let's say, seven days a week, one or two days it pop[s] into my mind. And at the beginning, yeah, it's [been] every day. But now, it's stable, medication is good, little of side effect, so...for me, yeah, it's better.

2.2.2 Supports from Friends and Family Members

People can cope with challenges, like failure, trauma, or disease, more easily with support and encouragement from their friends, family members, or those who have similar experiences. So can persons afflicted with HIV. One of the most concerned by the infected is the fear of losing interpersonal relationships, or rejection from others (Vance and Burrage, 2006). However, if social support does not disappear, it can serve as a protective factor, and infected persons are less likely to internalize stigma (Fazeli, et. al., 2016).

Under the stress of knowing a positive result of HIV, Max(H+) chose to tell his parents. They did not blame him. Instead, they kept together with Max(H+). Max(H+) went through the depressed period in company with family support.

Max(H+): I remember the moment. My father sat down. Both of us were seated. My dad did actually, he asked me, you know that, he stayed, he stayed by my side. When I was just, just told, he stayed by my side. He asked if I know how to deal with it. He didn't know how to deal with it, either. But he did a really, really, really wonderful thing. My father, my parents did a great thing. They were together with me, not saying much. Not criticizing at all, nothing like "How would you become this?" They stayed by my side, purely.

Hsun(H+) regained the hope for the future and felt less lonely with the experiences of other infected persons.

Hsun(H+): He (another infected) began to share his experience with me. To me, this sharing seemed to make me less lonely, less afraid. Though I was still lonely and afraid, I suddenly realized that there was not a dead end in front. In fact, there are many forerunners who lead the way. But I couldn't see it, I didn't know it. There is a way, all of a sudden. It looks passable.

Zhai(H+) was told positive for HIV in his junior year. He underwent depression, feared loss of friends, but found his classmates supportive and encouraging after "coming out" his infected status. A friendly environment helped Zhai(H+) went through the gloom, and for which, Zhai(H+) would not foster a negative view about the infected.

Zhai(H+): I wrote (on the class message board of a bulletin board system) that I am HIV positive, and it's unbearable to keep it a secret. Like this. Afterwards, there were many, many supportive notes. I could say all of them were supportive, you know. And this kind of thing to me, at that time, at that moment, this thing was very important to me. It was for this that I realized HIV won't have me lose my friends. At the very least, whenever I need, they will be there. ... I feel the resources I have are abundant. The environment where I am is friendly. The questions everyone would ask aren't out of spite and are able to be answered or handled. ... I don't have a very negative

feeling about my being infected. That is, I remember my first, first, uh, my top reasons for which I was willing to come out was that the environment was very friendly and I didn't think I have done anything wrong.

A friendly surrounding and positive perspective blend together: the friendly ambiance protects HIV infective people from criticism and discrimination. It does not interpret the infected status negatively. Not interpreting themselves negatively and not viewing HIV infection as deserved, HIV infected people can disclose more comfortably his HIV status to others.

2.2.3 To Find New Meanings And Life Goals Beside Being PLHIV

HIV remains a scary, a bad disease for most people. It retains more negative social meanings than positive meanings. According to social construction, meaning is generated through the interaction between people (McNamee, 1996; Gergen & Gergen, 2003; Gergen, 2009a; 2009b). When people see something from different points of view, or interact in different ways, new meanings can be generated.

Zhai(H+) finds others' responses "happy" and "supportive" if he holds on to a "happy" attitude toward HIV. This enables to find a new meaning for the infected, a positive social meaning: as an infected person, I can still be happy.

Zhai(H+): At the first medical follow-up, we infected are accompanied by a case manager. On seeing me, the case manager asked "hey, do you feel unable to sleep at night?" And I told her I didn't. Then, I remember, at that time, I was

in a, anyway, I smiled at others. Then our case manager was pretty happy, he means that it's rare to see someone, just tested positive, coming back like this. So, he was happy. Then I felt, ah, I found something to do. That is, as an infected person, I could still be happy, and people could know it. I felt there was something to do. Yeah, it's, it's at that time, for the first time with my HIV status, there was a relatively positive social meaning to me. After that visit, I began to tell whomsoever available. Yeah. I called my classmates, one after another, and everyone, everyone was very supportive.

Most infected undergo some setbacks and depression with HIV, and some of them get through the obstacles through finding a new way in their lives.

Take Max(H+), for instance. He found his interest, decided to study at university, in order to specialize in it.

Max(H+): Then how did I get through? It was actually with my interest... I found my interest and studied well. [But] I didn't feel my interest practical. I wanted to be more specialized, so I decided to study again, to take the entrance exam.

Juliet tested positive for HIV while she was preparing her graduate school application in her junior year in her college life. With many unfinished expectations, rather than staying depressed, she would take action, step by step, to achieve her goals.

Juliet(H+): I tested positive in my junior year. At that moment, I was confronted with postgraduate application. But I chose to go on, you know. Therefore, in my life, I still feel like to finish my study. I want to earn and save. I want to get married. I want to have children. These plans in my life have not changed at all, you know. It makes no difference, at least to me. ... For HIV won't take your life in a short time. I think, if you cannot help feeling depressed, aren't you going to feel depressed for perhaps 20 or 30 years before you die? Then I feel it's better to face it.

2.3 To Come To Terms With HIV

There are many methods to get along with illnesses. The infected participants in this study took several measures to reconcile with HIV: to accept it, to live with it, and to stop labeling themselves solely as the ill.

2.3.1 Acceptances of HIV Infection

It could help psychological adaptation for a long fight against diseases when the ill accept their illness (Kubler-Ross & Kessler, 2007). Hsun(H+), Mr. 9(H+), and D(H+) brought up “acceptance” as their way to cope with HIV.

Hsun(H+) has tried many ways to deal with his HIV status and HIV infection. During a session of a group therapy, the leader therapist invited him to get “at ease with the illness.” To his mind, to be at ease gave rise to the acceptance of HIV’s existence rather than an overwhelmed feeling.

Hsun(H+): The leader guided me to embrace it, but I didn’t want to put my hands on it. The leader looked at me, and told me “Hsun, be at ease with the illness.” There and then I had a kind of, a kind of feeling of being more at ease than overcome. There was a kind of feeling in my mind: as it stands, what I can do is to accept it. It won’t make any difference.

Mr. 9(H+) used to take an oppositional stance to HIV, as if every single cell in his body was fighting against HIV. After accepting the existence of HIV in his body, and fostering a

“collaborative” attitude toward HIV, Mr. 9(H+) found his spirits lifted and his relationship with Mr. 8(H-) improved.

Mr. 9(H+): I have virus in my body. I can hate the virus. Then I [will] have [a] kind of war, [a] kind of fight. I have to fight [against] the virus in my body. I accept it's barely with me, but [when] I take my action [to] keep [me] alive, the virus [fights] back. OK. It's trying to survive. And we have [a] kind of cooperation. If you accept that, you accept your HIV. You accept you have the virus, and the virus is called HIV. ... If you [are] satisfied, you accept, even you don't talk about it, your partner, people around you can feel better, [they] can see that. ... Since I [didn't] accept the virus in my body, I have to fight against it, but I accept it. Our relationship [with Mr. 8(H-)] is also more [at] rest.

D(H+) thinks, on the other hand, he had better accept it and work with the medical system. This way, he would have an experience different from others.

D(H+): In my opinion, hmm, when tested positive, just go to the doctor and take the drugs. I just, just, just think this way. It's life anyway. When it comes, it comes. That means, you know, you will have a different page in your life. It's just like that. Yeah. (D smiled)

2.3.2 Living With HIV

Another way for the infected to face HIV would be symbiosis, to consider HIV as creatures that live in the body, to get along with it, or to make friends with it.

D(H+) takes HIV as an intracorporeal symbiont. He thinks there are actually many bacteria and viruses within the human body, including HIV. The host would be less

susceptible to diseases suppose they could get along well with each other. In the absence of competent immunity and medication, these microbes will begin to harm the body.

D(H+): Think about it. There are in fact many bacteria in your body. If you don't get along with them, they will attack you, and you will get sick. If you get along with them, both of you will live peacefully. It's just like this.

To Mr. 9(H+), it is physically and mentally exhausting to fight against HIV as an enemy. He would see it as a friend within his body and live together with it in peace. His psychological stress diminished, and his physical condition could be taken care by the healthcare team.

Mr. 9(H+): yeah, I think, you know, even you see it as an enemy, it's not changing the situation [that the] virus [is] in your blood. It only makes you mentally [stressful], I think it's getting you mental stress, because you have [an] argument with that. And you can have an argument, but as long as there is no any medicine [that] can kill the virus, [and when] you have argument, what mental [stress] can be solved? But if you turn the argument into [a] friendship, the virus doesn't matter [anymore], because the virus doesn't have [the] brain. For yourself, it's giving you more rest. Actually, it's [a] mental rest. And it's not changing the situation for your health. ... You can see HIV virus as your enemy, but you can also see HIV as a friend in your body.

Hsun(H+) makes HIV his conversation partner, and HIV seems to be his company when he feels lonely.

Hsun(H+): When I feel lonely, the existence of HIV makes me feel less lonely. On that occasion, I try to talk with it. What I usually do is to use both my hands, one for me and the other for it, in a manner similar to answering to something. I feel apparently it's an alternative way to talk to myself. It works

as if its appearance, its externalized state, allows me to cope. However, is this externalized itself? I don't know. I know it could be some part of me, and this thing makes me more comfortable, more peaceful, and feel better in my relationship with myself and that with him (Hsun's boyfriend, W).

D(H+), Mr. 9(H+) and Hsun(H+) regards HIV as a symbiotic partner, a company, or a friend, instead of an enemy. Such perceptions helped them to cope with HIV more easily. When the infected accept certain points of view on HIV that are different from that of the mainstream, seeing HIV more as a symbiotic company than as an enemy or a bad thing, the meanings of HIV to them change as well.

2.3.3 Stopping Self-Identifying As An Ill

Living many years with HIV, Max(H+) found it has become a part of daily life. He would think of his HIV status only when he takes medication at night or follows his blood tests. He thinks dosing is merely to let the drugs take effect against the virus. He will not take a negative attitude toward medication.

Max(H+): Hmm, I feel, this disease has already, tut, already fit into my life. I already, in fact, already have become unaware of its existence. I only remember, ah, it's time for it, I will think of it, and I have to take the drugs before bedtime. That's it. In fact, I don't have much, much, tut, what should I say?

Yuan-Chin: Just like a feeling that this thing is over there?

Max(H+): Yes! You said it! I have, sometimes I would tell Roger(H-), I don't feel, in fact, I don't feel like a patient. Only when it's time do I need to take medication, to let, to let the drugs take effect in my body. Just like that. Other than bedtime medication, it means nothing else in my life. In fact, HIV is only

a tiny part of my life. That is, only for several seconds, the action to swallow it before bedtime, in addition to regular blood work and follow-up. And, everything has always been okay at each follow-up. I shall say that it has been unstable before medication. It is after medication that it became stabilized.

Section 3 Considerations Before Committing To A Relationship

In Taiwan, HIV infection control policies often encourage the infected to disclose their HIV status to their partners. For one thing, it is regulated by the law. For another, this could reduce the risk of conflicts that post hoc disclosures may cause. In this study, 5 infected participants among 7 enrolled serodiscordant couples informed the noninfected counterparts of their HIV status before entering into relationships. For the other two infected persons, one revealed the status 1.5 years afterwards, and the last tested positive 4 months afterwards.

This section is to explore what would persons with and without HIV infection consider regarding serodiscordant couple relationships and what both parts should be prepared before entering into such a relationship. These are discussed in the following parts: PLHIV's intentions of disclosure, the noninfected's responses, and their considerations before starting or maintaining their relationships.

3.1 PLHIV's Intentions Of HIV-Status Disclosure

In Taiwan, unsafe sex and needle sharing under intentional concealment of HIV-infected status is legally prohibited and punished. HIV-infected persons are assumed to have the duty

to reveal their infection status to their potential or current partners. As for the start and continuation of their love affairs, they tend to cede decision to the other side, awaiting the noninfected decide whether to keep going on romantic relationships. By sharing their HIV-status, some of the infected may wish that their lovers could take part in their life, are ready for refusal or dissolution, or begin antiretroviral treatment to protect their partners.

3.1.1 Letting The Noninfected To Join In The Life Of The Infected

Max(H+) revealed his HIV status to Roger(H-) one and half a year after they started dating. Max(H+) did not tell for appropriate timing is one thing, and to have his life more participated and understood by his partner is quite another. For Max(H+), there were many things that he could not share with Roger(H-) before. For examples: the results from each follow-up or his early experience after testing positive for HIV. After status disclosure, Max(H+) found he was able to share many things. And there is no need to hide.

Max(H+): In fact, when I haven't told, uh, haven't told yet, I felt myself not really sincere with him. I was burdened with the monthly visits, and the blood draw every 6 months to compare CD4 levels. This is what he could not part, participate. He was not able to understand my journey from depression towards a better feelings. I could not tell at all. This includes the development of my personality and my past. And when I told, I told, this, this part of my life, a part he didn't understand. I told him everything about it.

3.1.2 Preparing For Rejection Or Dissolution

Juliet(H+) took the initiative to tell Romeo(H-) about her HIV-status before starting their romance. In Juliet's opinion, she would rather disclose before commitment than reveal the truth after engagement. This way, Romeo(H-) could ponder over this problem. Should Romeo(H-) refuse her, there would be least impact and change on her life.

Juliet(H+): I'll have to tell him sooner or later. It's cruel if I wait until a moment while we are dating or around the wedding. So it would be better to tell in advance, you know. If anyway, after I say it, he doesn't accept, I think I will be still alone. It doesn't matter. And If he accepts, we can try to go out together.

Max(H+) had been waiting for an appropriate time to tell his HIV-status after he started dating with Roger(H-). It was until Roger (H-) got to know HIV-related issues, observed other serodiscordant couple relationships, and his attitude softened that Max(H+) believed it was time. Max(H+), of course, had been prepared that Roger(H-) would possibly break up with him.

Max(H+): Regarding this, he was, though I knew he was not carrier, he was quite reluctant to face up to it. For I, I could see very well, his thought, during a lecture given by Ya-Hwei [Chang] (a Taiwanese public HIV-infected gay writer). And thus I thought it was time to let him know ... since he revealed his compassion for the couple, Ya-Hwei and his boyfriend. He thought that they could cherish their destiny of being lovers. So I realized that he was not fearful of this disease; rather, he had more, uh, more.

Roger(H-): Understanding.

Max(H+): Right, a positive one. After all, no matter how he would decide, I would respect.

The infected participants in this study were likely to be prepared to be refused before relationship, and they might still reveal their HIV status to their wished lovers. By doing so, one expected the wished partner's participation in his life and some allowed potential lovers to make a decision on relationships. It appears HIV is an important factor for the infected to consider in serodiscordant relationships. Being in love or not is not the only criterion. (Tsai, 2014).

3.2 Responds Of The Noninfected On Knowing Partner's HIV-Status

HIV-status disclosure is deemed as the first task in front of relationship for many persons with HIV infection. They are worried about refusal, breakup, or even discrimination from the other side. However, most of the noninfected in this study took a positive stance on disclosure after being informed of the status of the infected. The noninfected felt the trust and sincerity and believed that the relationships were more likely to be treated seriously. On top of this, they also expressed their pity for their infected partners and their wishes to care for them more lovingly.

3.2.1. Being Trusted

While most HIV infected persons would not reveal their infection with HIV to protect themselves from discrimination, certain noninfected participants in this study felt trusted by their partners when they were told the secret.

DW(H-) believes that QQ(H+) risked, out of trust, to tell his HIV-status. Similarly, L(H-) thinks D(H+) was willing to tell the truth because D(H+) gave much importance to their relationship.

DW(H-): I think he was serious because he said it. Yeah, really. He could have chosen not to tell. As long as he can make me, I mean he can make me, as long as he can make me protected from being infected, we can still live together. He can live with me. I think that is trust.

L(H-): Just as when I was listening to his honest statement, I was actually happy. I mean, I would also think: "Oh, that's right, you are willing to do this because you can trust me and because you really want to treat our relationship carefully." I think, for the other person, whether to accept or not, I believe that the feelings will be positive.

3.2.2. Being Treated Seriously

DW(H-) believes his to-be-partner took great care of their friendship and was not in seek of a causal relationship. Therefore, he thought they could try to date.

DW(H-): It was actually, it was actually that he told me this that I felt I could begin our relationship. For I think that is, I know this is very important to him. It takes a lot of effort to deal with it. And I think, he told me, I think it means he was serious about it. Thus, I was willing to enter into this relationship. Actually, it is for this that I felt we could try it.

3.2.3. Feeling Sorry

Some noninfected among the studied couples said they felt sorry when they were aware of their partners' HIV-positive status. They felt sorry not only for their experiences living with HIV, but especially for their stress dealing with HIV alone.

Max(H+) contracted HIV in monogamous relationship with his ex-boyfriend. His current boyfriend, Roger(H-), sees this as an unfortunate encounter, rather than the result of drug use or indiscriminate sex, and hence thinks Max(H+) is worth his affection.

Roger(H-): It is because he told me this that I would, I would cherish him more. For, how to say it? I don't pity him, but I do feel sorry. So I think, I think, he deserve a person to him nicely. Because he met someone wrong.

DW(H-) referred to his pity for QQ(H+) because it was hard for QQ(H+) to bear various stresses and complicated feelings at the unclear stage of their relationship and the possibility of being refused.

DW(H-): I think, to say this first, I can feel that this guy was ready to get hurt to say this. Besides, we have been close but unclear for a long time. He has to bear both states at the same time. ... Yes, I think it's hard.

Most of the noninfected participants in this study take positive views on HIV-status disclosure. Readers may assume otherwise: should they take negative perspectives, they could not have been together, and, indeed, enrolled into this study. However, like what L(H-) said, "There are some who reject HIV, and there must be some who don't." For those who

became serodiscordant partners, their judgments on status disclosure appear more positive than not.

3.3 Considerations Of The Noninfected Before Starting Relationships

As for the noninfected persons, how would they decide whether to date with infected ones? How would they decide to maintain or cease their relationships? 5 noninfected partners in this study expressed their readiness for the possibility of being infected prior to their decisions. Other factors that were considered included the controlled viral load and life expectancy of their desired partners, the sources of infection, and ethic of non-abandonment.

3.3.1. Readiness For HIV Transmission

Given sexual behaviors is one of the routes of HIV transmission, the noninfected are exposed to risk of being infected sexually when they date with their HIV-positive partners. Some of the noninfected partners in this study were prepared, and hence felt more settled about HIV in their relationships.

W(H-): I actually had complicated feelings. Hmm, he must know very well. That is, in the beginning, I was actually, aware that the possibility of being infected should be low, but I thought, to establish relationship with him, to me, I felt, should it happen, I felt, it would be just like that. That is, if I get infected by accident, it would be just like that.

DW(H-): In my opinion, how do I see dating with an HIV-infected person? In fact, I think, of course, I certainly think that we need to reach agreement. Hmm, for sure, I need to protect myself well, to take care of myself. So does he. No matter whether we are infected or not. However, I do have a feeling that I need to be prepared for the possibility of being transmitted. This way, I can feel reassured. That is, I know I am able to take care of myself, even if I am infected.

Romeo(H-): If one day by accident, I am really infected by accident. At most I will take medicine just as you do. Because I feel it's just like that.

3.3.2. Considerations Of The Infected Health Condition

HIV infection has been causing death several decades ago. Along with medical development, the infected nowadays only need to take medication regularly to keep their physical condition almost indistinguishable from that of general population. However, certain people fear that their current or soon-to-be infected partners may not live long enough or may die prematurely due to complications. Life expectancy becomes a determinant of relationship development and continuation.

As in the case of Romeo(H-), what he expects the most is to live together to a ripe old age with Juliet(H+). He committed to Juliet(H+) after being relieved by the fact that her expected life span could be almost undifferentiated from others'.

Romeo(H-): How much time is left for her to live with me? I only want to know this. When I know it, it is said to be 30, 40 or 50 years. So, I think, anyway, I will be old in 30, 40, or 50 years. At that time, I will be about to die. It won't make difference.

Roger(H-) worries that HIV will affect the life span of Max(H+). Knowing that HIV will not take Max(H+) away immediately, Roger(H-) thinks they can go on and cherish their time being together, one day at a time.

Roger(H-): It won't take one's life right away. So I feel that, to worry a long way, I mean, a future, faraway thing, I would better live one day at a time, you know. So the actual impact lasted only for that week I knew it, perhaps less than one week. After that, I feel it's okay to keep going on.

One of the challenges to the infected is the illnesses that may follow the compromise of their immune system. Regular follow-up and continual medication can help to reduce viral replication and the risk of transmission, as well as to restore and maintain their immune functions.

To L(H-), the viral load controlled at a level that could be least likely to transmit, as an indicator for regular medication and the ability to take care of one's self, is the key to consider before starting relationship with D(H+).

L(H-): What I am worried is the possibility of infection. After all, for a partner, there is sexual contact for sure. Then there is some risk of transmission. Then, that is, if, as far as I know from the sources I read, if the viral load decreased to a low level, even for doing it raw (unprotected sex), the transmission rate could be very, very, very low. ... Another worry is whether he can take care [of] himself. I mean, whether he keeps seeing his doctor, or only does it inconsistently, or skip or stop taking medicine from time to time. You know, I just want to make sure he is able to be in charge of his own health, or he is willing to take care [of] it. And I found, it seems, to a degree, this is within my expectation. You know, that is, uh, that is, he is willing to discuss with the doc, he has a pretty good relationship with the doc. And, both medication and

the control of viral load are relatively okay. So, basically there is no more need to worry.

3.3.3. She/He Is An Innocence Infected Person

The sources of infection affect the non-infected's attitude towards the infected. The infected are easily regarded as drug users or sexually indiscriminate. Those infected who are female are more likely to be presumed as prostitute or sexually casual persons. To the contrary, if the infected contract HIV during a monogamous relationship or blood transfusion, they are seen as "innocent." The latter appears more acceptable to the noninfected partners.

Juliet(H+) was transmitted by her ex-boyfriend and is therefore deemed innocent instead of a "casual girl." Romeo(H-) thinks Juliet(H+) did not intend or volunteer to become infected, and he was willing to date with her.

Romeo(H-): At that time, in the beginning, I also, I also asked, my current wife, I mean, at that time, in the beginning, I also felt, at first, I would, would wonder "Are you just a casual girl?" Yeah, this is a fixed concept. You never know unless you try to understand. It's the same.

Juliet(H+): After we started dating, everyone understands. They know I'm not that kind of person.

Romeo(H-): Right, and, maybe because she is my wife, so I always go with her to see her doc. Even, at some time, I knew where it came from when I talked to her. When we talked about this, sometimes there are many things, er, that are not what she wants, you know. So, I think, only when you try to understand can you know that many things are not what she wants, not what she intends.

Roger(H-) thinks Max(H+) is a victim, an innocent infected person, of being transmitted by his ex-boyfriend, rather than being caused by indiscreet behaviors or unhealthy habits. The

source of infection, again, affects how Roger(H-) see Max(H+) and decide to continue their relationship.

Roger(H-): He is rather passive, or a victim, that is quite innocent. Yeah, indeed, then I feel that was not his fault. Why should he suffer so much? Yeah, For the day he told me, he did tell me how it happened, I thought it was that he met someone wrong, that's it. It was not for indiscretions or some bad habits that he became carrier. So, the reason is quite an important factor to me.

Different ways that HIV-positive individuals got infected brought different meanings. These played important roles in the perceptions and determination of the noninfected partners in their relationships.

3.3.4. Engagement As Presumed

Presuming each other as the desired partner is also an element for which noninfected partners choose to stay in their relationships.

Roger(H-) said he had dated with Max(H+) for one and half a year and presumed they were engaged to each other, so he decided to continue their love. If Roger(H-) were informed before the start or at an earlier stage, he could have done otherwise.

Roger(H-): After dating for period, we finally believed we are engaged to each other. But to be frank, he himself has thought about it, too. If someone talks about this at the first encounter or soon after that, perhaps things will go another way. I have to tell frankly. I feel it makes difference to know things at different times.

Romeo(H-) has thought carefully for one month, presumed Juliet(H+) as his destined lover, and decided to date with her with a commitment to marriage.

Romeo(H-): At that time, I spent about one or two months not making any contact with her. I was debating on whether [to accept] or not, you know. It's said, beauty is in the eye of the beholder. I decide, then I accept. After all, that is not what she wants. That's it.

3.3.5. A Moral Binding

All the interviewed couples in this study have been in their relationships for at least one year. Those who chose to break up or refuse after knowing their counterparts are HIV-positive are not the participants of this study. As a consequence, it's hard to understand their opinions about serodiscordant relationships or to discuss how those who refuse to date with infected are received. For most Chinese people, those who abandon their diseased partners will be severely criticized.

Mr. 9(H+) found himself positive for HIV 4 months after he started to date with Mr. 8(H-). During the first few years after Mr. 9(H+) tested positive, Mr. 8(H-) did think of breaking up with him. However, with a moral binding, Mr. 8(H-) thought he should not abandon the infected, as doing this is no different than discriminating them.

Mr. 8(H-): That idea of breaking up was in my mind [for] about two and half [a] years. I was seriously thinking about breaking up with him, just walking away, then I would be fine. But I ask[ed] myself, how could I do that? That's immoral. I asked myself, "that's immoral." I mean how could I dump a person just because he has HIV. Then I was like other people. I was also

discriminating HIV. I would feel very guilty if I asked him to let me go from the very beginning. That's [an] immoral thing to myself.

Section 4 Closing Reflection

The participants' motivations were foundational to this research; the participants hoped to help people learn more about HIV through participation in this study. HIV may be destigmatized if more people stop regarding it as a fearful disease. Additionally, serodiscordant relationships may become more accepted if experiences of people in such relationships are more widely shared and made more accessible to the public, as well as to serodiscordant couples, people with HIV, and those who might establish relationships with them.

The participants with HIV in this study adapted themselves to HIV infection in stages. First, they experienced depression; they held negative views of themselves and HIV, avoided others, and even considered giving up on their lives. However, with support from friends and family, they realized that their relationships with others could survive and began to determine new life goals, which helped them to persevere through negative emotional states and learn how to live with the virus. In addition, they expanded their sense of identity beyond that of being an infected person, thereby developing new perceptions about themselves and HIV.

When a person with HIV and a noninfected individual establish an intimate relationship, they must consider and prepare for numerous aspects of the condition. When they reveal their HIV-positive status, individuals with HIV risk refusal, discrimination, and public exposure of

private information. Additionally, noninfected individuals must think carefully beyond their initial attraction to their potential partners about potential relationship maintenance and adaptation.

A major concern I had while conducting this research was how to follow the participants' leads during inquiry. Most of the participants with HIV mentioned how they reacted to testing positive for HIV. This topic was not in my original inquiry agenda; however, I believed that their knowledge of their experiences in this regard might be beneficial for other individuals with HIV. Therefore, I followed the participants' leads and became immersed in their contexts rather than insisting on asking my research questions. From the accounts given by the participants with HIV, I gained a clearer picture of the experiences and patterns of self-identification among PLHIV in the Taiwanese cultural context. I appreciated this opportunity.

How readers react to the term "HIV-serodiscordant relationship" is of interest to me. For most people, "HIV" is the most prominent aspect of this phrase. However, for the participants in this study, "relationship" was the main consideration. When considering entering romantic relationships, the participant couples examined how such a unique relationship could function. For the couples who decided to establish serodiscordant relationships, maintaining those relationships held primacy over HIV infection; HIV became a part of their

relationships. In other words, HIV was *in* these relationships instead of being an entity separate from the relationships.

Chapter 6 Let's Start Dating! And Then...

In this chapter, I invited participants to share their points of view on HIV in their relationships. There are four sections, including the experiences of PLHIV and noninfected partners in serodiscordant relationships, transformation in couple relationships, and new meanings of HIV.

Section 1 PLHIV In Serodiscordant Relationships

To the PLHIV in romantic relationships, the greatest concern could be possible viral transmission to their HIV-negative partners. They are worried even to a greater extent than the noninfected may be about the possibility of being transmitted with HIV (Lo, 2016). Persons living with HIV fear that they may transmit the virus to and assume the responsibility to protect their partners. Even when the viral replication is as low as seemingly non-infectious, the infected insisted on safe sex, that is with the use of condoms. Some PLHIV may further avoid sex in order to reduce the chance of disease transmission.

To Hsun(H+), if W(H-) happens to be infected a count of their sex, Hsun(H+) would feel *having done harm* on W(H-). Similarly, Mr. 9(H+) is most worried about having his partner infected, but he finds that the fear is reducing with time.

Hsun(H+): Before I became sick, what I feared was a, a, many bad thoughts about this disease because I did not know it, I did not know what it could bring. But

what I'm worried in relationship instead, I think, is that I cannot allow myself to put him in that situation. I will think having done harm on him.

Mr. 9(H+): For me, ... the biggest issue I have now is not affecting my partner. The issue was two years ago, quite big. But now, it's getting senseless. I have the feeling, in [a] few years, it's going to zero.

Other situations in which the fear could mount most apparently are on the eve of HIV testing of the noninfected partners and when the condoms break. Take Hsun(H+) for example, he knows there is nothing he can do other than to accept the fact should his partner become positive for HIV, but he continues to feel uncertain and worried about it.

Hsun(H+): I feel anxious every time when I go for anonymous [rapid] screening. We usually test anonymously at the Red House (a gay-men community landmark in Taipei). I always feel restless on the way and when I sit and wait [for the result]. Although it's just like that if I get it, and it's happy if I don't, it's nothing. I mean, it's nothing to know [the result], but the [anxious] state is evident.

Juliet(H+) worries the most about condom rupture during the sex. She insists firmly on the use of condom because she fears that Romeo(H-) gets infected. She does not want to let him expose to the risk of transmission. This way, Romeo(H-) can keep taking care of their daughter in case that the physical condition of Juliet(H+) deteriorates.

Juliet(H+): I know there must be risk, I told him, too, because for something like having a baby, that is, we didn't [use condom]. If there is no condom, or the condom gets ripped, I will be worried for him, or even blame him "you have to be careful !", you know, because I hope that he is healthy. Since we have a child, should I become less okay, I hope he is healthy, and is able to keep taking care of our child.

The fact that the infected fear to pass on the virus to their partners affects their sexual life. Pai and Ko (2014) found that the infected would gradually avoid having sex with their partners, in the fear that they might transfer the disease to the others. In the opinion of Mr.9 (H+), he intellectually knows the viral load decreases on treatment to the least infectious level, there is still emotional fear of transmitting to Mr.8(H-). Therefore, he intentionally abstains from sex.

MR.9(H+): We still had problems. I was still afraid to infect my partner. That was give me some issues as well.

MR.8(H-): I think that MR.9(H+) is going to say that physically he finds the turning point is on the third year when he starts taking medication. Mentally, we still have that fear of HIV for three or four years. I think he is trying to say that. Right? Afterward, it become only emotional issue. Just like we are scared. We are still scared. We have sex with each other. Would he spread out his virus? even though the effect chance is just so low. It's that fear.

Section 2 Noninfected Partners In Serodiscordant Relationships

Fears of being infected is the first challenge for most noninfected participants in this research. As long as they decide to start serodiscordant couple relationships, noninfected partners have to experience HIV stigma and discrimination with their partners. In this section, I will discuss how noninfected partners experience the risk of being infected and HIV stigma.

2.1 Fear Of Infection

The noninfected partners are encountered directly with the risk of being infected with HIV when they fall in love with the infected. In Taiwan, the authorities in charge of disease control usually helps people to reduce their fear by stating the rate of transmission should be very low if the infected take medication regularly. However, this education on “regular medication, rare infection” and statistical numbers are not effective to ease noninfected partner's anxiety. The noninfected participants acknowledge the frequency of such a fear forces them to link everything to HIV, especially when they have sex. The fear of HIV transmission persists, albeit certain research data indicates that the chance of transmitting HIV could be negligible if PLHIV take medication to keep their viral load undetectable. To those noninfected partners, a 1% rate of getting HIV is still a risk.

DW(H-) feels quite conflicted when QQ(H+) proposes sex without a condom and stuck in the question of love in their relationship.

DW(H-): I admit that sometimes when you ask to do it raw, my feeling becomes extremely complicated. Does this guy love me? He doesn't care if I will get infected, does he? Or, does it mean I don't love him if I don't want unprotected sex? All these are quite complicated. I can't take it.

Sheng(H-) used to link every detail to AIDS easily early in his relationship with Zhai(H+). He recalled most of the time the fact he was dating with a person with HIV. Having sex and any contact with the blood of Sheng (H+) had led to the greatest anxiety.

Sheng(H-): In fact, at that time, I was filled with anxiety about AIDS. ... It was totally impossible to ignore this. I kept associating every detail in our daily life with AIDS. ... But it continued to come into my mind, over and over again. It keeps reminding me that I am dating an infected one. ... There are, of course, countless problems when we have sex, because I keep worrying what I can do and what I cannot. If something happens unexpectedly, for example, he bleeds a lot when we kiss because his gum is weak, and this can drive me crazy, you know. Then, hmm, this can make big deal for the sex. It affects every time we do it, having sex, or after making love, the feelings are quite complicated.

W(H-) and DW(H-) state concurrently that the statistics is not helpful. They are aware of that intellectually but scare emotionally. As stated W(H-), it is not a question of odd, but an all-or-none issue of getting HIV. Statistical rate of disease transmission cannot easily persuade or assure the noninfected partners of the unlikeliness of getting infected.

W(H-): We know well the chance is very low. But I am clearly aware that it's not a question of chance. To me, it's all or nothing. If I test negative, it's negative. If I test positive, it's positive. It (the result) has nothing to do with the chance. It's so true, this feeling.

DW(H-): For sure I can find that information. They tell you the percentage, but what it means to me? Even it's 99.9% [safe], there is still 0.1%. And so what? When I read those numbers, I would, I mean, I would have no feeling to it. What does the number mean to me is that I don't know what it means.

2.2 How To Deal With The Fear Of Infection

The noninfected partners have their own ways to deal with the risk of getting HIV after entering into serodiscordant relationships. Several studied participants state their readiness before starting this kind of relationships: to accept the possibility of becoming infected, to

obtain HIV-related medical knowledges, and to reflect and understand the fear. They can feel more comfortable this way.

2.2.1. Accepting The Possibility Of Becoming Infected

Prior to the decision of having sex with people with HIV, most noninfected partners have been prepared for possible transmission.

When Romeo(H-) began to court Juliet(H+), he made up his mind to take any risk that might come, and one of which was that of getting infected with HIV.

Romeo(H-): I have already decided at that time to go with Juliet(H+). Yeah, when I want to build a family with her, when I want to be with her, I should realize, I mean, somehow bear the risk. I have to realize it. Of course, I think, after seeing her for these years, I think: There were fears, worries, and struggles at first. I feel eventually it was just like that, you know. I feel she is totally like a normal people. but that she need to take medicine as ordered everyday. Like a chronic disease, say hypertension or diabetes. So I think it is acceptable, but certainly I don't want to get it. I certainly hope I am healthy. However, I bear the risk to be with her.

DW(H-) was also prepared before he stated to date with QQ(H+). Rather than deceived himself that it's not likely to get HIV, he would accept the risk. This makes him more comfortable.

DW(H-): To me, I have to accept this, to accept that I may [get infected]. I know clearly that my chance of getting HIV is very low if he takes medicine regularly. But I still accept the possibility that I may be affected. I think this is true. I don't cheat myself. I face this situation practically. To me, I can feel

more secured. Telling myself “I won’t, I won’t, I won’t” is exactly to remind myself of the possibility. Then I would accept it. I need to accept. I need to accept I may be infected, and at the same time, I accept [the chance] is very low. These are true, and I accept both. I can feel more balanced.

L(H-) also dates with D(H+) with preparedness, and he reminds himself to test regularly, and to seek medical help if he tests positive one day.

L(H-): Should I get infected, I think, well, I only need to tell myself that there is certain possibility that I may get infected. Then I need to take care of my body. I need to test regularly, and to see doctor as soon as I know it.

Getting ready for the possibility of getting transmitted makes the noninfected partners more at ease. They can bear the risk and remember to receive treatment once they are really infected with HIV.

2.2.2. Gaining HIV-Related Knowledge

Acquiring medical information about HIV is another way to help noninfected partners to deal with HIV. By knowing what HIV is, consulting health professionals, or learning current medical advices, these partners can decrease their fear of transmission.

Romeo(H-) accompanies his wife Juliet(H+) to see her doctor and consult the case manager, to obtain HIV-related information and advices on childbearing. He can be reassured when her physical condition remains optimal.

Romeo(H-): Oh, yes, we go to the case manager and ask some questions such as having a baby. I also search on the Internet. Actually she can be no different from average people since her viral load is now undetectable.

L(H-) and Mr.8(H-) has a biomedical background, so they can understand research data and the most recent development of medicine, tell if certain information is true, know the assistance they can receive from medicine.

Mr.8(H-): I think because I have medicine background. I was studying biology. I know what will happen. Sometimes just tracing the medical development on-line. What's new drugs coming out. The market to control this disease. So, for me, is easier to trust the process.

L(H-): I know how it works. Disease is just something you can deal with doctors and medicines. There is nothing to worry about. ... My background helps me to understand how medicine works, what the disease is like, and how much medicine can help. And I can tell what are true.

2.2.3. Reflecting And Understanding The Fear

The noninfected partners can think about and reflect on the origin of fear to deal with the fear, or even dissolve the fear.

What Sheng(H-) has done is not trying to “not be afraid,” but to understand “what he is afraid of.” To know where the fear comes from helps to gain sufficient medical knowledge and confidence and to prevent the fear from controlling his life.

Sheng(H-): I think it's ridiculous to ask others not to be afraid of AIDS, for I am so scared to death. ... I think you don't have to ask not to be afraid, but to talk about why you are afraid, whether you understand what you are afraid, and how to build enough knowledge, enough confidence, or enough

self-acceptance, in the presence of fear, to make your life not affected by it so severely. I think the scared, fearful emotion should be understood, and it's a must.

L(H-) believes to understand the fear, to think about what is worried about, and how to arrange his life should he become HIV-positive help him to tackle the fear.

L(H-): Everyone worries only whether I will get infected. But, have you ever thought about what would happen after getting infected? Do you know you can still live well even if you are infected? I think most people have never thought about it. They cannot see the possibility beyond this. It is full of uncertainty, just like being alone in the boundless ocean. But I don't feel this way. Even if I am caught in the ocean, I can see the coast. Just swim to the coast. ... If I am worried, I will think why I am worried, what is the worst situation, and if I can take it. I will think about these.

Both Sheng(H-) and L(H-) mentioned that to understand the origin of fear helps them to overcome the fear and to prepare for the future.

2.3 Baring HIV-Related Pressure Alone

The noninfected partners of people living with HIV are also susceptible to HIV/AIDS stigmatization. Most commonly, they former need to protect the HIV status of their partners and hide their own identity of being noninfected partners. Consequently, they cannot find social resources or support system when feeling anxious or stressful because of HIV. Only a few or even no one can listen to these noninfected partners.

Roger(H-) and DW(H-) choose not to tell others that their boyfriends are HIV-positive in consideration of the privacy of the latter. They would bear the stress alone.

Roger(H-): I can't tell something to my friends. Sometimes I feel pretty lonely and helpless because no one would tell the carrier status in public. So my friends don't know. I was really helpless when I knew that. No one can share the burden. I can't tell my sufferings.

DW(H-): I feel like to cry because I think no one can understand my stress. As for my friends, I would tell some of them. Before I tell my friends, I will debate on whether to tell, and whether I can tell.

As Tsai and Hsu (2009) mentioned, noninfected partners often think about their positive partners' privacy and hesitate to ask social supports from their friends and family members. The noninfected participants in this research said that they did not have much social supports and could only bare the pressure alone.

Section 3 Transforming In Serodiscordant Couple Relationships

How do HIV-serodiscordant couples experience challenges in relationships? Participants in this research are experiencing HIV together, and they regard HIV as a business of the two, not just PLHIV's challenge. Participants also mention that they cannot disclose this unique type of relationships easily, and they must try hard to avoid seroconversion, which means noninfected partners cannot be infected by their positive partners. Finally, couples in this research try to open conversation about HIV and to face HIV positively.

3.1 Experiencing HIV Together

While experiencing HIV, participants regard HIV as their sharing business, and not as PLHIV's own business. Couples in this research often share health care activities, and they face challenges together.

3.1.1. Regarding HIV As A Business Of The Two

Like many couples who experience every aspect of life together (said as birth, aging, illness and death in Chinese proverb), to face HIV together is a very important connection and resilience in serodiscordant relationships. The infected participants believe that their noninfected partners are the main supports while experiencing anti-HIV treatment process. Many PLHIV have discomfort, feel depressed, and doubt the meaning of life.

Take QQ(H+) for instance, he felt his life was heavy soon after he started antiretroviral therapy. In the presence of DW's (H-) company, QQ(H+) regained his courage to face the depression and discomforts after medication.

QQ(H+): I cried two or three days after I stated to take medicine. I think, anyway, oh, why should I take medicine? I felt like a sickly person, and my life seemed, I mean, hmm, my life became heavy and hard to take, and I always felt forced to go on with my heavy steps, and then I cannot remember what I told him, but he gave me a great force. It let me regain the courage to face medication.

DW(H-): I remember, because I think, we made a promise at first, when you replied to my message, that we have to stay together. I think then we have to stay together, so we have to face everything together, in my opinion. This is how I think, and I will keep my word.

In addition, for Chinese couples, marriage is a commitment that means no one will be abandoned for the sake of disease. Romeo(H-) thinks he has the responsibility to take care of Juliet(H+) for life once they are married. He is not allowed to feel indifferent or even leave Juliet(H+) because she is ill. Therefore, he considers HIV as the business of both, and assume the responsibility to take care of Juliet's(H+) health.

Romeo(H-): Today, if we get married, I can't leave her and give up one day my wife tells me suddenly that something happens to her or she is not herself. Yeah, I think it's a sense of responsibility. So if you hold an indifferent attitude and feel that "it's your own business," then I think, perhaps, you don't actually, really...

Juliet(H+): You don't really love.

3.1.2. Shared Health Care Activities

Serodiscordant couples may be engaged in health-related activities together. For examples, to see doctors together, to remind of medication, and to attend lectures about health education.

(A) Seeking Medical Help Together

Many noninfected members in serodiscordant relationships go together with their infected partners to consult their doctors. According to Hsun(H+), the company of W(H-) means that

both of them can realize how to get along with each other and pay special attention to most important things together.

Hsun(H+): I did invite him to see my case manager, to discuss potential problems we may encounter in our relationships, and, and what we need to know. These are meaningful to me because I can figure out what I can do, what I cannot do, what I really need to worry, and what I don't have to bother. This is more oriented to health education.

To see doctor together can makes the infected feel being cared for and accompanied.

Take Juliet(H+) for example, the fact that Romeo(H-) goes with her to see her doctor and asks questions makes Juliet(H+) feel being cared for and accompanied.

Juliet(H+): I feel, my husband, he wants to understand. For the follow-up, he also asks some questions to the case manager and the doctors. What he does, in my opinion, I feel, I feel I can love him more! Because I feel that he does care for me, and he also wants to understand, and, to stay with me, to take care of me, you know. So, I feel, I know, based on what he does, he really loves me, you know.

To accompany medical visit is important to the noninfected partners in such relationships because this enables them to understand and help to look after the physical conditions of their infected lovers. Romeo(H-) thinks to go to hospital with Juliet(H+) helps him to be aware of her health status, and this is, more importantly, a way he can take care of her. If he can take good care of her, to extend her life, they will have more time to live together.

Romeo(H-): Sometimes I ask for the viral loads or something else, because from this I know if she really cares, if she takes care of herself, and relatively, I can save her from this. And if I can take good care of her, she can stay with me longer.

To seek medical assistance together not only provides the infected company but also allows the noninfected partners to understand the health of the others, and most importantly, enables the two persons to know how to get along with each other in their relationships.

(B) Reminding Of Medication And Follow Up

Not uncommonly, the noninfected members of mix-status relationships remind the infected partners to take medicine and see doctors regularly. Lai et al (2010) found that the infected tended to feel embarrassed and other negative feelings when they were asked for the details about how they received prescription and took medicine. In contrast, these reminders are deemed caring behaviors by the participants of this study.

L(H-) seldom refers to HIV in his life with D(H+), except that L(H-) reminds D(H+) of taking medicine and seeing doctors frequently.

L(H-): I remind him only of that “you’d better remember to take medicine regularly! Don’t forget every time!” (smiling) Yeah, only for this, you know, only for this. And I only ask how long it has been since he saw doctor last time to remind him the follow-up.

Roger(H-) and Max(H+) seem not far from average couples even with HIV. The only difference is that Roger (H+) asks Max(H+) to remember to take medicine. Despite the fact

that Roger(H-) never goes with Max(H+) to see his doctor, Max(H+) takes initiative to report his health condition and revisit schedule to Roger(H-). To remind of medication and share follow-up information appears to be their routines.

Roger(H-): In my opinion, whether I look after him or not, I think he is able to take care of himself well. So, I don't pay special attention to this, hmm, we interact like average couples. The essential difference is that he has to remember to take medicine. And he used to take medicine twice a day, and now he takes only once before going to bed. I also know roughly that he goes to see doctor every month.

Romeo(H-) chooses to take care of Juliet(H+) by supervising her medication. Only if Juliet(H+) is in good health and her viral load controlled can Romeo(H-) avoid getting infected with HIV and feel reassured about Juliet(H+).

Romeo(H-): If you really love your partner, care for your partner, you will urge your partner. So when it is time, I usually ask her "What about taking medicine first?" ... for asking her to take medicine and helping her to lower it is, in my opinion, first, a reassurance, and second, a protection.

The meaning attached to the action of reminding someone of medication and medical follow-up has changed along with medical improvement and people's perceptions about HIV. To remind of medication seems to order the infected persons not to transmit the disease, on the ground of the thought that the infected are the inferior in the past. Now, according to the interviewed participants, as negative impression about the infected decreases, the action of reminding becomes a caring behavior and carries the hope for the health of the infected.

(C) Sharing Health Information

To attend educational lectures and share medical information is another method serodiscordant couples can face HIV together. W(H-) and Hsun(H+) participate lectures and see doctor together often to learn more about related information.

W(H-): What we usually do is to see doctor together, to sit in on lectures, and learn more about related information.

Roger(H-) chooses to focus on newly developed HIV knowledge and treatment and tell his HIV-positive boyfriend Max(H+). Roger(H-) is rather the one who care about this more in their relationship.

Max(H+): We chat about this from time to time. Do you mean about HIV? Oh, sure, he shares with me what is posted by Dr. Yi-Chun Lo (an infectious disease specialist) and that happens recently on the news. It's rather Roger(H-) that focuses on this information more attentively.

3.2 Experiencing Fear In Relationships

When HIV is in relationships, HIV is no longer the business of the infected members, but something both parts of serodiscordant couples should deal with together. How can these couples experience HIV cooperatively? Participating couples cope with the fear through several methods. These include developing risk reduction strategies, gathering experiences,

and having sex in the fear. In these experiences, the infected members play vital roles to ease the fear by consoling the noninfected partners or demonstrating their healthy lifestyles.

3.2.1. Risk Reduction Strategies

Serodiscordant couples will discuss the practice of safe sex to reduce the risk of HIV transmission. All the couples in this study shared their strategies. Most of them insist on the use of condom, and some may inform the others if there is any wound.

Juliet(H+) insists on protected sex, although her husband Romeo(H-) thinks otherwise. He feels no need to use condom after marriage and coordinates to accept her insistence as a protection.

Romeo(H-): No, no, from my point of view, I think the use of condom, it is for romantic relationship, age mismatch, or maybe for many other reasons, it should be used to avoid something. But I think, alas, it's for my wife's sake, because of her physical illness, I have to be friend with condom for the rest of my life. Otherwise, in my opinion, I think I am married.

Yuan-Chin: So you don't want to feel the barrier?

Juliet(H+): Mm, he doesn't. You're right. He did complain about this to me.

Romeo(H-): Yes, she, she, but she wants to protect me, I know it.

Juliet(H+): Yes, I said it must be used.

Roger(H-) and Max(H+) reach an agreement to use condom during the whole process of sex, they discuss before each intercourse, and avoid any contact if there is any wound in the mouth.

Roger(H-): We may talk about this before or after sex, you know, we may have some discussion. If there is any wound in the mouth, we will tell that there is an ulcer, or tell that the gum bleeds after brushing the teeth, then I'd say something like, "oh, we don't kiss." This means, if there is any superficial wound, a tiny wound, abrasion, or something like this, then I...

Max(H+): We avoid.

Roger(H-): Then we avoid, right, because it's safer. Primarily, this affects mainly our sexual life. Otherwise there is no such a worry as for eat or other routines.

Hsun(H+) and W(H-) also have protective measures, avoiding further contact with body fluid, and accepting the existence of fear.

W(H-): Recently, I have thought about what if he doesn't use condom. So we tried to do it while he didn't use condom. I guessed he was also anxious, for sure. I guessed he was very anxious. We did the preparation of course. For example, we prepared a towel and placed it by our side to wipe it out immediately when he cummed. He didn't let me touch it at all. But I know he is still very anxious. I am not sure what the effect is. It is real. There has not been without it. There it always is.

Hsun(H+): He is talking about a recent event. I did feel inappropriate at that time. But when I think of that I am on treatment and that there is no virus. Perhaps it wouldn't matter. But afterwards, I still asked him "Is there any wound on your hands?" because he had contact with it. I was worried. That's it.

3.2.2. Fear And Sex

Sex and the fear of HIV transmission are usually not separable in serodiscordant relationships. These couples often say they are not able to withdraw the fear from sex, so they accept that the fear will not disappear, but can be dissolved and diminished.

Sheng(H-) and Zhai(H+) think the fear and the pleasure of sex coexist. The fear does not disappear, and what they can do is to face it, not to be preoccupied with it, and to keep their life and sex unaffected by the fear.

Zhai(H+): We did chat about the fear. I remember what I said at that time because I am still thinking this way. That is, the fear in serodiscordant couples, or the fear of AIDS, no matter whether you are [in] serodiscordant [relationships], that is the fear in face of it. You can't deal with it only when you face it. In my opinion, if I remember correctly, to deal with that fear is actually, you have to, uh, or I should say, when people are having relations, the fantasy doesn't cover the fear, but we do ignore it selectively.

Sheng(H-): To, to ignore it first.

Zhai(H+): I mean you can be aware of the risk, and the risk brings about the fear to some extent, but you can still do it. So I think it sounds like that you are still aware of the fear when you do it, but the fear doesn't expand. If it is 3%, it is 3%, so you have the other 97% that consists of pleasure. You can try to figure it out this way to some extent. Of course, it's not necessarily a concept of opposition. The words I used was that I created. It's "the pleasure in the fear" or "the fear in the pleasure." I mean they coexist. Then, all the time, you have to be aware of it, to think about it. Don't be afraid. Don't fear or deny the existence of the fear. Keep dealing with it, and keep being aware when it occurs, when it controls me, and when I can go on with it.

However, not every couple is comfortable with the fear in their sexual relations. Despite the fact that Mr. 9(H+) is already on treatment, he continues to fear to transmitting HIV to Mr.8(H-) and hence avoid sex.

Mr.9 (H+): That affected our sexual life, and ... we went to consultant, got some help. Afterwards, it's getting better, actually, it's better than it was. But...

Mr.8 (H-): Why you didn't talk about it?

Mr.9 (H+): I think I ignored myself. Hmm, I think I was not sure about myself. What is the reason why I don't want to have more sex with my partner and what's going on? I think I was big scared [of] myself to be with him.

Mr.8 (H-): But at the moment your HIV is going OK under control.

Mr.9 (H+): Yes, it's under control. So, there was actually no reason for that. But I think the effect was, it was not easy to affect my partner, but emotionally I was not that far.

Mr.8 (H-): Oh, you might say it still in the past.

In front of sex, serodiscordant couples may sense that they cannot escape the fear of HIV transmission. Some may try to undergo the fear while having sex, to live with it, and to overcome its effect on their sex. Other may choose to avoid intercourse.

3.2.3. Experience Accumulation And Fear Decreasing Gradually

Repeated negative test results of the noninfected partners can help the couples to overcome their fear of infection and to believe their styles of living together are safe and sound.

Take the experiences Hsun(H+) and W(H-) for examples, both of them became anxious about the result around one week prior to W(H-)’s scheduled anonymous testing. They are more comfortable after testing negative each time.

Hsun(H+): I cannot tell specifically how my feelings changed. It seems that we are getting used to it every time the result of anonymous testing is okay. Then I feel we don't have to worry too much. So it is only on the day, in the morning, and at the time of testing that we are worried. And if there is no problem, there is no problem. We don't worry for...

W(H-): A whole week. (W smiled while saying)

Hsun(H+): Right. You know there is no problem every time. Just like every time we test anonymously, I did not mention it, I feel in my life with “H [HIV],” the most important stage is the experience. Based on my personal experience, the stigma can be transformed, or the fear can be solved. Like behavioral therapy, you have to be exposed to get better. I think it’s experience. Each anonymous testing tells we are safe, there is no problem. Then I think every time I can believe it’s okay.

Roger(H-) knew that Max(H+) was infected with HIV after they had dated for 1.5 years.

Roger(H-) worried a lot in the beginning, but the fact that he remains noninfected over the past 1.5 years of living and sex decrease his fear.

Roger(H-): In fact, when he told me that he was carrier, I was sort of panic. I wonder if I were, I were also infected. ... I was very anxious for the first two days, not only for knowing this, but worrying about my physical condition. Then it turned out to be no, no problem. And I know, oh, there will not be any, there will be no transmission, with such a, uh, I mean, I mean, sex, sex relation for one and half a year.

In the face of fear, each negative HIV testing of the noninfected partners can increase the sense of security and decrease the fear of transmission in serodiscordant couples.

3.2.4. PLHIV Comforting Noninfected Partners

The risk of getting HIV is one of the challenge encountered by the noninfected partners in their serodiscordant relationships. They are often anxious and need to feel reassured. If their infected lovers can cope with this together, they can have better sense of security and feel less stressful than they do to alone.

Sheng(H-) feels the promise, “I will protect you well” said by his boyfriend Zhai (H+), is reassuring. This makes Sheng(H-) realize that he does not face the risk alone and feels more at ease emotionally.

Sheng(H-): We went out on motorcycle together once. I don't remember how we began to talk about AIDS, and he told me that “Don't worry, I will protect you well.” His word was meaningful to me. I mean, at far as I know, he meant to protect me from getting AIDS. What I figured out is that, for protecting me from getting AIDS, he is here to face it together, to deal with this problem together, so I was not facing it alone, I can feel more relaxed about this. Yeah, when it happens, he always try to comfort me.

Similarly, DW(H-) feels more secure when QQ(H+) said to “face it together.”

DW(H-): The point is in the relationship. That, tut, I feel secure that both of us can deal with it together. ... I wrote him to tell my feelings, and he mentioned in his mail that, “well, we can face it together.” and something like this. This makes me feel, yeah, actually, actually, on reading it, I feel I really mind how he sees this, so on seeing he is holding this attitude toward it, I feel more secure.

DW(H-) also mentioned one experience how he gradually adapted himself to postcoital fear after QQ(H+) consoled him several times.

DW(H-): I remember, after doing it raw once, I was preoccupied with that I am actually afraid and debated on whether to say. And then I told him I was very nervous, and I was really scared, something like that. Then he held me, and then I felt, hmm, for about two to three times, I felt that I could adapt to this state.

Based on Tsai's study (2008), noninfected partners usually need to be the one who console and care for the others in serodiscordant relationships. However, in this study, all the infected members participating in this study are well controlled in terms of HIV. QQ(H+) and Zhai (H+) have living with HIV for years before dating with their HIV-negative partners, DW(H-) and Sheng(H-) respectively, and they are somewhat familiar with HIV and are able to support, comfort and establish a sense of security to their partners. The comfort from the infected parts can be of great help to deal with the fear of transmission, said the noninfected partners.

3.2.5. Witnessing Lifestyle Of PLHIV Helps To Ease The Fear

Every single move can affect the dance of relationship. Similarly, how the infected members deal with HIV affect how the noninfected partners view HIV in their serodiscordant relationships.

In the relationships of Sheng(H-) and Zhai(H+), Zhai(H+) lives his life in a way that is similar to the average people. He does not care exercise any specific restraint but still keeps his immunity above the safety threshold. His lifestyle brings to Sheng(H-) a new perspective about the lives of PLHIV: infected persons may not have to change their way of living.

Zhai(H+): And I think there is another part. Uh, as he can see, I am a naughty infected person. At first, he always asked me "You have to go to bed early," or "You can't eat it."

Sheng(H-): Don't eat sashimi. Don't eat raw eggs.

Zhai(H+): Yes, but these are what I like to do very much. Then, I'm not sure. I think this somewhat affects the way he see the infected and their lifestyles.

Sheng(H-): Oh, yeah. At that time, his does not comply with what instructed by the case manager. But his index of infection...

Zhai(H+): Something like CD4.

Sheng(H-): I mean the viral load and his immunity were pretty good. This makes me feel that the life of the infected is unlike, unlike, I should say, similar to that of average people, you know. Even he does not follow the instructions of the case manager at all, his life is the same as others. He can still keep his body okay. So this makes me feel less fearful of infection, you know, for my own physical condition. ...Yes, I think the fear can be lessened. I think there is perhaps actually no feeling of being controlled. And the imagination of life of the infected persons can reestablish.

Roger(H-) and Max(H+) have similar experience. Max(H+)’s HIV is stable under control, so his life, as what Roger(H-) perceives, is the same as general people. This helps them to be minimally affected by HIV.

Yuan-Chin: What I find is that you take a very different view on it. Quite different. I mean you don't let it, let it greatly influence your life.

Roger(H-): Perhaps he has already lived with HIV in this way, so he decided to let me know. And we have been together for one year, more than one year, when I knew it. Living together for one year, I can see, in his life, there is no much shock.

Max(H+): Fright.

In serodiscordant relationships, how the infected see HIV can affect how their partners perceive HIV. If the infected can be stable, seeing HIV positively, or even easing the fear of the noninfected partners, all these can help the noninfected partners to live with HIV.

3.3 Experiencing Stigma And Discrimination Together In Relationships

HIV-Serodiscordant couples usually have to experience various kinds of discrimination.

The participants of this study developed their own wisdoms to face discrimination.

Romeo(H-) and Juliet(H+) are used to reconsider discrimination as small and real happiness in their life. They received “special arrangements” when they took a group tour. The guide arranged them to dine and sleep alone, separated from other group travelers. They understood that they are treated specially because of Juliet's HIV-positive status. This married couples chose to see these special treatments as their "small happiness" instead of discrimination.

Juliet(H+): We changed our mind to take it as a bonus. At first we were speechless because everyone else was arranged together at four-seat tables and every table was fully seated. So we ate face to face. But later, we changed our mind, aye.

Romeo (H+): It's not bad, at least.

Juliet(H+): we don't have to think much. At least we can enjoy eating my barbecue as much as possible. They still need to take turns to grill and eat.

Romeo (H+): Yeah, there are only two peoples in our accommodation. See, it's nice.

Juliet(H+): We can sleep in whichever room we like. (Smiling) I told him "Ah, don't think too much. I feel even more excited."

Romeo (H+): So we take it as a kind of small happiness. It's not bad.

Juliet(H+): We think we are lucky. The travel expense is the same anyway.

3.4 A Relationship In Closet and Should Avoid Seroconversion

HIV stigmatization does influence serodiscordant relationships, and couples can not disclose their serodiscordant status easily. When family and friends see HIV in a negative

way, both members of a couple are stressful. Besides, people have different expectations for each member of a serodiscordant couple. They expect the infected person to cherish the relationship and not to transmit the disease to another person. The noninfected member is expected not to break up or abandon the HIV-positive lover. People also think they should avoid seroconversion, otherwise both sides will be blamed.

3.4.1. Cannot Disclosing To Family Members And Friends

Family relationship, or collectivism, is important to Taiwanese population. The opinions of family members are often influential, and this can be the case before courtship and marriage. Therefore, how family members see HIV is a challenge to serodiscordant couples.

Both Romeo(H-) and Juliet(H+) conceal the status of Juliet(H+) from their family members because they don't want their parents to think Juliet(H+) as a casual woman and force them to divorce.

Juliet(H+): For my father or my mother, I am not willing to tell because of this.

Their thoughts are fixed. They think AIDS must be something like this.

Romeo(H-): The elder generation think AIDS means very casual.

Juliet(H+): Yes, they think it means very casual.

Pregnancy is another challenge for Juliet(H+). In Taiwan, pregnant women with HIV can be hospitalized in infectious disease department and are recommended for cesarean

section delivery. Their babies need to receive prophylactic treatment soon after birth. This is quite different from usual procedures received in obstetric and gynecologic department.

To keep the HIV status secret, this couples thought of many lies to explain the special situation that Juliet(H+) needed to deliver through c-section and be managed at infectious disease unit. They hoped their parents would not uncover the truth and force them to divorce.

Juliet(H+): Hmm, when I was pregnant, the pregnancy and delivery are challenges themselves. For we are family. My family and his family did not know my situation. Yeah, so when I was pregnant and prepared for delivery, there were many things to hide. I had to tell a pile of lies: I needed section for malpresentation, or the baby needed to receive a series of treatment and to take medicine for two months after going home. I need to lie our parents of both sides for all of these. I think we were quite bothered at that moment, we were nervous, because if we were caught. I worried if this was caught by his parents, I worried that they would not accept, the elder must not accept it, and whether they would force us to divorce.

Likewise, while D(H+) hopes to reveal his HIV status in public and do something for HIV/AIDS community on day, his boyfriend L(H-) fears, if this happens, that his family members would become furious or even have severe conflict with him. Therefore L(H-) tends to keep this from his family members.

L(H-): It doesn't mean I don't support what he wants to do. But I think it's the reality. We don't care, but many people around us may have much worry and other imagination. But, hmm, maybe I don't want to bother. I would choose not to touch this rather than to explain to my close friends and family members. Because it was I who face it directly. ... I did tell him, "if you really want to stand up for it," then it would make no difference to me. My mom would be crazy at the most. I can take it.

When couples inform HIV status of certain members in their relationships, they are frequently challenged by strong objection. Take the example of Sheng(H-) and Zhai(H+), when Sheng(H-) explained to his parents the status of Zhai(H+), his parents were against their dating. They thought Sheng(H-) did not cherish himself and had severe family conflicts. Sheng(H-) made a lot of effort to discuss with his parents for years, and they finally know more about HIV and regard Zhai(H+) as another son of theirs.

Sheng(H-): When I came out [the status of Zhai], my parents became outraged. I couldn't think of myself but deal with their anger. I mean, they questioned me how I would not cherish myself or how I would choose someone with HIV. They were totally ignorant of HIV, so I had to either persuade them or educate them what AIDS is. That was an emotionally charged communication.

Again, Mr. 8(H-) worried about the reaction of his parents, so he told his elder sister his relationship with an infected boyfriend, but did not tell his parents. His sister opposed initially and accepted eventually.

Mr. 8(H-): I don't talk about HIV to them. I don't want them [to be] crazy. But my sister, she has changed her attitude. She really accepts Mr. 9(H+). But I remember, in the beginning, when I told her, maybe because I am her brother, she loves me, so she doesn't want me to get hurt, she is very worried about me. So, then she said I am crazy. How could I get in a relationship with an HIV positive person? She said, as a sister of mine, she cannot accept. But one or two years later, she told me again, now she realized how big the love is between me and Mr. 9(H+).

Taiwanese are generally closer to their family of origin, so most people hopes to receive wishes and validation from family members, especially parents, when they fall in love. However, serodiscordant couples are likely to get disapproval instead of support if they disclose the status of their infected partners. Most serodiscordant couples would choose to conceal the truth from family members to avoid conflicts.

Discrimination within the employment context is another challenge encountered by serodiscordant couples. Many people still think promiscuity as the only cause of HIV infection. The colleagues of Romeo(H-) joke of and tease about HIV frequently, which makes Romeo(H-) embarrassed, but feels unable to stop this. What he can do is to elude this topic in avoidance of revealing the status of his wife Juliet(H+).

Romeo(H-): Sometimes when I am at work, with my colleagues, my friends, or whomsoever, sometimes everybody may make a joke like: "Ah, I got AIDS by accident." Whenever I hear this, I feel pricked inside.

Juliet(H+): Because everyone thinks it equals to casual sex, such as having sex with a prostitute or playing abroad, and then...

Romeo(H-): Yes, it is thought to be casual sexually.

Juliet(H+): It is thought as the result of casual sex.

Romeo(H-): I can feel the prick every time I hear the joke. It's like being pricked or stung in my heart. Then I feel like to stop the topic. It's also sad to talk more deeply about this. There is also a sort of experience in which I don't want to reveal too much of something.

The non-infected members of serodiscordant couples seem not able to be free from discrimination. Both partners have to face and bear the burden of discrimination.

3.4.2. Have To Keep Discordant Status

On the ground of stigma, serodiscordant couples are expected to keep their “discordance” of HIV status. Seroconversion can be further condemned. It implies that the infected persons have the duty to prevent disease transmission, and the noninfected partners have to keep themselves unaffected.

Sheng(H-) and Zhai(H+) often share their experiences of being serodiscordant couple in public, which endorses them as *the spokesmen of serodiscordant couples*, a title they don't like though. People may express imperceptibly their expectations that they have to keep their relationship serodiscordant, that is a wish that Sheng(H-) can never be infected.

Sheng(H-): When I reveal myself as a partner of a serodiscordant couple, everyone expects I should keep healthy for my life while living with a person with AIDS. They expect you to be such a role model or a paradigm for your life. And some may think you are never allowed to be infected as a spokesman of serodiscordant couples. You are a spokesman, so you have to show your perfect condition to the public.

If Sheng(H-) happens to get HIV someday, he will be criticized not having *cherished* himself, and his partner Zhai(H+) will be questioned about not having *protected* Sheng(H+) from HIV infection.

Sheng(H-): The first to be questioned is that you said there is no problem when you gave the speech, but you are troubled now. The second that may be asked by someone is how come Zhai(H+) did not protect you well or you did not cherish yourself.

Interestingly, the society has different expectations for each member of a serodiscordant couple. People living with HIV are expected to treasure the opportunity to be loved, as mentioned in the previous part of this section. This implies that the infected should cherish well because that they are inferior to others and that someone are willing to condescend to date with them.

The expectation for the noninfected partners is not to give up the relationship with an infected person easily. Moreover, they are requested to *hang in there*, which means implicitly that it is a hard relationship and they have to persevere. These expectations reveal the social value that it is not acceptable to abandon PHIV.

Sheng(H-): One thing happened to me recently. Not long ago, he took the medicine for AIDS and became depressed for some period. During that time, both of us feel sad, our life was really bad. I found another expectation that “you can’t abandon Zhai(H+)” (laughing). I mean a sort of expectation that even you feel sad for now, you still have to make your best effort to persevere, because you are among the minority of serodiscordant couples to tell, or you are a...

Zhai(H+): Everyone says “Hang in there!” actually.

Sheng(H-): Yeah yeah yeah.

Zhai(H+): To say “Hang in there!” is actually a very strange...

Sheng(H-): How come you say the fucking hang in there? I’m very uncomfortable to hear this. Beside the expectation for the completeness of my health, it is also expected that I can’t abandon Zhai(H+). I think...

Zhai(H+): Oh, they ask me to treasure.

Sheng(H-): Yes, they ask you to treasure and say “Come on!” to me. That means I can’t give up.

Zhai(H+): In their opinions, to treasure means you are infected and you go so far as finding someone who is not infected to love you, so you have to treasure.

Sheng(H-): To treasure.

Zhai(H+): To him, it is that you have to persevere, that is, though you are living with an infected people, this is meaningful, so you have to persevere. In fact, these are two different kind of encouragement.

Yuan-Chin: So for what you mean by saying “to treasure,” I can actually feel, would that be the compassion for or discrimination against this kind of identity from the great public?

Zhai(H+): It’s discrimination!

Sheng(H-): It’s discrimination.

Zhai(H+): A diamond-class discrimination.

Whether the infected or their noninfected partners are expected, these expectations stem from HIV stigma. It is thought that the infected are inferior and unhealthy so they have to cherish the opportunity of being loved. And the noninfected partners are thought to humor to have relationship with the infected persons and thus expected to “hang in there” and not to give up their relationships

3.5 Opening Conversation Space For HIV

Persson (2008) classified serodiscordant couples as “sero-sharing” or “sero-silent” type according to the way they deal with HIV. While sero-silent couples tend to regard HIV as a personal problem and seldom discuss it, sero-sharing couples are inclined to take HIV as a shared problem and discuss HIV-related issues.

Two infected participants of this study reveal their stress when they tried to bear the stress of HIV alone. They were reluctant to discuss with their noninfected partners and this reluctance induced more conflicts. Therefore, they began to risk doing it. In general, all the

participants in this study has talked about HIV with their partners. They found such discussion helped to release their tension and emotion, to understand each other, and to accept the difference between them.

3.5.1 Is It Better Not To Discuss?

Many people living with HIV choose to bear the stress and other negative feelings and not to discuss HIV-related issues because they fear that such discussion may cause rejection or conflict in their relationship.

QQ(H+) wanted to deal with the stress of facing HIV infection and avoid any discussion in the beginning because he did not want this to make DW(H-) stressful. Neither did QQ(H+) want DW(H-) to see him taking medicine. However, these eluding behaviors impeded his interaction with DW(H-) who did not know how to deal with HIV either.

DW(H-): In fact, I was very stressful because I didn't know whether I can say the word AIDS or H. I didn't know whether I can utter the sound because didn't want to let me see he is taking medicine. So, I wonder, should I pretend to be ignorant of this in our relationship? But actually, I knew it, you know. I wonder, should I hide away when he takes medicine? I felt really stressful, so we didn't talk about it, we have not talked about it for long.

QQ(H+): It takes time to be familiar with this, I mean to deal with our relationship and to deal with AIDS, are something together. Yes, and then, he brings up the issue, so I can gradually take medicine in his presence. But I didn't intend to avoid, hmm.

DW(H-): Didn't you?

QQ(H+): At first, I think it is in our relationship, hmm, given that I am a carrier, then let be bear the burden of facing AIDS. I kept this thought at first. And

later I realized that this thought became another stress on our relationship. So I changed gradually.

Mr. 9(H+) had refused to discuss with Mr. 8(H-) the effect of HIV on their relationship, which in turn affected their sexual satisfaction and resulted in other relational issues. They sought professional assistance to recreate the space for HIV discussion and eventually improved their relationship.

Mr.8(H-): If you disagree with me, you can just explain. Under my observation, he tried not to talk about it. And I know that. And I opened up several times, and I remember once we had a small quarrel, an argument about HIV again, and you said " Mr. 8, why did you open the box of mine, which we have been placed in a special shelf, a special room at the top. Do you remember that?

Mr. 9(H+): Yeah.

Mr. 8(H-): You have closed and placed that box. How dare I open it again? I said if the box is there, that means the thing is not released. We still have the issues. That's why I opened it. I didn't confront him with this issue, because I think, physically he becomes healthier. We have this for three or four years. Hmm, it is more like, I know his attitude is not to open the dialogue again, even though we still have the fear. The fear actually affects our sex life quality. Hmm, but, I respect him, because he doesn't want to talk about it, even though I want to. So, this situation lasted about three or four years, until our seven-year crisis. It's combined with other issues. Right? That's the moment you start to face that emotions, and we both went to the consultant, counselor, for counseling.

3.5.2 Let's Talk About HIV

It is not easy to initiate the discussion about HIV for serodiscordant couples. Couples in this study affirm that such discussion can ease the fear and increase their trust in each other.

When Zhai(H+) is aware of the fear of Sheng(H-), he takes the initiative to discuss HIV with Sheng(H-). Zhai(H+) knows he is competent to talk about HIV related issues with Sheng(H-) because he is experienced in it.

Zhai(H+): I feel what I need to do is to let him know my thoughts and feelings, to look at his thoughts and feelings, then to give him an opportunity to talk about what and to what extent he wants to talk, and to the extent I feel ok and I can give him the answers. ... because, to me, to me, at that time, I am really capable of dealing with it, and because I have abundant resources as an infected person who have to give lectures. Because I have lectures before and I mean, many lectures, and therefore, I have to gather many information.

With such an opportunity to open the conversation, Sheng(H-) does not need to risk exposing his identity to seek help. His partner is available to have conversation with him and to discuss any doubts and fears which can be solved after each conversation.

Sheng(H-): After sex, I find that he does feed back into my fears and worries. At the moment, I feel, perhaps, there is some opportunities to talk with this infected person, you know. I mean, after all, I don't need to bear the risk of being exposed as a partner of a person with HIV. He is the one, because he is my partner. To me, it's straightforward to get him, and it is the fastest way to solve the problem.

Zhai(H+): We naturally...

Sheng(H-): It is in our interactions that I find "Ah, it seems I am able to," step by step, to, to talk about its and to tell the feeling from the heart. ... And once after another, with interactions, to solve the fears and worries in our relationship.

DW(H-) feels more comfortable and more confident in his partner QQ(H+) when he is allowed to discuss HIV with him and to know each other's thoughts. He also knows QQ(H+) is able to take good care of himself in order to protect DW(H-) against transmission.

DW(H-): I think, I believe him, he will think about my position. So, therefore, though I think these are two different things. I mean, we are more transparent or more comfortable to each other in many ways, this also makes me feel less worried when I am in the face of "H." Because I know that he knows how to take care of himself. If he can take good care of himself, I can feel safe, too. So I don't worry about him or about whether I will get infected.

It's challenging, for sure, to start such a difficult conversation about HIV. When the couples try to discuss HIV, there are positive effects most of the time. They can have stronger trust in their relationships and decreasing anxiety about HIV transmission.

3.5.3 Transforming In Dialogue

What would happen when serodiscordant couples create a space for discussion about HIV? The study participants feel close to each other and have an opportunity to relieve their stress and emotions. In addition, they can understand the viewpoints of the opposite and accept the differences between each other.

(A) To Feel Closeness And Relief

When serodiscordant couples begin to discuss HIV, the greatest help would be relief, expression and sharing of emotions.

QQ(H+) did not want to mention HIV to facilitate two-person relationship, yet found his boyfriend DW(H-) bore unspoken stress and their relationship was challenged. Owing to the recruitment notice of this study, they tried to create a space for conversation which allowed their tension to be released.

QQ(H+): We were, probably because of AIDS, we were separated, so our relationship underwent this for long because we didn't talk about AIDS. I thought we could be closer this way, but it didn't work. Hmm, I'd rather talk about it, because I know he is stressful for no-one to tell, and I am also stressful for I hope we can be closer. However, I wanted to get closer to him by excluding the discussion about AIDS. When K sent me the information [about this study], we have more opportunity to discuss it and the stress between us. Then the stress can be released slowly.

Sheng(H-) found himself more relaxed when he is able to discuss HIV with Zhai(H+) and Zhai(H-) can understand him better. This encouraged Sheng(H-) to talk and share with Zhai(H+), and he does not have to avoid for fear.

Sheng(H-): I only feel more relaxed as it works this way in our relationship. This change, to me, eases the burden of relationship, because I am no longer afraid of talking about those things or events, because at first he would give up if it doesn't work. And later he could understand, and I am assured to talk.

Roger(H-)'s expected for no concealment or secrets, even for the issue of HIV, when he committed to his relationship with Max(H+). He feels disconnected and more distant from his partner if he cannot discuss HIV.

Roger(H-): If I am indifferent and avoidant after knowing "H," I feel it's rather an intangible separation. Then I'd like to make everything open and clear, I mean something trivial or innermost, I'd lay my cards on the table. Now that a decision is made to date with each other, it is necessary to be frank and sincere. He doesn't want me to hide or deceive either. So we should be able to talk about this. It's better to talk than not to talk.

(B) To Understand Each Other More

Talking is a way to better understand others. Through the process of communication, couples can better understand their opinion about HIV and the depth to which they can reach. Being sure about what their partners think makes them feel more comfortable in relationships.

Zhai(H+) stated that he understands the feelings of Sheng(H-), including his fear of HIV, gradually through communication.

Zhai(H+): I thought we could communicate, learn the process of communication and understanding in this relationship. Huh, those noninfected, those who don't understand, and those who are still learning, their hearts may change, or their thoughts at a specific moment. So now I can understand why there is such a thought, you know.

Mr. 8(H-) and Mr. 9(H+) make themselves clear and clearly understand the feelings of each other every time they discuss HIV, so their emotional stress does not accumulate.

Mr. 9(H+): I think every time we talk about it, it's giving help because you make it clear or at least you repeat things how we handle it. Maybe in our situation is less than other situation for couple who do talk about this.

(C) To Accept Difference

It is essential to learn to accept the difference between each other in couple relationships. In serodiscordant relationship, both partners not only need to accept the differences of habits, thoughts, and personalities, but also need to learn the difference between being an infected person and being a noninfected one. People with and without HIV are encountered with different challenge from HIV related issues.

Mr. 9(H+) shared that basic distinctions, between infected and noninfected partners, include how they think about and deal with HIV. They can try to understand, but they may not totally understand. Therefore, for Mr. 8(H-) and Mr. 9(H+), they have to accept their difference and the fact that may not be able to understand each other fully.

Mr. 9(H+): Accept each other, hmm, accept each others' opinion, and how he thinks about it. Because even you are partners, it's always different how we think about HIV, and how we handle it. It's quiet logic because he is the person who has a partner with HIV. I am the partner with HIV. We have different opinions. But the basic one is also different because I am the person who have HIV, and you have a partner with HIV. So, I find out a person who tries to understand someone with HIV can understand a lot, but not always can he understand 100% the person who has.

Mr. 8(H-): Yes, because the meaning is different.

Mr. 9(H+): The feeling is different. Also the way he handles it.

DW(H-) and QQ(H+) ever tried to put themselves into each other's shoes and think about HIV. With repetitive discussions, they can thus see things from each other's point of view. There is no more need to ask others to follow certain rules.

DW(H-): I can accept there is difference between us. ... I think it's good to accept the fact that we are different.

QQ(H+): In fact, I am thinking about this, at the same time, I imagine how stressful it is for him to face, or to accept the possibility of becoming an HIV-infected person. How much he devotes himself into this is something like, hmm, to risk his safety, as I imagine, and I feel, huh, as if I were about to give up on so many things, and then to accept the possibility of getting HIV. I might have to lose my self-esteem, myself, my health, my dreams.

DW(H-): That serious? I lost nothing at all, I got you though.

To start a conversation about HIV is not easy, yet a good chance for serodiscordant couples to change, understand, and accept each other's feelings and thoughts and get along with each other more comfortably.

3.6 A Positive Attitude Towards HIV

Serodiscordant couples can develop their own ways of thinking and attitudes towards HIV. Those interviewed participants hold a positive attitude and a relentless determination to face HIV. They may also entertain a special philosophy that "HIV infection is easier to be controlled than many other diseases" and thus feel more at ease.

3.6.1 Comparing HIV With Other Diseases

“Fall short of the best but be better than the worst.” This Chinese proverb teaches to be content with one’s lot. We may be worse off than some, yet better off than many. It is recommended to be satisfied with the status quo and not to always compare with the better. This philosophy affects many couples enrolled in this study.

Juliet(H+) is physically as much in form as average people. Her husband Romeo(H-) thinks it is better than stroke which needs special care and assistance. This way of thinking makes him feel more relaxed.

Romeo(H-): It is lucky that my wife has this only, she lives normally. She can control, she can walk, walk a long distance with me. Imagine if she had stroke today, suddenly, she might, like what the news reports, my wife could no longer work. I think, to compare with the worse can make me feel better. So I feel this way. Don’t compare with the better, compare with the worse. To compare with the better only makes me suffer. We compare with the worse and find some real happiness, and climb up step by step.

L(H-) recovered from osteosarcoma, a malignant tumor of bone, which cannot be treated effectively with medication. In contrast to this, HIV can be controlled by medicine and its progression can be effectively delayed or prevented. Therefore, he and his boyfriend D(H+) think HIV is relatively controllable.

L(H-): H is somewhat easier to be controlled, for there is no internally controllable mechanism [for osteosarcoma]. I mean it cannot be cured with medicine only.
D(H+): In other words, H won't metastasize, it can progress only. Cancer is different, cancer can metastasize, and if cancer spreads through humoral pathway, the problem could be lymphoma or lung cancer. His lung is not in good condition, I'd worry more about this. In general, if you follow the

instruction to take medicine, it won't progress. If you eat well and sleep well, there should be no problem (Note: D has a background of traditional Chinese medicine, and therefore his conceptualization, explanation and wording about diseases are different from that of western medicine.)

Hsun(H+) and W(H-) believe that being infected with HIV is easier than being affected by other debilitating or incurable diseases since Hsun(H+) has to take antiretroviral drugs before he sleeps only.

Hsun(H+): I remember he said that there are many ill people around us, affected by different diseases. Who on earth is never sick, with different disease? There are many diseases that are killing, such as...

W(H-): Ankylosing spondylitis.

Hsun(H+): And hepatitis, these are not curable. After seeing these people many times, I feel better now. I am happy, I only take medicine every night. (smile)

3.6.2 Do Not Give Up

Many patients with different diseases demonstrate their resilience because they do not give up easily. The interviewed couples are no exception. They do not give up on life, treatment and relationship.

D(H+) tends to persist and struggle to find many ways to deal with any challenge in life. In the face of HIV, he is active in treatment and does not avoid, lose his hope, or give up.

D(H+): I think, yes, hmm, I mean, even it's not H[HIV]. Some people with certain personalities, huh, when something happens, such as major illnesses, tends to feel more hopeless or desperate. This is what I can't understand. I mean, if someone, himself, gives up, then, this is what I can't understand. There is nothing to do with H. It's, I mean, some will actively participate in chemotherapy if he gets cancer. Some may give up completely.

Roger(H-) and Max(H+) have a strong binding to each other in their relationship. When they are frustrated, they do not give up on each other. As for HIV, they will not cease their relationship easily under the pressure of HIV.

Roger(H-): we don't give up on each other easily only because the other has, you know, something or some event.

Mr. 8(H-) and Mr. 9(H+) believe the most important thing is hanging on there to face the impact carried by HIV. Mr. 9(H+)’s perseverance helps to maintain their relationship to date.

Mr. 8(H-): Well, I think you did one thing very important, hanging [on] here. As you said, you know, you never give up. I think, in our relationships, we can survive, I think, half of the reason is him, because he is hanging [on] there.

Mr. 9(H+): I think it belongs to my personality. I am actually a person who am very hard to give up. ... I think it's more related to [my] personality than [the] situation. You know, all the issues with HIV ... hmm ... I think just in the beginning of our relationships, we were both affected by HIV. If I were the person who was really easy to give up, I think we would not have been together now. Because Mr. 8(H-) is not really a strong person. He is more easy to give up and I have to drag you to that.

3.6.3 Being Optimistic

Optimism is another attitude that may be fostered by serodiscordant couples in face of HIV. When Juliet(H+) gave birth to her daughter, she and her husband expended much more than average family on the following medical cares which included and was not limited to cesarean section delivery and formula milk to reduce the risk of mother-child transmission.

Thanks to Juliet(H+)'s seropositive status, many were subsidized to ease their financial need.

Romeo(H-) and Juliet(H+) takes these sponsorships as good lucks.

Juliet(H+): Sometimes [we] change our mind. For example, we know I had to undergo c-section for delivery, then we thought it must be really expensive, and the doctor said we were eligible to be covered by medical insurance, so we got relieved. Oh, at least we can afford with the insurance, you know. And later, we were told that the baby can't be breastfed, she had to drink formula, and fortunately, the district public health center informed us that each blood work can be sponsored with 3,000 New Taiwan dollars (about 100 US dollars or euros as of 2017) for three times. Then both of us feel, oh, that's not bad.

Romeo(H-): Yeah, we felt not bad instead. ... I think there are many things that cannot be changed, you'd better not to think about that. You can try to find some small yet real happiness in this cruel reality. Many things can be small yet real happiness. Then you can feel "yeah, that's not bad though!" Don't think "oh, no!"

Section 4 Creating New Meaning

Many things in our life can have different meanings depending on different interpretations. So can an illness. I often hear those recovered saying that their see their life differently because of the illness. Therefore, I am curious to know how serodiscordant couples see HIV in their relationships and what the meanings of HIV are. This section is intended to explore respective effects of HIV infection on the infected and the noninfected and to uncover its meanings between the couples.

4.1 New Meaning Of HIV For PLHIV

The existence of HIV affects the infected's lives and their opinions about romantic relationships. They may consider HIV as a strength to deconstruct its negative meanings.

4.1.1 Changes Of Philosophy Of Life

Several PLHIV in this research shared how HIV infection enlightened them, particularly in terms of their philosophy of life. They regained a new strength from living with HIV, leaned “to think positively and to rethink oppositely” about adversity, and began to get closer to repair their relationships with parents.

(A) The Strength Brought With HIV

Soon after QQ(H+) tested positive for HIV, he has been depressed for long. During that phase, he avoided many interpersonal relationships. Years after, he came into contact with HIV related helping profession and regained his bravery to deal with the past and to devote himself to the welfare of HIV community. HIV infection help QQ(H+) to learn helping others, to refocus on his nature and to regain his life force.

QQ(H+): I think, rather, the strength “H [HIV]” elicited from me would be, that I am willing to see the nature of myself, I mean I am naturally, hmm, by nature, I have so many talents and resources on myself, but I forgot them. And in fact, I am fond of painting. I always want to pick up my pens again. I majored in fine art. I have been too demoralized to pick up my pens again due to this. But

after I shared this with him (his noninfected boyfriend DW), the desire to restart to paint flamed in me again and again. This makes me feel that it is my nature. I want to start again. I am also thankful to “H [HIV]” for the growth I had in this helping work which drives me to integrate my special skills into my work for HIV-affected communities.

(B) To Think Reversely And Positively

Before getting HIV, Max(H+) had no idea what the direction of his life was. The infection drove him to brace himself to find out his talent and interest. Now he regards HIV as a drive.

Max(H+): For years, it is simply, hmm, to think reversely and to think positively.

Yuan-Chin: What do you mean? I don't understand.

Max(H+): To think reversely is, er, sometimes we think it's a pity to get H, but if we reverse it, we should be able to see from another side. To think and understand this in a positive way. From my life experience, I feel this is to think reversely and think positively. After diagnosed with H, I came back. I feel, hmm, were it not for HIV, I could not have focused on my study or work.

(C) A Wish To Be Closer With Parents

Many patients of various diseases learn to treasure the time being with their parents. The interviewed participants disclosed their wish of getting closer with parents to repair their relationships.

Hsun(H+) has been distant from his parents in the past. He became aware of the limitedness of life by virtue of HIV. He decides to get closer to his parents, yet he does not know where to begin.

Hsun(H+): It's partly because of H that I came closer to my parents. What I felt clearly was that, when I went home the first time after diagnosis, I was really afraid that they might find. I knew this was irrational. Apart from being worried, I wanted to do something to get closer to them, because I thought I was about to die. It would be a shame if I didn't do anything. They love me, and I love them, too. I was distant from them, so I wanted to do something. But I was hesitant due to the illness. Though I didn't know how to get closer, I know I want to get closer.

QQ(H+) used to avoid any relationship with others for the sake of HIV infection. Two years ago, he began to ponder upon how to repair his relationship with his parents. He thinks this is another effect that can be accounted for by HIV.

QQ(H+): In the beginning, I felt H carried me away from my life, an avoidant state. Being away prevented me from cherishing my original self, my own self, such as my talents, my interpersonal relationships, my interaction with teachers, or my family of origin. I began to escape, to escape from my relationship with my parents. Hmm, during the past few years, I kept looking for a path to get back to the start. It was, hmm, for the past few years, er, I mean, for the past two years, I kept looking for a way to restore my relationship with my parents. He (DW) also kept together with me along the process.

4.1.2 Inspiration About Couple Relationships Of PLHIV

HIV can affect the philosophy of love of people living with HIV and how they think of couple relationship. According to the infected participants, PLHIV should not feel inferior to others and choose to harbor resentment. Some of them believe the HIV sero-positive status pushes them to enrich their life, to catch up and keep abreast with their partner, to empathize others, and to persevere.

(A) Do Not Lower Oneself

Among the infected community in Taiwan, people believe it is difficult, if not impossible to find a desired partner. They are also convinced that only tolerance can help to maintain their relationships. In Zhai(H+)'s opinion, it's difficult to reassure his noninfected partner. Only when the infected refuse to demean themselves can they maintain their selves and self-esteem. With such an unbending attitude, they can further support their partners and respond to their fear and uncertainty.

Zhai(H+): In my opinion, it is understandable that you can't expect everyone to understand AIDS, or in this unfriendly atmosphere that everyone is a saint. Then to change it must be a process. So it's understandable. To me, I mean, someone may think this way, and this does not mean I need to accept it. I mean, I don't lower myself, in face of how we see ourselves, how others see us, or how they may praise or criticize us, you know. So I am capable to respond to and support this relationship, and I am more capable to do more for this relationship.

(B) Catching Up With The Partner

Max(H+) thought frequently that Roger(H-) deserved someone else better before he disclosed his HIV-positive status. Roger(H-) did not break up with him and promised to go on with Max(H+) after knowing the secret. This urges Max(H+) to become a better man, a better match for Roger(H-).

Max(H+): When I said it, I think there is no need to keep anything a secret. It was the innermost, the most secret, the deepest thing. Sometimes I think he is so outstanding because he studied at a prestigious school and performed at top

of his class. I thought, at that time, sometimes, in the beginning, before I told him, he deserved someone better. When I told him, he didn't leave me, and I felt we could go on and on. After this, I'd rather catch up with him. That is, I concentrate more on my studies.

(C) Learning To Care For The Partner

People in relationship often neglect the physical conditions of the others when they are healthy. When an illness happens to any member of them, they are more likely to be aware of their health and think about the meanings of illness to their relationships.

D(H+) learned to empathize and care for others from his own living with HIV. He seldom paid attention to the health of his partner L(H-) before. Recently, he began to care his well-being and feels this caring attitude help to complete their life.

D(H+): It gave me an opportunity to empathize in my romantic relationship. Take him for example, we pay more attention to each other's physical condition. In the past, I was not concerned about this. However, I found our life much more complete with this care. ... I tend to take care of him more. That is something I ignored before, and I didn't think that much.

(D) To Face The Challenges

Mr. 9(H+) also learned from HIV to face the challenges and not to give up easily. He tried to be more open with his boyfriend Mr. 8(H-). He believes the difficulty can be overcome if he does not give way to this challenging easily.

Mr. 9(H+): I say first, it's a lesson, and second, it's a memory. Because the lesson is more important. ... Well, the main thing we talk about the lesson is, hmm ... if it's a big issue in your relationship, hmm... talk about it and you don't have to

dig a hole. Just be open to each other, and you can go through it. It is a difficult period, but don't give up too easily.

Mr. 8(H-): So, are you just telling her that the lesson you learned from HIV issue is to hang in on there, not to give up?

Mr. 9(H+): Yeah.

4.2 New Meaning of HIV For Noninfected Partners

The noninfected partners in serodiscordant relationships have to by definition live with HIV. How do they think HIV affects them? Under its influence, those enrolled participants started to reflect upon gay identification, decided not to give up on life and relationship, discovered their ability to face uncertainty and fear, and learned to empathize with their parents.

4.2.1 Reflection Of Gay Identification

Many gay men fear to have their identity known by others. However, two noninfected participants who sustained the challenges due to HIV began to rethink their gay identity.

W(H-) has been worried that his homosexual identity be known to others. After dating with Hsun(H+), he feels that he was so close to the fear, and thus there is nothing to be afraid of. This transformation enables him to turn his attention to the way he treats his living as a gay man.

W(H-): I felt, at that time, I lived with a person with HIV, what else should I worry about? As a gay man, I have always suffered from the fear of being know, the fear of getting HIV. I feel, it's sure that I chose to live with him, then it is no

longer a question of love, but to focus on myself again, a question about how I treat myself and my life as a gay.

Mr. 8(H-) did not come out to his parents prior to his love relationship with Mr. 9(H+).

The threat of HIV urged him to think about unfinished things should his life end earlier one day. As a result, he decided to reveal his homosexual orientation to his parents. He thinks it is HIV that gave him the courage to be himself.

Mr. 8(H-): I asked myself, if one day I will die from HIV very soon, what am I going to do? And I would like to do make myself happy and content without any regret before I die. And I realized that "oh, let's come out to other people to show my real identity, and my true identity and true dignity." That's I am gay. After Mr. 9(H+), after we know you have HIV, I think. My first time to come out to my parents. I said, "Now, I have a boyfriend, and his name is Mr. 9(H+), and I am gay, and stop putting me in a blind date with a girl." ... Why I was able to come out to my parents is really HIV. If I am not defeated by this issue, why should I be afraid of stepping out for my own dignity. I think there is nothing that really can stop anything. So, I think HIV brought courage to and transformed me deeply.

4.2.2 Do Not Give Up On Life

Romeo(H-) witnessed the resilient life force of Juliet(H+) in face of her HIV infection and learned not to give up on life easily. How Juliet(H+) tackled and went through so tremendous a challenge makes Romeo(H-) feels that there is nothing on earth that cannot be solved or get through.

Romeo(H-): Sometimes I try to ask myself, if one day I am diagnosed to have perhaps hypertension, perhaps diabetes, I will probably need to take medicine for the rest of my life, and I must feel very sad, I must suffer very much, because it's

something that will follow you all your life. But I think, eh, my wife can go through it, what else can't I go through?

Romeo(H-)'s decision to marry Juliet(H+) helped him further to understand that no one is perfect and that he has to assume the responsibility and bear the risk with this decision. He does not allow himself to give up on marriage or abandon his wife solely because of a little bit of frustration.

Romeo(H-): I would like to tell my daughter in the future that no one is perfect. But if you want to accept the other person, or if you want someone to enter your life, you have to be prepared to take the risk and responsibility. You can't choose to give up only because there is some problems, I mean, any problem.

4.2.3 Finding The Ability To Face The Fear And Uncertainty

To deal with HIV is a journey full of uncertainty and fear to many people. In the beginning, they are unfamiliar with and afraid of it. They can feel reassured gradually and to live with HIV with uncertainty.

L(H-) uncovered his ability to deal with the fear of uncertainty because of HIV. His fear dissolves along with his understanding about HIV.

L(H-): If you ask me what I have learned the most, I think I learned that I have the strength to face the fear of uncertainty. ... The fear of uncertainty, it can disappear through understanding, real contact, and living together. I think this is a good experience. That is, it let me know that I am capable of achieving this, I am able to face this problem, this fear.

W(H-) feels his relationships with Hsun(H+) was a choice that brought him very close to the fear of HIV. This breakthrough experience increased his willingness to try many thing he dared not to do before. He thinks there is nothing to be afraid of.

W(H-): In my opinion, that was actually a breakthrough, about this breakthrough in my personal life, perhaps I didn't think that I would be so close to AIDS. It was I who chose to get so close to AIDS, so it was a breakthrough to me. There were many things that I dared not or had no willingness to do before. But now, after living with him, I think for many things there is nothing to fear.

4.2.4 Learning To Be Thoughtful To Parents

Sheng(H-) tried to understand and learned to be thoughtful to his parents owing to HIV. His parents have refused vigorously to support his wish of having relationship with Zhai(H+). During previous discussions with his parents, Sheng(H-) had complicated feelings, which led him to realize his parents' positions on HIV-related issues and allowed his boyfriend Zhai(H+) to recognize his anxiety and fear. These in turn prompted Sheng (H+) to learn to think from others' points of view and to look for practical ways for communication.

Sheng(H-): What I learned the most from this process is to understand my parents and to take their thoughts into consideration. Then I saw Zhai(H+) showing consideration for my feelings, especially that for my anxiety, my anxiety for being a "closeted" person in serodiscordant relationship, and my anxiety in the face of how others react to this. From this experience, I am able to understand how, under certain circumstances, with certain background, everyone's characteristic, ability, and knowledge can be shaped, for which he or she may react in a specific way. Therefore I can find a different way to communicate with them.

4.3 New Meanings Of HIV For Serodiscordant Relationships

Are there only negative influences when HIV in couple relationship? I raised the questions about the meanings of HIV in relationships, if there is any meaning. According to the interviewed couples, they decided to begin their relationships because of HIV. It seems that HIV brought certain couples together. In the face of HIV, they take their relationships more seriously, treat their relationships more carefully, and create greater space for dialogues, which tighten their relationships further. They also realize that health outweighs fortune and fame.

4.3.1 HIV Brings Us Together

According to Hsun(H+) and W(H-), they would not have met and committed to each other if Hsun(H+) were not infected with HIV. W(H-) holds this belief in the hope of helping Hsun(H+) to think HIV as a blessing in disguise.

Hsun(H+): HIV brought him to me and brought me to him, this is so impressive.

W(H-): I continue to, of course this is my personal view, I continue to tell him that I think it's the illness that brought us together. Or I can say this way, him, I was attracted to him, if he were not sick, I think we would not have got together so fast, or even, not have got together at all. In the beginning, I didn't feel we must be together, like what he said. I have tried to let him know, because I think, I hope that he has hope, I also hope that he understands this is not completely wrong.

QQ(H+) and DW(H-) think it was HIV that brought them together. Whenever quarrels occur, HIV holds them together. HIV reminds QQ(H+) of his need for DW(H-) as a companion, and it reminds DW(H-) to think about the position of QQ(H+). They keep thoughtful to each other during their argument as if HIV holds them tightly.

QQ(H+): If we have quarrels or feel distant from each other, it continues to hold our hands. For I still need to take medicine, I still need to see doctor, I am still fearful, and I need him to stay with me.

DW(H-): I think its existence serves as a reminder, I think, if we argue or talk about annoying topics, it will remind me. That is, when we have arguments, I also feel unfairly treated, but if this come into my mind, I would try to feel his suffering.

4.3.2 Treasuring Each Other

Some couples who underwent various difficulties secondary to HIV infection think HIV propels them to treat their relationships more seriously. In the case of DW(H-) and QQ(H+), HIV did give rise to many impacts and disputes which they now consider as the efforts they paid to maintain their relationship. They realize that relationship management is not an easy task, and therefore want to cherish their love for each other. With an opened space for dialogue about HIV-related issues, QQ(H+) and DW(H-) feel more comfortable in their life together and less distant, a state that may result from unspoken and forbidden topics. They also realize how hard they work to maintain and cherish this relationship.

QQ(H+): Hmm, I think the reason our relationship has been so difficult is to help us learn to see, to understand, and to cherish the meaning.

DW(H-): Hmm, I think, actually I can feel apparently the change in our relationship, or that of the atmosphere in which we get along with each other. ... We created an opportunity, to discuss something we felt difficult to talk about. ... Without those things that we can't talk about, we can feel more comfortable with each other.

Roger(H-) thinks HIV does not have much impact on his relationship with Max(H+).

Instead, it helps them to commit to their relationship more deeply, to take their love more seriously, and to treasure each other. HIV seems to be an addition to their relationship.

Roger(H-): I think it's interesting that it doesn't have negative influence on our relationships. It does more good than harm. The good thing is that it does benefits for us to keep a steady relationship. For I can break up with him or leave him if there is a negative result, you know. Then the positive aspect is, okay, I assume you to be the one I want to go on with, so I will take this more seriously and hold this more tightly. So, hmm, so it is not a bad thing in my interpretation.

4.3.3 Creating A Broader Space For Dialogue

It is not easy for serodiscordant couples to start a conversation about HIV. Some of the participants found many other issues easier than they were before when they are able to discuss such a challenging topic.

Zhai(H+): I think part of the influence is good, I think it opened up...

Sheng(H-): The possibility in our conversation.

Zhai(H+): Yes, the space for conversation, it becomes, becomes broader.

*Sheng(H-): Since we can talk about AIDS, there is nothing we can't talk about.
(smile)*

4.3.4 Making Relationship Stronger

There are many challenge when there is HIV in relationships for sure. Certain couples may think to face challenges can make their relationships stronger.

Mr. 8(H-) and Mr. 9(H+) think their mutual affection grows rapidly and becomes stronger with many difficulties brought by HIV infection. They are optimistic about any challenge that may come in the future given they have already overcome this difficulty successfully.

Mr. 8(H-): HIV pushed both of us over the edge. So, like a big task, that actually makes our relationships to mature very fast. Just like, you want to test if the metal is gold, then you have to throw it into fire. And we just have that feeling that our relationship has been tested with fire, to see if it's strong enough like gold. I have that kind of feeling.

Mr. 9(H+): It's making our relationships stronger. You know you can survive this issue. You never know what's coming in the future but you can survive this issue. I think it gets you more trust in the future because you know some other issues are coming, it is a big chance for you to survive.

4.3.5 Health Is Better Than Wealth

What Romeo(H-) and Juliet(H+) learned from HIV is the belief that health is better than fortune and fame. Money means nothing without health.

Juliet(H+): I think, at this stage, money is, I think, to balance income and expanse, and to save some. I think I am happy enough this way.

Romeo(H-): I think you are right, I mean, today, if you don't take care of your body, how much we save, even we save a lot of money, it is possible to save very much, should you get ill, all the money must turn out to be used for your health. It means nothing, right? Then why don't you, if you don't earn that much, er, thought we don't save that much, you are healthy, and you can go on with me for long, this is more practical.

4.4 Standing Up For HIV

In addition to different meanings and interpretations about HIV, some of the studied serodiscordant couples wish to speak and act in support of HIV. They want to help others to understand HIV-related issues, to stay with those in need and become their power, to educate HIV prevention at work, and some may publicize their HIV-positive status in the hope of changing the society.

4.4.1 Company Of Others

Many patients who had or have certain diseases share their experience with other patients who currently struggle with similar discomforts. Both the infected and the noninfected participants in this study hopes to share their experience to accompany and encourage other PLHIV and their noninfected partners.

Hsun(H+) accompanies his friends to test anonymously for HIV sometimes. According to their feedbacks, such a company does reassure them.

Hsun(H+): Some of my friends reveal that they are anxious about the possibility of getting HIV. Whenever they talk about this, I will stay with them, and they will feel better. Sometimes I even go with them for their anonymous screening for HIV. On the way, I will show in my way that I am stable. They seem to be reassured.

Max(H+) has been depressed in the early stage after testing positive for HIV. Now he wants to help other go through such a depression by sharing his personal experience.

Max(H+): Soon after I tested positive, I did have a depressed period. I couldn't help feeling depressed. Then how did I go through it. I mean, I have experience, hmm, when you have experience, you will want to help those in similar situation, perhaps an HIV infected person, or someone with other disease, whatsoever, I want to do it.

L(H-), as a noninfected partner, wants to share his story with D(H+) to encourage people and prove that serodiscordant couples can also enjoy their relationships.

L(H-): If I get a call from someone who is anxious about AIDS or someone who is patient with HIV, then I think I can support him directly through our story. I will tell him that, actually, well, I, my partner is HIV-positive, and we still have quality relationship, and there are still many people who don't take AIDS seriously or say no to this kind of thing.

4.4.2 Actions In Personal Life

People in HIV-serodiscordant relationships may wonder how they can speak and act in support of HIV-related issues even without revealing their infection status. They probably want to start with their friends, family, and works.

Juliet(H+) thought HIV had nothing to do with her and she would never get infected. However, after testing positive, she feels urged to share her experience with her child and those who are close to her in the hope that they can protect themselves.

Juliet(H+): People in general may think, ah, AIDS has nothing to do with me, ah, don't take it seriously. He or she may think, anyway it's impossible, but unexpectedly, one day it happens. ... And this it to tell her, mom underwent this, so I hope she can cherish herself in the future. ... Since I am encountered with this, I hope, oh, then I have to share this to those who are close to me, and I hope they can protect themselves well.

Hsun(H+) chose to share his story with his friends. His purpose is to let people know there are infected persons around and pay attention to this. He also participates in HIV prevention education at work.

Hsun(H+): I try, in my way, to do something that I value or that is meaningful to the society. This is what I would not do before. Take counseling for example, while counseling, I would spend more time on HIV and other sexually transmitted diseases and what may follow these, much more than what everyone else does. ... In my opinion, after getting HIV, at least for HIV, I want to do more things beyond understanding. In my life, I choose to come out to some of my friends with my story about being ill, whether they are or are not gay, I have my purpose, and I am very clear that I want you to know there are someone with HIV around you, and I need to do something. This is what I wouldn't to before.

Being the partner of Hsun(H+), W(H-) pays more attention to HIV-related issues and educates about these wherever he can.

Hsun(H+): He also starts to do something about HIV at school, to educate, or to counsel this kind of cases.

W(H-): If we only talk about this, I think it's true. Since after living together with him, I pay more attention to AIDS-related issues. Yeah, to the rights and laws or experience, I have experienced more, this is true.

4.4.3 Disclosing The Status To The Public

The ultimate hope of several HIV-infected interviewees is to openly identify themselves with their HIV-positive status and to speak up for HIV related communities.

Zhai(H+) is a public figure who openly acknowledge his HIV-infected status and vigorously participate in HIV prevention education. Many years prior to this, he used to volunteer to serve as a phone consultant for HIV-related issues. However, he reflected upon this and realized that what can be done is very limited only with consultancy and consolation on the line. He hopes to devote himself to HIV-related issues for long.

Zhai(H+): When I began to receive phone calls from many infected persons, those who have not yet infected but felt infected, those who had risky sexual behaviors, or those who want to consult something else, hmm, I tried to comfort them or do something, but I know that is not something I can solved with one or two calls. Yeah, but during the process, I began to realize, what I can do and what should be done for long about AIDS.

QQ(H+) also expects to come out with his status of being HIV carrier, to do something for HIV-related communities. With the support from DW(H-), Lin believes more certainly in such a hope for the future.

QQ(H+): With his support, it's easier for me to achieve what I want to do.

DW(H-): Because he told me before, what he wants is to make his status known to the public, I mean the fact he is infected with HIV, and he wants to do something or make some effort for this community.

D(H+), again, wishes to discuss his HIV infection in public, yet he has to reach agreement with L(H-). According to D(H+), the infected persons have to stand up for

themselves so as to reassure the public and therefore reduce their discrimination or prejudice.

He wants to be such an advocate.

D(H+): Personally, I think the only thing that can be done is to come back to what I argued with him. I mean, if you want everyone to stop discrimination and bias, to some extent, you have to stand in the spotlight, so it can be, when there is such an example, when someone stands there, it can be a certain power or something indicative. Well, so, hmm, I am inclined to go this way. ... When more people come out, as Ellen DeGeneres said, when more people come out of the closet, there is no closet. So someone should be the first for this.

Section 5 Closing Reflection

When serodiscordant partners decide to establish a romantic relationship, they begin experiencing HIV stigma and fear of transmitting HIV together. People in the community create values toward HIV and expectations for serodiscordant couples. Couples are expected to maintain discordant status, that is, to protect noninfected partners from infection. A couple may avoid disclosing their identity as serodiscordant because of worries about discrimination.

The participants in this study regarded HIV as a shared challenge. Partners participated in relevant medical activities and supported each other with respect to fear of infection. In addition, they attempted to engage in open conversations about HIV and how to maintain their relationships. The meaning of HIV transformed in dialogue. Some couples believed that HIV drew them together, whereas others believed that HIV was a touchstone of their relationships. The participants expressed that fear of transmitting HIV diminished over time.

Meaning is never static; it transforms in interactions and dialogue. HIV is regarded as a fearful illness in dominant discourse; however, when couples in this study experienced opportunities to reflect on living in serodiscordancy, they constructed new meanings of HIV. These couples not only regarded HIV as a challenge but also created new possibilities for and experiences involving HIV in their relationships.

Chapter 7 Advices From The Participants

This chapter includes the advices and feedbacks from the participants. The enrolled couples were invited to give advices to other HIV-serodiscordant couples and those who were considering entering into serodiscordant relationships. They also made several suggestions about the lack of resources for serodiscordant couples in Taiwan. In the end, I invited them to feedback on this study after two sessions of interviews.

Section 1 Advices For Couples

It appears these interviewed couples have created their own couple relationships and proved HIV-serodiscordant couple relationships were viable relationships after experiencing with numerous challenges in their relationships. As forerunners, they were invited in this section to advise those who were already in and those who were considering entering into serodiscordant couple relationships.

1.1 Advices For Current HIV-Serodiscordant Couples

The studied couples shared their experiences of relationships management and recommended to take HIV infection as a shared task rather than a personal issue of the infected, to accept and understand the difference between the infected and the noninfected members, and to take care of themselves well in order to take care of each other and to

maintain their relationships. Last but not the least, they believed bravery and perseverance were the keys to manage HIV-serodiscordant couple relationships.

1.1.1. Experiencing HIV Together

Serodiscordant couples are encouraged to take HIV as a shared issue and to experience it together. They can seek medical helps and go through any obstacles in their life together.

As Romeo(H-) stated, to accompany Juliet(H+) to see her doctor is not only a way to support her but also a way to keep up with her latest physical condition.

Romeo(H-): I go with her to see her doctor, I accompany her to let her know, it is not so, well, I think it's actually an encouragement, right. If you are, if she, this is a way I can protect myself. If I go with her to see doctor, to see her receiving medicines, to see her being followed regularly, I will know her physical condition, yeah, then I can supervise her.

In L(H-)’s example, accompanied medical visit provides him with a chance to have his questions about HIV asked and answered.

L (H-): Yeah, I can even go, because, I think, if he is positive, and if I have some questions about the following care, we can go together, and our common questions or his own questions can be answered by the doctors or by the staff of the unit.

Romeo(H-) and Juliet(H+) also encourage serodiscordant couples to manage any disease and difficulty together.

Romeo(H-): Everyone, whether he is encountered with physical pain or frustration, he or she definitely wants someone to stay with him or her, you know, or listen to you. Well, I think a married couple, hmm, how can I say? I mean, if possible, of course, I wish you will be aside me when I need you. Similarly, when you need me, I will stay with you. I think this is the point. It is not simply that everyone gets together as long as everyone likes. ...

Juliet(H+): And leaves whenever there is any problem.

Romeo(H-): When something happens, bye, adios, sayonara.

1.1.2. Acceptance For Differences

Each member in HIV status inconsistent relationship sees HIV differently because of the difference of infection status between the partners. Several participants in this study suggested each member to understand the situation of the other partner. For example, the infected persons are advised of making full allowance for the noninfected members' anxiety, fear, and even bias which may have derived from HIV stigma across the culture. Both members are also invited to understand that different opinions and coping strategies are based on different HIV serologic, to discuss in spite of any frustration it may bring about, and to coordinate with hope.

Sheng(H-) proposes that the infected member understand the anxiety and other emotions of their noninfected partner, while the anxiety may stem from the misperception of the society. He also encourages the noninfected partners in serodiscordant relationship to find their emotional supports, someone to whom they are able to vent their worry and fear.

Sheng(H-): That anxiety is probably a situation that makes people feel discriminated. But this should be explained to him. This is normal, because it is the fear for

AIDS infection that emerges in certain social atmosphere. In this kind of atmosphere, it is inevitable, so you have to ask your partner to understand the emotional reactions you may have. ... And I think he needs to find someone very close, like his intimate friend, with whom he can totally share his life.

Similarly, DW(H-) thinks an HIV-infected person and a noninfected person are different individuals. It is important for them to be willing to understand the other and try to cross the gap.

DW(H-): Now I think, everyone is different, so it's impossible for me to understand another person completely. And actually, now what is best to me is that I don't have to make every effort by myself to cross the line to understand him. Now he is willing to do this, too. If there were no such a line between us, in fact, we don't have to, actually we can, both of us can make efforts together, and each of us can be less tired. So I think, how should I say? Hmm... Each of a couple should open a space for the other to understand, and I think, the noninfected one really needs to think from the point of view of the other. I think there is not much we can do, but if one can stay with the other well, the other will feel.

1.1.3. HIV Is Not Everything In Serodiscordant Relationships

Near the end of interviews, all participating partners told me that HIV is only one issue among many issues in their relationships. There are many challenges that are much more difficult than HIV is. It does affect their relationships, but the intensity decreases with time.

Zhai(H+) suggests considering it as one part of couple relationships, focus on the management of relationships, and avoid attributing all dissatisfaction to HIV.

Zhai(H+): Serodiscordant relationship, what has to be dealt with is actually relationship. Don't exaggerate AIDS to the maximum. ... Deal with it, but

there is no definite way to deal with it. Right, even if both of you remain silent, there may be some reason for being silent. For instance, you are not ready. Don't worry, but do take it as a part of couple relationship and deal with it.

DW(H-) regards HIV infection simply as one of the difficulties in his relationship with QQ(H+), and other difficulties can be more troublesome. It can be a challenge but not the most difficult one.

DW(H-): H, it can be taken separately as a special issue, but it is actually one of many troubles that are found when two persons establish a relationship. ... Sometimes I think it's true that this is a trouble, but I don't think it would be easier to deal with my own troubles. ... So I sometimes think it's barely a trouble, and sometimes it's not special.

Similarly, Hsun(H+) and W(H-) found there were other problems that were more annoying than HIV in their relationship. Most of the time they dealt with the way they live with each other rather than HIV itself. Since things come one after another, they would not emphasize on the impact of HIV excessively.

Hsun(H+): Perhaps I can say this way, in our opinion, this is not the only factor of relationship, because there are too many things that can affect it. Our personal growth, our professional growth, and even our attitudes towards the life can affect it. So we won't overestimate it.

W (H-): I'm not sure if it is appropriate to say this way. The biggest issue in our relationship is no H, so most of the time, when we deal with relational issues, it is usually not about H. We do have other issues that are more troublesome than H. So I think, I'm not sure how others may think, but to us, it is really not the most important issue. However, it's an important state that brought us together.

Max (H+) and Roger (H-) think their love for each other is no different from that of average couples. Despite the fact that HIV remains in their relationship, it is of little importance in comparison to other aspects of their life. For example, the difference of eating habit influences their life more significantly.

Max (H+): I think we are not different from gay couples in general. I mean, for example, H [HIV] is in our relationship, it is there, yet not so influential. Even when we argue, it is never the reason for our arguments.

Roger (H-): Yeah, it's lucky that it doesn't affect our life much after I know this. There is not much impact. Instead, other things such as that he doesn't like meat and that he doesn't drink, these affect more, I think.

Mr. 8(H-) and Mr. 9(H+) believe their relationship is not different from other couples regardless of HIV. They further explained that every couple will have their own challenges and issues, and HIV may be merely one of these.

Mr. 9(H+): You can have a good relationship, a normal relationship with HIV, you know, in this mix, one is positive and the other is negative, that's all. And you have this issue, ya, OK. But other relationships have issues as well. It's not an issue that makes this relationship different from other, once HIV is stable.

Mr. 8(H-): I agree with Mr. 9(H+). I think our relationship is more like a common couple. Nothing is special. I believe each relationship has its own issues, difficulties, good time, bad time. And for us, HIV is part of the issues. It's with good and bad things at once.

1.1.4. The Impact Of HIV Diminishing With Time

As relationship transforming, the level of difficulty or influence of HIV decreases with time, which leaves other relational issues on the table.

W(H-) said that HIV has been an important part of his relationship with Hsun(H+) in the beginning. However, the pattern of their interaction became their emphasis, for the impact caused by HIV diminished gradually.

W (H-): I think H has been an important part at the early stage of our relationship. As our relationship developed and changed, I think, it became less prominent. I mean, its role as our emphasis faded away. I think it's similar to this. And what I found more was that his characteristics and my characteristics collided, not H. I am inclined to figure this out this way.

HIV was deemed the main issue during the first few years of the relationship between Mr. 8(H-) and Mr. 9(H+). After Mr. 9(H+) began to take medicine and was stabilized, other challenges demanded their attention more. As stated by Mr. 8(H-), HIV no longer plays a critical role or affects their interactions.

Mr. 8(H-): That [was what during] the first three or four years we have been dealing with. And I think we literally worked through it since Mr. 9(H+) started taking medication. Then, afterwards, we went through our 7-year crisis which literally included the mental issues, the emotional issues. So, since it's settled. So, [when someone asks] if there is any coming issue for us, there is any issue that comes, I will say HIV is no longer the major issue. It should be other things. Relationships constantly changes. It is how we live with [each other]. I have to say that HIV have ever been the major issue in our relationships. It's just not now.

While many couples state HIV was barely one of numerous relational issues rather than the Devil, I began to reflect upon the reason for which and by whom HIV-related issues were

overemphasized as huge troubles. I believe everyone in the community shares some responsibilities.

1.1.5. To Take Care Of Yourself Well

“Take care of yourself well” is another advice from the participating couples. It not only means that the infected members, but the noninfected members have to take care of themselves well. When both sides are well treated, either one is able to take care of the other.

Both Roger (H-) and D(H+) think that the infected one has to take medicine regularly and that pessimism and self-reproach can worsen the physical conditions.

Roger (H-): I think, the one with H has to take care of himself well. That is, there is nothing to worry about for the other one. ... If a carrier wants to enter into a relationship, he should prepare well. To be prepared means he has to take medicine regularly and take good care of himself.

D(H+): That means the question is whether you take care of yourself well, not H itself. ... You have to do your own work.

DW(H-) and Zhai(H+) encourage both members of a couple take care of themselves well respectively, so they are capable of taking good care of the other, and further create their space for conversation about HIV-related issues.

Zhai (H+): If I have to say, I always ask them to take care of themselves first.

DW(H-): I think you have to build your confidence first, then you have the power to give others more space, and the misunderstanding between the two can be solved.

1.1.6. Courage And Perseverance

HIV-serodiscordant couples in this study held a belief in courage and persistence. They didn't give up easily in front of the struggle against and challenge of HIV.

Juliet(H+) and Romeo(H-) encourage other serodiscordant couples to face any challenge together and avoid blaming out of regret. To “hang in there, go through it, and go together” is their encouragement for other couples.

Juliet(H+): Every married couple encounters numerous problems or challenges, right, so I think, as long as we hang in there, and life goes on. ... We only have to go through any challenge all the way. We don't have to overestimate those things, you know. It's workable if both the husband and wife go through it hand in hand, face it together, and hang in there together... bear it together, deal with it together, solve it together. This way, the relationship will become closer.

Romeo(H-): What I am going to share is, don't regret when a decision is made, that's all. Personally, I think, you can't regret and blame the other when a decision is made.

Juliet(H+): But I think, it's inevitable when someone is really sick.

Romeo(H-): Inevitable is inevitable, but you have to continue to cheer yourself up that you only have to go through it. This is my point, because I hold this attitude towards many things. I only have to go through it no matter how difficult it is, like the “Paradise Road.” We only have to go through it, it takes several seconds only.

(Note: The Paradise Road is the final and most grueling stage of training for marine amphibious unit in Taiwan).

Mr. 8(H-) and Mr. 9(H+) hold a similar belief although they live in a different area.

They encouraged other serodiscordant couples not to give up easily.

Mr. 9 (H-): Yeah, don't give up.

Mr. 8(H-): The only way is to go through it, so just go through it.

QQ(H+) also encourages other couples to face the challenge with bravery and not to avoid the relationship, the self and the opportunity for loving and being loved.

QQ(H+): It's important to be brave enough to face either one's own resistance or the partner's resistance. Otherwise, one may continue to escape, to escape from the relationship, to escape when one has to look at himself, or to escape from where he may love and may be loved.

Roger (H-) and Max (H+) thought it would be less regretful if serodiscordant couples make their best efforts to face the challenge of HIV albeit the result might be disappointing.

Roger (H-): Everything is not so difficult as what one may imagine as long as you face it and accept it.

Max (H+): (Smile) Deal with it, and let it go.

Roger (H-): The you can let it go.

Max (H+): Let it go is not to give up.

Roger (H-): Are you trying to explain?

Max (H+): Yes, because many people think to let it go is to give up, but it's not. Rather, it means that once you have dealt with it, whether the result is good or bad, it has been dealt with, it would be less regretful.

Roger (H-): To deal with it means to try it, you know. Don't give up before you try it. Whether for those who are single and H-positive or for serodiscordant couples, whenever there is difficulty, everything you have to make an effort to try, and after that, when you make a decision, you will be less regretful.

It appears that these encouragements for not giving up or escaping in front of HIV or other challenges in life are the gifted by the studied couples to other serodiscordant couples. They also represent valuable resilience that was developed along the way they manage their own romantic relationships.

1.2 Advices For PLHIV Considering Serodiscordant Relationships

Persons who live with HIV have to believe they are worthy of love. It is not recommended to tolerate or lower oneself in an unsuitable relationship out of fear of loss. Additionally, they are encouraged to prepare themselves well to live with HIV and, when possible, disclose the serologic status in advance so as not to hurt their trust in each other.

1.2.1 Everyone Deserves To Love And To Be Loved

PLHIV often think that no one will fall in love with them and they can no longer date with others. QQ(H+) and DW(H-) hope these people can believe they still deserve to love and to be loved regardless of infection status. There are people who reject them, and there are people who don't.

QQ(H+): When I became infected, the greatest problem was that I was afraid that I couldn't love others anymore. Or I might not be loved. Do I have the quality? It's the trust we talked about in the beginning. In fact, I don't quite believe that I am able to love or to be loved. So I want to say, trust yourself, and validate yourself, you can love, and you can be loved in this situation.

DW(H-): There must be some who hate and reject you, and there must be some who accept or like you. So, accept the fact that there are someone who treat you badly, and also accept there are someone who treat you nicely.

Roger (H-) and Max (H+) also pointed that the infected should dispel the myth and try not to be trapped into this false belief.

Roger (H-): If your desired partner cannot date with you or go on with you due to HIV, then it's not your true love. So please find the next one. Yeah, otherwise, you are likely to be trapped in the belief.

Max (H+): No one loves me, or I don't deserve to be loved. I think those are two different things.

1.2.2 Not To Lower Oneself In Relationship

Many PLHIV are afraid of not being loved and hence are more likely to accept whenever there is someone who courts. They tend to evaluate less thoroughly about whether their desired mates are good matches and commit themselves to those who may devalue them.

Zhai (H+) appeals to the infected to believe they can find their ideal relationship. He thinks it's unwise for the group of people to stay with someone who may hurt or devalue the infected persons based on the fear of loss.

Zhai (H+): Don't be afraid to lose a relationship, because you can find another. Even you are HIV-positive, you are still able to find what you want, or if you are still looking for it, you should not force yourself to stay with someone who may devalue you and then hurt you.

Both L(H-) and D(H+) would rather go without anyone and live well alone than to demean themselves to live with someone wrong or to give up on themselves.

L (H-): As an HIV-negative partner, I want to remind those who are HIV-positive, in my personal view, the first is to be honest, and the second is to be confident in yourself. The confidence or the power may come from the fact that you can live well even you know you may not be able to find a Mr. Right. So, you won't lower yourself in a relationship without love, and you won't take an attitude towards relationship that whoever accepts you is acceptable.

D(H+): That is, when you give up on yourself, that is the real give-up.

L (H-): Yeah.

D(H+): It's important, absolutely. Even when everyone gives up on you, you can not give up on yourself.

1.2.3 Readiness And Acceptance For HIV Status

According to the research by Tsai and Hsu (2008), HIV-serodiscordant relationships often evolve into a “patient-caregiver” relationship. Some interviewed couples believe that the preparedness and positive attitude of the infected members can serve as a strong support to the noninfected partners.

Roger(H-) was used to hold a negative perception about HIV and changed his mind after witnessing how Max(H+) dealing with HIV. Roger(H-) thinks the attitude of the infected persons can affect their partners.

Roger (H-): If an infected person takes a negative attitude towards HIV, I don't think he can meet a good partner easily. If he himself can't accept H, how can he have another person accept it? If his attitude is positive, when he meets someone and tells him, perhaps this guy is negative about it at first, he can

make use of his positive power to affect, to move this guy. If this guy can change his mind from a negative one into a positive one, like what I did, I was not so positive at first, either. Yeah, this way, when both of the two take a positive attitude, they will be more likely to feel affection for each other.

Max(H+) thinks each member of a couple should take care of each other. He recommends the infected ones to change their attitudes and take care of themselves first. It won't work long if they always depend on their partners.

Max (H+): You have to adjust your attitude first, because romantic relationship should not be a caring-cared situation. It's rather a mutual relationship. If you are overprotected, the relationship won't last long.

1.2.4 To Disclose HIV-Infection Status In Advance

Current authorities for HIV prevention and related social welfare services in Taiwan advise that the infected persons reveal their infection status to their desired partners before entering into relationships in the hope to reduce the risk of disease transmission. The practice of this becomes a task to learn for people living with HIV.

D(H+) and L(H-) stand for this for they believe honest disclosure and open discussion are the keys to avoid the failure of the sense of trust.

D(H+): I'd rather encourage the infected to know, before they enter into couple relationships, they must talk about this. It's better to tell in advance and let the change slip by than to make both suffer later. Hmm, I mean, you are more in charge of this, and you know well how to prevent from hurting each other. Right, even though your friend cannot understand, it's not your fault. So the harm would be the least. I think this is very important.

L (H-): Because I think, to any relationship, I think, if there is an Achilles' heel, it must be deception, or the breakdown of trust. Yeah, it is actually possible to face something like the illness together. After all, if the sense of trust is broken, it would be difficult to repair, you know.

D(H+) feels that the infected person may take each disclosure as a practice, to be more familiar with the discussion about their own infection status. More importantly, it is not a fault to be rejected.

D(H+): Somewhat, if you tell and you can't be with someone, and you tell the next one and you can't be with the next either, you are still doing your practice. ... You will clearly know, it's your responsibility to tell at the moment you commit to another person. At the same time, you will be more familiar with the process of telling this.

1.3 Advices For Potential Noninfected Partners

The couples in this research recommend the noninfected persons who are considering beginning their potential serodiscordant relationships to learn more about HIV, understand HIV-related issues, know more infected persons, and try not to restrain themselves with predetermined concepts.

1.3.1 Learning More About HIV

Being HIV-negative partners in their serodiscordant relationships, both Romeo(H-) and L(H-) encourage other noninfected partners to know more about HIV and related medical

knowledge to reassure themselves. As for the infected persons, they recommend regular medication as the key to control viral loads and reduce the risk of transmission.

Romeo(H-): If you really want to live together with someone with HIV, for sure, I think you have to try to understand this. You may also feel more comfortable through understanding.

L (H-): My suggestion for HIV-negative partners is, surely, to learn more. I mean, if you have any problems, do not use this as an excuse to refuse, you have to learn more about this disease. In fact, it affects the infected persons more. As for their partners, if you practice safe sex well, and the others are well controlled, basically, there is nothing to worry about.

1.3.2 Avoiding Presumption

Socially received concepts about HIV affect how people see the infected persons. They are deemed addicted to drugs or sexually indiscreet. DW(H-) hopes the noninfected partners to put away their presumption about the infected and try to know more about them as persons.

DW(H-): The society shapes them as another kind of people. Then they also feel they are different from others. ... It's better not to assume who they are before you know them.

D(H+) suggests the noninfected partners to listen to the infected persons, try to understand them, and avoid suspicion or discrimination when they have any questions.

D(H+): I think there is discrimination of the noninfected partners, too. For example, someone may get HIV by accident or may get it after a careless sex, but they

are misunderstood by their partners with the bias that they are really bad. So it's better listen to them than doubt.

Section 2 Advices For Serodiscordant Couples Helping Services

Most social welfare sections and medical facilities in Taiwan provide with HIV-related services to the infected individuals a lot. Their noninfected partners, family members, and friends often feel helpless in the lack of available resources. Although these units have begun to include them as their target of services, it is rarely known by the public. As a result, the enrolled couples made their suggestions for such a situation and hoped there are more serodiscordant couples to share their experiences to help similar couples to overcome the challenge of HIV.

2.1 The Lack Of Assistance For The Noninfected Partners

In this information age, people are acquainted with the search on the Internet for the answers to their questions. However, as experienced by Sheng(H-) and DW(H-) when they began to date with their infected partners, the information about serodiscordant relationships is still rare in traditional Chinese literature, the mass media and social networks. Most information is published in English or primarily designed for the infected individuals and therefore not immediately accessible to the public. Besides, advices for the noninfected partners are more limited to the practice of safe sex and risk reduction. How a noninfected partner can get along with an infected person is far less discussed. They may further refrain

themselves from seeking help in avoidance of releasing their status as partners of HIV-infected persons, as shown in the case of DW(H-) and Sheng(H-).

DW(H-): After reading so many files, I found that people care more about the infected persons, but very few care about their partner. No one could tell me what to do. They only ask you to use condom. If my partner asks me not to use condom, I don't know what to do. ... Sometimes I am puzzled and confused with many issues, I don't know what to do, and there is no guide, something like a guide for getting along well with your HIV-infected partner.

Sheng(H-): After looking upon the Internet, I felt those information's were useless, then what I could do? So, I considered to find someone to talk. It was a luck that I am willing to find someone to talk. So, I began to think what to do next, perhaps to look for someone listed on the Internet. But no matter how I tried, I couldn't find any. For example, if I want to find out, what should I do if I am with someone HIV-positive? Which organization or agency should I ask? When I search for something related the infected, I risked releasing my status, I bore the risk that the organization might not be able to answer my question. So, I dared not to seek help openly from those units.

2.2 The Importance Of Experiences From Other Couples

The experiences of other serodiscordant couples are the source of hope for some of the study participants, because they know there is a way for such kind of relationships and they can shape their owns base on these precedents. Knowing more examples may also help them to find more different ways to maintain their relationships and to deal with various issues that may ensue more tactfully.

W (H-): I saw a friend of mine, an HIV-positive one, he can live well, and similarly, what I am most concerned about, his partner is also HIV-negative. We know his partner in person, so I think the fact that there is real and live

example let me know this is workable. It is not so unimaginable, because it does exist. This is important to me that there really is such an experience and knowledge.

L (H-): When there is no model for reference, it seems you have to choose either way. If both are not desired, you must be very nervous. But I think, if there are many cases or more ways of thinking that can teach you what to do, you will have more choices. It's easier to find a way you are more willing to go and go more easily.

QQ(H+): Actually, there are some HIV-serodiscordant couples around us. Well, hmm, sometimes I would tell him, well, in fact, recently, there is one thing that touched me. I have a female friend, she is HIV carrier, hmm, and she has been married for almost three years. Recently she gave her husband a baby, right, then the baby didn't become an AIDS baby. She is also on the cocktail therapy, and her husband didn't contract the virus after sex. So, sometimes I feel touched when I discuss this with him. I ask for his feelings, right, I mean I would discuss this with him indirectly that unprotected sex is not necessary risky.

While experiences shared by HIV-serodiscordant couples are rare, many interviewees in the present research believed these could bring them hopes, shed the light on its viability, and ease their helplessness.

Section 3 Feedbacks From The Participants For The Research

This study was designed to conduct interview in accordance with the idea of social construction. Therefore, in the end of each interview session, I invited the interviewees to feed back to me about this kind of interview. Surprisingly, two participating couples

acknowledge that such an interview facilitated their mutual understanding, helped to witness their common journeys in the face of HIV, and resulted in some change in their interactions.

3.1 Better Understanding About Each Other

In Taiwan, it is uncommon that a research invites couples to join together. When I stated to recruit volunteers, one question was asked frequently: “Don’t you worry that they argue during the interview?”

Hsun(H+) and W(H-) told me frankly that they had been unable to accept such an invitation if they were asked one year before, for they feared to have quarrels during the process of interview and felt the issues were too emotionally charged to discuss. After participating this study, Hsun(H+) learned more about the feelings of W(H-) from the interview and was able to get closer to him.

Hsun(H+): If this happened two years ago, or one year ago, I would not have joined the interview. In fact, I dared not to do this before. So I don’t know why and how I came here now. And you ask me what has been changed and organized during the process, I feel it’s much like, I understand something from his words, I believe what he said is his current state, his understanding about H base on his current state, and I can get closer and understand what happens to him. Moreover, when you ask me, I can think about what happens to me. There is some change for sure.

DW(H-) revealed that he had never discussed HIV with QQ(H+) prior to these interviews which helped him to figure out the feelings and experiences of QQ(H+)

DW(H-): Actually, it was from the last interview that I realized what he underwent and experienced before. I didn't know because we have never talked about it.

3.2 The Witness To Each Other's Dedication

Though my enquiries during the interview where the couples joined together, they let me know that they witnessed the efforts made for relationship by their partners. Some of them have been convinced that they are the only individuals who struggled for their relationships. Despite their subjective feeling of lack of common goal or interest with their partners, they found, after two the interviews, both members have made their efforts for their relationship respectively and begin to work collectively.

After listening to W(H-) and reflecting, Hsun(H+) realized that both W(H-) and he have gone through a tough journey. He witnessed and began to appreciate the efforts both of them have made.

Hsun(H+): When I listened to his talk, I felt I was at a different stage, at a different time, and my situation and my appearance are different. Though the conversation and organization, I listened to him, tried to piece each part together. At that moment, I felt more thankful than something bad. I don't know what the bad feeling was. I was thankful myself, thankful to him, that we underwent many tough experiences.

W(H-) also revealed that there was no opportunity for Hsun(H+) and him to think about the meanings HIV brought to them, because HIV had been a heavy-hearted issue. This interview enabled him to review and witness their life of the past three years bit by bit.

W (H-): I have thought about whether this interview would have happened one or two years ago. I think it would be extremely difficult, I am not sure, but I have some sort of feeling, with our conversation until now, I suddenly feel, it seems that each of us has struggled for a while respectively. This interview let us think again what such a thing would mean to us. We were not able to deal with this issue before, so each of us struggled respectively. Now we can look at it together, and with the interview you led today, we can review and witness our life together in the past three years and the impact of H on each of us. I personally think, this is pretty good.

DW(H-) was clearly informed the thought and the stress of QQ(H+). Most of all, they were aware of the work each of them has done through the interview.

DW(H-): I think it's important for me to know it. I mean, to know the fact that both of us have made our efforts in this relationship. And those things, if he didn't tell me, I would not have been aware of it. So I think it's quite important for me to know this.

Yuan-Chin: Hmm, do you mean you can know what Lin thinks?

DW(H-): Yeah, yeah, and what he has done, what effort he has made for the relationship, or what kind of stress he has.

3.3 The Change Of Interaction Patterns

Another surprising finding about the influence this study has on the participants would be the changes in their daily life after listening to and talk to each other.

QQ(H+) and DW(H-) began to recognize their common wish to understand each other after completing their first session of interview. They tried some changes in their everyday interactions. For example, DW(H-) began to spend more time listening to QQ(H+) and encouraging him to express himself.

QQ(H+): I feel he became, hmm, I mean, he began to adjust his way of interaction. He seemed to be more controlling and demanding towards me before. Now he is more willing to listen to me, to wait for a while, and to allow me to express myself.

DW(H-): I hope to hear your feelings, and what and how I can do to try my best to make a change, just like he can make a change.

With an open communication about HIV, their fear and anxiety to the transmission of HIV seemed to dissolve little by little, their trust in each other increased, and their sexual relation improved.

QQ(H+): When we have intimate behaviors, we will, it's quite different from that before, I mean, we feel we are closer to each other, more intimate. Hmm, we did mind whether to use condom before. Now without condom, hmm, of course I will be careful about his safety. And we are not so overflowed with the fear. Now we have close contact under the trust.

DW(H-): Hmm, and even sometimes I will forget this.

Section 4 Closing Reflection

Dialogue incites change. In Taiwan, a small proportion of the public is aware of serodiscordant couples, and few people outside such relationships engage in open conversations with serodiscordant partners about their relationships. In this study, research participants shared their experiences and offered suggestions for people considering engaging in serodiscordant relationships but hesitant about doing so. According to the participants, HIV infection was a challenge in the beginning of their relationships but became less intimidating as their understanding grew. Their stories prove that a serodiscordant

relationship is one of various types of valid relationships. The couples in this study shared their experiences, suggested sources of assistance for others in relevant situations, and hoped that their stories could serve as templates to enlighten and guide current serodiscordant couples and people considering engaging in such relationships.

I believe that these participants are experts with respect to management of serodiscordant relationships; they demonstrated a knowledge of what is required in various contexts. In interviews, the participants were invited to review struggles that they had experienced in their relationships. Through these interviews, partners were able to reflect on the efforts they had made, and they began to adjust their interactions and approach their relationships collaboratively. I hope that this article serves as an accessible translation of these research experiences and that the information herein will be useful for the public and the research participants.

Chapter 8 Discussion And Future Considerations

This research focused on HIV-serodiscordant relationships. I invited seven couples to participate, and I endeavored to understand their interpretation of the meaning of HIV in couple relationships and their suggestions for the public.

A major focus of this study was how infected and noninfected partners experienced HIV-related issues together and alone, and how they reconstructed meanings of HIV in their relationships. Although fear of infection and the stigma of HIV affected participants continuously, discussing worries and concerns with each other could help partners transform the aspects of living with HIV and create new meanings for HIV in their relationships. Participants believed that through HIV, they gained personal insights and new experiences in committed relationships. Most participants regarded HIV as a touchstone in their relationships and it made their relationships stronger, making them more connected with their partners. Participants also thought about taking actions for HIV in order to change HIV-prejudices. I invited participants to give suggestions for improving HIV related social policies in Taiwan. All participants believed that Taiwan needs more social resources for noninfected partners in serodiscordant relationships and that more serodiscordant couples' experiences should be shared with the public.

In chapter 8, I describe HIV and serodiscordant couples in a relational context and provide the reader with a new understanding of HIV. In addition, I reflect on the process and

limitations of this research. Finally, I discuss implications for future research and make suggestions for medical practitioners and social workers.

Section 1 Relational Understanding For HIV And Serodiscordant Couples

According to social constructionism, meanings are generated in social context and in the process of interacting with others. Meanings change within social contexts, and we cannot understand a phenomenon or concept without taking social contexts into consideration. Gergen (2009) proposed that “*the individual represents the common intersection of myriad relationships* (p. 150)”. When we enter any relationship, we bring our own context to interact with and enrich others. In serodiscordant couple relationships, partners coordinate with each other regarding the role of HIV, and they continuously reconstruct the meaning of HIV in their relationships.

In this research, I attempted to understand HIV and serodiscordant couples *in* the relational context. When PLHIV and their noninfected partners have the opportunities to coordinate in this research and explore the meaning of HIV in relationships, they noticed that they discussed more of their HIV-related experiences with each other, and were able to form new patterns of interaction and upheld new expectations for living with HIV in their relationships. Finally, these couples created new beliefs concerning HIV, namely that HIV

brings them together. Instead of remaining trapped in mainstream HIV discourse, the participant couples transformed HIV from an enemy for them to a connection between two individuals.

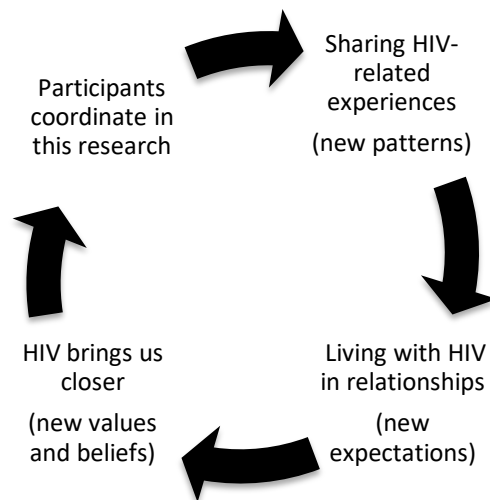


Figure 3: Reconstructing serodiscordant couples' world view (adapted from McNamee, 2007 & 2015)

1.1 HIV *In* Relationships

Previous research has shown that serodiscordant couples tend to regard HIV as an enemy that has a huge, damaging impact on their relationships (Van Der Straten et al., 1998; Tangmunkongvorakul et al., 1999; Bunnell et al., 2005; Ko & Muecke, 2005; Persson, Barton, & Richards, 2006; Persson et al., 2009; Harmann & Amico, 2009; Talley & Bettencourt, 2010; Rispel et al., 2012; Tsai & Hsu, 2009; Bai & Ko, 2014). In Taiwan, many serodiscordant couples regard HIV as an intruder in their relationships (Tsai & Hsu, 2009).

After entering a serodiscordant relationship, both infected and noninfected partners start to experience fear of infection, which engenders pressure and conflict into the relationships.

The participants of this study believed that, initially, they considered HIV to be an intruder or an enemy. However, later, they realized that HIV made them closer. In addition, the participants believed HIV to be a concern of both infected and noninfected partners in their relationships. Both partners learn more about HIV and about the other partner's thoughts and feelings toward HIV. HIV connects partners in their couple relationships.

2.1.1. From “An Intruder” Transforming To “It Brings Us Together”

Illness affects relationships. Previous HIV-related researches tend to describe the effect of HIV on relationships in more negative ways than in positive ways. In the past decades, HIV/AIDS was regarded as a terminal illness. It immensely affected the lives of PLHIV and the relationships of serodiscordant couples (VanDevanter et al., 1999; Palmer & Bor, 2001; Beckerman, Letteney, & Lorber, 2001; Beckerman, 2002; Tsai & Hsu, 2009; Psi & Ko, 2014). Even HIV has been transformed from a terminal disease into a chronic illness in these days, HIV is still associated with complex cultural bias and the fear of infection. When experiencing HIV, serodiscordant couples tend to perceive it as an enemy or intruder, because HIV-related stigma causes them a large amount of pressure.

The participants in this research reconstruct the meaning of HIV in their relationships. Although HIV considerably affect their relationships in the beginning, the couples start to interpret HIV from different aspects after learning how to live with it. The fear of infection is high in the beginning, but it starts to decrease while the viral load was under control. Finally, the couples can live with HIV.

The meaning of HIV is transforming in this process. Some couples believe that HIV is the touchstone of love and represents a test of their relationships. Other couples believe that HIV brings them together; they start their romantic relationships because of HIV. Moreover, other couples state that because of HIV, they are reminded not to give up on their relationships so recklessly when they have arguments, because they are already going through such a difficult challenge. The meaning of HIV is constantly transformed in relationships while the couples have increasing experiences of living with HIV.

2.1.2. HIV Is “Our” Concern

When one partner in a dyad is suffering from cancer or chronic illness, the dyad can build strength, resilience, and closeness in their relationship if both partners consider the disease as “our problem” and face it together (Skerrett, 2003; Kayser, Acitelli, & Badr, 2005; Watson & Andrade, 2007; Fergus, 2011).

When serodiscordant couples face HIV, HIV is not only the infected partner's concern but also becomes the concern of both infected and noninfected partners. The couples experience HIV together. The participants in this research believe that if HIV is considered as the infected partner's personal concern and that the partner must face HIV on his/her own, HIV will become a taboo in their relationships. There may be some topics that both partners cannot talk about or share with each other.

The couples in relationships face HIV together. They attend health care activities together, such as seeking medical help, sharing new HIV information, and reminding infected partners to take their medicine. In addition, the couples open some difficult dialogues, such as those on the fear of infection and their worry whether people are aware of their serostatus; they seek support and comfort from each other. HIV-serodiscordant couples' experiences of regarding HIV as "our disease" are similar to the experiences of patients recovering from cancer and their partners; these partners comfort, support, and respond to each other (Skerrett, 2003; Kayser, Watson, & Andrade, 2007). The participants believe the dialogue on the fear of infection to be the most difficult one. However, by initiating such a difficult dialogue, they can know each other more, feel closeness, and attempt to establish strategies to maintain their relationships.

Based on their experiences, all participants provide suggestions for facing HIV together. However, the participants also remind that PLHIV and noninfected partners are still

different due to their HIV serostatus. They may have different opinions and concerns. The participants suggest that HIV-serodiscordant couples should be encouraged to open conversations to understand each other, accept the differences between them, and coordinate the differences. The couples can create their own unique ways of being together.

1.2 Serodiscordant Couples *In* Relationships

In previous research, partners in HIV-serodiscordant relationships are often regarded as two *independent individuals*. The literature presents the feelings and experiences of PLHIV and noninfected partners separately (Palmer & Bor, 2001; Tsia & Hsu, 2009). However, these couples are seldom understood from a relational perspective.

By contrast, this research presents HIV-serodiscordant couples' stories and life experiences. I do not focus on PLHIV and noninfected partners' experiences independently and unrelatedly, but rather regard partners as a relational unit. Partners influence each other in relationships. In this section, I attempt to understand HIV-serodiscordant couples from the relational perspectives. I also illustrate how the couples create relationships, and not just focus on the difference between the two partners.

2.2.1. Reciprocal Flow Between Two Individuals

People all are relational agencies and carry with relationships and contexts to interact with others. People create realities, values and moral order in relationships. When interacting with others, people also coordinate and create new meanings together. Similarly, serodiscordant couples are relational agencies. PLHIV and noninfected partners bring their value, feelings, and cultural contexts about HIV into couple relationships. Partners influence each other and create new ways of being with each other.

In HIV-serodiscordant relationships, partners' attitudes toward HIV influence each other and their relationships. Several noninfected participants mention that their infected partners' attitudes toward HIV change their own attitudes and even reduce the level of the fear of infection. Moreover, if the noninfected partners' attitudes toward HIV are friendly, cherishing, and willing to understand HIV, PLHIV can consequently feel positively and believe that they are valuable and worthy of being loved. This can change the perceived self-worth of PLHIV.

Transformation occurs in relationships. We cannot consider each partner as a single individual; partners are individuals in relationships. They always influence each other. "H+" or "H-" is only a symbol representing HIV in a person's body. The symbol cannot represent an individual's characteristics such as his/her personality or history. The most important question is how two individuals carry within their own context and endeavor to be with each

other in relationships. In this process, partners mutually influence each other. When partners percept themselves and HIV differently, they also create new meanings and new interactions.

2.2.2. Who Is the Patient? Who Is the Expert?

For most people, patients are deemed as weak and in need of care by others. They cannot live independently or take care of themselves appropriately. Before further advancement in medicine, infected people were living in a prolonged period of hopelessness. The side effects of anti-HIV medication engendered an immense burden for PLHIV, and most PLHIV needed long-term care. They also transformed serodiscordant couples' relationships into caregiver–patient relationships.

In 2017, considerable advancements were made in HIV medication. If treatment is initiated early and appropriately, the physical conditions of HIV-infected people may not be distinguishable from those of the general population. In this research, I notice that if PLHIV understand HIV suitably and accept their new identity as infected people, they can be caregivers and comforters for their noninfected partners. I also found that compared with their noninfected partners, most PLHIV have had more experiences of living with HIV. When the noninfected partners face HIV for the first time, they may feel anxious and stressed out; PLHIV can provide support and comfort to them. Noninfected partners feel less worried when they see their partners living with HIV with optimistic, positive, brave, and relaxed

attitudes. The expert knowledge of PLHIV comforts their noninfected partners and changes the definition of patients and caregivers in the dominant discourse (MacDonald, 1998; Van der Straten et al., 1998; Tsai, 2008; Tsai & Hsu, 2009).

2.2.3. With-Ness, Witness, And Appreciating Each Other

Many PLHIV believe that they are *second-class citizens* and are unable to love or unworthy of being loved. If PLHIV have opportunities to start romantic relationships, they may be taught to *appreciate* their noninfected partners, appreciating that someone is still willing to love them. For noninfected partners, they are expected to *hang in there* and not abandon their infected partners. The dominant discourse in Taiwan regards PLHIV as the inferior partners in relationships, and noninfected people are considered to have to lower themselves to date them (Wu, 2003; Chen, 2004; Tsai & Hsu, 2009; Lai et al., 2010; Tsia, 2014).

In this research, the participants have different viewpoints. Some infected participants are against the belief that PLHIV are second in relationships. They learn to establish their new identity as PLHIV and reconstruct their self-value, life goals, and self-esteem. Although most PLHIV experience a difficult period after obtaining a HIV-positive test result, they believe that they will endure and accept their serostatus eventually. Infected participants also

learn to communicate with their partners and to build equal relationships, instead of lowering themselves to please their partners or maintain their relationships.

Noninfected participants believe that their infected partners are brave warriors for facing HIV. Many noninfected participants witness the courage of their infected partners for facing HIV, which inspire them to face the challenges in their lives. In addition, noninfected participants cherish these relationships more than other previous romantic relationships because of the challenge of maintaining serodiscordant relationships and the additional effort require in these relationships. Noninfected participants witness and appreciate the resilience of PLHIV while facing life challenges. The identity of PLHIV changes in serodiscordant relationships, and serodiscordant relationship is worth to cherish and treasure.

Section 2 Other New Aspects For HIV

HIV has been studied for over 35 years. In the dominant scientific literature, HIV is discussed under medical discourse and is regarded as an illness that heavily influences and threatens human life. With complex historical, cultural, and social meanings, HIV carries stigma and incites prejudices. People who have HIV are stereotyped as sexually indiscriminate, promiscuous, or substance addicted. HIV is not only regarded as an illness, but also considered as a characterization of infected people and their lifestyles. Internalized stigma and negative public discourse surrounding HIV affect PLHIV's self-identity and

self-esteem. The partners and family members of PLHIV are also affected by HIV stigma in the community.

With advancements in medicine, regular medication can reduce the circular viral loads of HIV-infected individuals to hardly detectable levels, rendering the disease almost noncommunicable. Therefore, infected people's quality of health can be similar to that of noninfected people. In Taiwan, the Centers for Disease Control and Prevention (CDC) and many HIV-related nongovernmental organizations are endeavoring to destigmatize HIV by providing the public with medical evidence of the effectiveness of treatment programs and by creating detoxing slogans to diminish the fear of HIV infection. Although the purpose of these campaigns is to relieve stigma, they still represent HIV as an illness under medical discourse. HIV is still an *illness*. Questions have been raised regarding whether these HIV destigmatization strategies can decrease HIV stigma in our culture, or whether they can reinforce people's belief that HIV is an illness. When people regard HIV as an illness and endeavor to determine the cause of this illness, they also subjugate medical discourse and value.

L: People can see it (HIV) as an illness, without combining it with other meanings. It is just a common illness. Can everyone only see it as a common illness?

Social constructionism suggests that HIV is an illness constructed under medical discourses. The social construction perspective does not devalue medical discourse or

traditional scientific realities but rather invites people to consider how these discourses influence people's interaction with PLHIV and serodiscordant couples. Social constructionists encourage people to understand HIV with multiple aspects.

The participants in this research reconstructed the meanings of HIV in serodiscordant couple relationships. Their experiences show that HIV is not merely an illness, which burdens and otherwise negatively affects people; HIV can also be an inspiration for both infected and noninfected partners in serodiscordant relationships. Moreover, HIV is a source of new learning opportunities and courage.

2.1 Courage And Strength In HIV

Illnesses affect patients' life philosophies and plans for the future. Previous research has focused on the negative impacts of illnesses on patients, their partners, and their family members. Subsequently, researchers have increasingly explored resilience in patients' partnerships and family relationships (Weihs, Fisher & Baird, 2002; Walsh, 2003 & 2006). Researchers have found that helping patients and their family members find meaning in illness and new ways of relating to illness could empower them and provide them a sense of control over their lives (Walsh, 2003 & 2006).

Participants in this research also report endeavoring to find the meaning in their experiences and seek insights from their relationships. Infected participants report that they

were depressed after becoming aware of their HIV-positive status and had many negative thoughts including thoughts about suicide. However, infected participants also state that HIV eventually make them stronger because they realized that they do not want to give up on life. Some participants find their vocation through their experience with HIV, and some discover their talents and interests.

Noninfected participants are inspired by their infected partners. When they notice the courage of their infected partners in facing HIV, noninfected participants feel braver in confronting challenges in their own lives. Serodiscordant relationships can be a unique source of strength to both partners when facing the unknown future, fears, and other challenges in their lives.

2.2 HIV Is A Coexisting Partner

In Chinese culture, illness is regarded as punishment for patients and their family members. Illness is enemy of life. However, the infected participants in this research believe that instead of perceiving HIV as an enemy, it would be easier to consider it as a coexisting partner in their bodies and to learn to live with it. Taking medication regularly controls the viral load and enables infected partners to live with HIV in peace. The participants deconstruct the concept of illness and perceive HIV as a coexisting partner. Based on the participants' experiences, most couples do not emphasize the impact and effect of HIV in the

relationship. They regard HIV as a part of daily life and only think about it when seeing doctors, taking medication, and having sex. The process of dissolving HIV in ordinary life reflects how partners coordinate, create, and practice with each other.

Section 3 Reflections Of Research Process

In session 3, I reflect my research process, including what I have done and what I have not accomplished. I applied the ideas of social constructionism in this research, and invited participants to co-create and co-construct the research. Lacking the uniqueness of every story is one of the limitations in the process. Moreover, some stories have not been told yet because of mine and participants' expectations for this research.

3.1 A Co-Create And Co-Construct Research Process

As a researcher, I reminded myself to be a good conversational partner with participants and to open a dialogical space for them. I also reflected on my own discourse around HIV and couple relationships and endeavored to be aware of which topics were opened up addressed and which were left out. When topics emerged that deviated from my plan, I followed participants' lead instead of insisting on my original interview agenda. I put my research expectations aside, respected participants decision to share their stories, and embraced opportunities to co-create the interview process.

Harlene Anderson (September 2013 & March 2017) described how clients or research participants come to therapy rooms or interview spaces with their *story balls*, which are treasures in their lives. A therapist or a researcher cannot force people to answer interview questions, but rather must walk with them and let them decide what to share. In my research, I learned from the participants' decision-making processes about what to discuss as well as how different types of discourse influenced them as relational beings. I also received feedback from several participants informing me that their relationships were transforming in this research process. An open and safe dialogical space gave the partners opportunities to listen to each other. The research also reconstructed the meaning of HIV in their relationships.

3.2 Particular Stories

Many differences and unique stories are worth recounting from among these seven couples. However, a limitation of this research is that I seldom focused on the uniqueness of every story but emphasized their similarities and provided rich thematic descriptions because I aspired to present participants' common experiences, in order to help the public broadly understand HIV-serodiscordant couples. I presented the similarities among the seven participating couples with thematic descriptions in Chapters 5–7, but some experiences in each couple's relationship remained to be described.

Romeo(H⁻) and Juliet(H⁺) were the only heterosexual couple in the research; thus, they were strongly influenced by Chinese values about marriage. As a husband, Romeo(H⁻) believed that Juliet's(H⁺) wealth, health, and life were his responsibility. Therefore, he immediately learned about HIV and actively participated in Juliet's(H⁺) medical activities after deciding to commit to the relationship. In Chinese culture, marriage is a matter for both families. When Romeo(H⁻) and Juliet(H⁺) decided to marry, they, as expected, discussed how to face the pressure resulting from their extended families and how to keep their difference in HIV status secret. The couple quickly realized that HIV had an effect on both of them, not only Juliet(H⁺).

D (H⁺)and L(H⁻) were the only couple to be undaunted by HIV. L(H⁻) is an osteosarcoma survivor, and his health status is uncontrollable and unpredictable. Compared with osteosarcoma, HIV is much more controllable. As long as D(H⁺) took his medicine regularly, HIV was not a concern for D(H⁺) and L(H⁻) and had no impact on their relationship.

The other unique observation of these seven couples is if PLHIV have been infected for many years, they have more experience living with HIV, or has a strong identity as a person living with HIV; when they commence serodiscordant relationships, PLHIV can manage the noninfected partner's anxiety and comfort them. Their relationships are stable and have few HIV-related struggles and conflicts. However, if the person living with HIV has just been

notified that they are HIV positive and quickly start a romantic relationship or are notified that they are HIV positive when they are already in a romantic relationship, then such couples experience intense emotional stress together and can rarely take care of each other.

Braun and Clarke (2006) stated that researchers might lose uniqueness or depth if they present a general description of a condition. However, it might be a useful method when researchers investigate a little-understood or unknown community. To address this limitation, I recounted each couple's story in Chapter 4 and presented their uniqueness and context in the stories. In addition, I provided more detailed descriptions of each couple's unique thoughts in particular themes related to my research questions, such as the new meanings of HIV, in Chapters 5, 6, and 7, to increase the diversity of the research results.

3.3 Stories Have Not Been Told

This study comprised a discussion of serodiscordant relationships. Most of the participants were willing to contribute to this research because they hoped to be a voice for people in serodiscordant relationships and to tell the world their stories, as well as to deconstruct related stereotypes. However, these motivations may have caused some participants to withhold struggles and painful stories and emphasize the positive and hopeful aspects of their relationships. In addition, in conversations with participants, my focus on new meanings related to HIV, new relational possibilities, and reducing HIV-related stigma for

serodiscordant couples may have encouraged the participants to present the idea that *we are OK* and discouraged them from describing distressful aspects of their relationships.

Section 4 Future Considerations And Limitations

In this section, I present participants' expectations and suggestions for HIV health care professionals and practitioners in Taiwan. I also present the limitation of this research and future considerations.

4.1 Suggestions For HIV-Related-Service Communities

Since 2017, the HIV anti-stigma campaign in Taiwan has been “HIV+OK.” The goal of the campaign is to assure PLHIV that their infection status is *OK* and to convey to the noninfected public that HIV should not negatively influence their friendships and relationships with PLHIV (Lee, 2017). The campaign also encourages PLHIV to disclose their serostatus to potential partners before establishing intimate relationships. The “HIV+OK” concept and recommendations to disclose serostatus before starting a romantic relationship are based on infection control strategies and a broader medical discourse (as described in Chapter 2), in which HIV is regarded as an illness.

I believe that the “HIV+OK” slogan and the greater campaign's recommended prevention strategies can relieve worries and prejudices regarding HIV among PLHIV and

noninfected people. However, medical discourse is just one of useful resources for understanding HIV and serodiscordant couples. As participants in HIV-related discourse, we should question whether medical descriptions benefit PLHIV and their families or perpetuate oppression and stigma. We should also examine the possibilities of alternative descriptions or discourses.

Limited information is available about *after disclosure relationships*. Few social resources have been established for guiding serodiscordant couples in building their romantic relationships and facing HIV. The participants in this study expressed that they would feel more positive and hopeful about their relationships if more accounts of serodiscordant couples' experiences were accessible. HIV-related-service professionals should consider serodiscordant couples as units when offering health care services to enable couples to co-create unique meanings in relation to HIV while facing related challenges.

4.2 Suggestions For Clinical Practitioners

In general, clinical practitioners hold authority over PLHIV and serodiscordant couples. Practitioners claim to know what comprises appropriate health practices for PLHIV and serodiscordant couples, and in particular what such individuals should do to prevent HIV transmission. Thus, practitioners' values and beliefs concerning HIV influence serodiscordant couples. The number and types of experiences that serodiscordant couples can discuss with

practitioners may depend on practitioners' responses. The following questions are worthy of consideration: (1) Might a practitioner who adheres to medical discourse about HIV refuse to acknowledge descriptions of HIV and possibilities for dealing with HIV based on alternative discourses? (2) Does a practitioner who conveys to serodiscordant couples that they should not worry about HIV discourage discussion between partners about fears of infection and other concerns?

As McNamee stated (2014), "*we must ask what values, what political stances, what relations are (silently) being granted authority and which ones are muted* (p. 93)". I recommend that practitioners cultivate reflexive attitudes toward HIV in their personal discourses and values, and strive to understand from where their HIV-related values and discourses originated. They should also examine their own participation in HIV medical discourse and question problematic actions, identities, and labels created by experts therein. If practitioners realize that they hold HIV-related prejudices, they should initiate dialogues with others concerning contrasting experiences to expand their understanding of HIV. New meanings in relation to HIV are generated in relationships—not only those of serodiscordant couples but also those between practitioners and clients.

I suggest that practitioners working with serodiscordant couples endeavor to understand the meaning of HIV in each couple's relationship and initiate conversations regarding fears of infection and other HIV-related concerns. Fears or prejudices related to HIV are difficult

topics for serodiscordant couples to discuss; however, opportunities to engage in open conversation could enable couples to create new values and beliefs about HIV.

My research participants and I invite teachers, counselors, social workers, and medical health care professionals to think how to open more possibility. It is our relational and ethical responsibility to co-construct new meanings of HIV with PLHIV and serodiscordant couples (McNamee & Gergen, 1999).

4.3 Research Limitations And Implications For Future Studies

I invited serodiscordant couples who had been together for more than one year to share their experiences and to interpret the meaning of HIV in their relationships. These participants had accepted their identities as HIV couples and were already considerably knowledgeable about HIV. I could not reach out to other groups of people such as couples who are greatly affected by HIV, couples who regard HIV as taboo in their relationships, or couples who end relationships because of HIV. Therefore, I could not include such couples' perspectives on HIV in my research.

Tsai (2014, 2016) has indicated that HIV-infected women in Taiwan are subject to more stigma than men who are infected, because in traditional Chinese culture, women are regarded as promiscuous if they contract a sexually transmitted disease. However, among my research participants, only one heterosexual couple was included; the remaining couples were

all comprised of gay men. Therefore, I could not explore further how cultural beliefs about gender affect heterosexual serodiscordant relationships. How do heterosexual serodiscordant couples face HIV in their relationships when the infected partners are female versus male individuals? Do gay male couples and heterosexual couples have different experiences of HIV according to different gender-related discourses in Taiwan?

In addition, the CDC in Taiwan is attempting to educate people about pre-exposure prophylaxis (PrEP), a new medical intervention for serodiscordant couples. The consensus statement “U = U (HIV Undetectable equals Untransmittable),” which declares that “*the risk of HIV transmission from a person living with HIV (PLHIV) who is on Antiretroviral Therapy (ART) and has achieved an undetectable viral load in their blood for at least 6 months are negligible to non-existent,*” is also supported by the Prevention Access Campaign in many countries (Lancet HIV, 2017; Taiwan Lourdes Association, 2017; Fauci, 2017). Based on this information, will the fear of infection in serodiscordant couples be transformed? Will new concepts regarding HIV be introduced in the future? Will there be changes in the public discourse about HIV? Finally, future research may investigate how serodiscordant couples confront a society where stigma and prejudice are prominent and how they strengthen their bond while facing this challenge.

Section 5 Final Thoughts

Thirty years ago, HIV was a serious health threat. An HIV diagnosis was almost equal to a death sentence. PLHIV's partners and family members lived in fear of infection. By contrast, with advancements in medicine, HIV is almost noncommunicable. PLHIV and noninfected partners are beginning to have opportunities to discuss their relationships and related issues. However, because of HIV stigma and prejudices in dominant discourse, most research about serodiscordant relationships still focuses on the negative impacts and stress engendered by HIV.

My goal in presenting this research is to share serodiscordant couples' stories with a wide audience. Throughout this study, I attempted to co-deconstruct and co-reconstruct serodiscordant relationships with the study participants. I also examined HIV in the context of relationships and avoided generalizing the concerns of PLHIV. The analysis presented herein suggests that HIV-related stigma and prejudices are byproducts of social interactions based on a shared unquestioned discourse. However, exploration of alternative discourses about HIV and serodiscordant relationships is possible. More conversations and alternative discourses could generate new coordination, followed by new patterns of interaction, new standards, and new moral orders.

Serodiscordant relationships seem full of controversies, conflicts, and differences. These HIV positive–negative relationships create opportunities to foster dialogic spaces

where new meanings and ideas are generated in between positive and negative HIV status. I omit the symbol “H+” or “H-” from each participant’s name in this chapter. The greatest challenge for these couples may not be the partners’ positive and negative statuses but rather how to maintain their relationships.

Among the seven couples who participated in my research, some moved on to the next stage of their relationships, namely getting married or living together. Some couples ended their relationships. Most couples still live ordinary lives. HIV is dissolved in the background of their daily lives and relationships; it cannot be seen or be touched, but it is there. Stories keep evolving.

By reading these stories, you have become a part of them. I invite you to participate in continuing, transforming, and voicing these stories with me, these participants, and PLHIV and serodiscordant couples whom you know or have yet to meet.

Epilogue: Reflection Of Reflection

My personal values represented in the research

Almost 8 years ago, I asked a friend who had been in a serodiscordant relationship for several years, “Why do you remain in the relationship if you really experience so much pain and stress?” After 5 years, when another friend, A, came out to me as a PLHIV, my first response was shedding tears. What did my tears convey? What personal values did I personify at that moment?

Before the advancement of anti-HIV medication, I perceived serodiscordant relationships to be full of suffering and pressure. The non-infected partner must bear the risk of being infected, and the PLHIV has to be careful regarding their health condition and ensure that they do not pass the virus to their partners. Non-infected partners become caregivers in the relationship, whereas infected partners become patients. The tears I shed for A reflected my worries. I worried that his life would involve considerable challenges and pressures. I worried that he might face discrimination in Taiwanese society for being a PLHIV. These worries also reflected my opinions that the lives of PLHIV are full of difficulties and that serodiscordant couples experience considerable pressure and challenges.

Considering the aforementioned personal opinions, I reflected on how I listened to the stories of the research participants. I noticed that I focused more on topics related to how couples experienced challenges together and how they maintained a connection with each

other in a such a difficult relationship. I would also support voices of the infected participants when they mentioned stories of how they experienced a depressing period in their lives when they received the HIV-positive test result and how they experienced HIV-related prejudices in society. I especially admired the resilience of serodiscordant couples, and I actively invited the participants to share more with me. Moreover, I acquired new meanings of HIV in the research process. However, I did not invite the participants to share their negative and stressful experiences nor did I have conversations with them regarding their internalized HIV stigma and anger from being oppressed.

I brought my values and assumptions and focused on the resilience and hope in serodiscordant relationships. Moreover, I closed down the space for anger, stress, oppression, and prejudices that participants might experience. I did not attempt to ignore the oppressive experiences of the participants but only ensured that the couples did not focus only on their negative experiences. I hope to present an alternative aspect of serodiscordant relationships, which despite involving considerable challenges can still persevere, and reconstruct the meaning of HIV with the participants in the research process.

Possible discrepancies between a social constructionist epistemology and this study

A social constructionist epistemology emphasizes the cultural context of research participants and the interaction between individuals. With not-knowing stands, social constructionist researchers begin conversations with research participants. Between sharing and responding, researchers and participants coconstruct and cocreate a new meaning of HIV. Social constructionist researchers invite multiple voices with various identities and think how to bring a new transformation and understanding into coordination with the community.

In social constructionist epistemology, the cultural and social contexts are included in the research data. Social constructionist researchers believe that finding similarities or a universal reality is impossible. They encourage participants to share their stories in their own ways. Researchers must be careful regarding the interpretation of research data. Do participants agree with researchers' description or interpretation? Are there any untold stories or unheard voices? Researchers bring their results back to the participants and discuss with them whether any additional work must be done. Researchers and participants are conversational partners and share power in the research process.

One of the possible discrepancies between a social constructionist epistemology and this research is that I did not place much emphasis on the cultural context of each participant couple's story. I presented seven participant stories in thematic descriptions. I selected thematic descriptions to present the research results because I was hoping that the public

would gain a broad understanding of this unfamiliar population. However, I also lost the opportunity to present the unique aspects of each participant couple's experience.

Moreover, I did not have an opportunity to discuss the research results with the participants. I sent the research results to the participants and invited them to provide me feedback. All the participants agreed with my interpretations. However, I still believe that I could have made more detailed arrangements. How did the participants want to be heard? How could I present their stories? What could be taken into the conversation with the public? New ideas would have been generated through discussion.

Lessons I learned from this research

Usually, I am not very expressive. However, in this research process, I learned to be more expressive so that the participants could understand me. I also attempted to understand the participants as much as possible through invitation stances. I remember once having a conversation with a colleague from India regarding sharing and responding. We both believed that sharing and responding are not a part of Asian culture. However, I believe that sharing and responding should now fit into my culture. Preventing participants from feeling oppressed when sharing and responding and creating a mutual understanding are my relational responsibilities.

The other lesson I learned is how to continue the conversation after this research. The participants and I brought our own expectations into this research. We all wanted to let the world know more about serodiscordant relationships. At the end of the interview sessions, I invited the participants to provide suggestions. One of the participants hoped that this research would not be only a doctoral dissertation stacked in the library or published in an unnoticed academic journal but would be highly accessible with easily readable and useful information. Several HIV care professionals with whom I had conversations were curious how serodiscordant couples faced the challenges brought by HIV. I believe that mutual understanding can be created if the research participants have an open dialogue with HIV care professionals. Participants will not be only patients and patients' family members, and HIV care professionals will not be only experts and authorities in medical discourse.

I cannot predict how long it will take the public to regard HIV as a common illness without prejudice, as in the case of diabetes or high blood pressure. However, the process can be initiated by opening a conversation space with HIV care professionals. I believe that every conversation can create a small transformation. I hope the transformation will extend to society and bring new possibilities.

I cannot mold the world as I desire. Other people must participate, cooperate, and cocreate. This research could not have been accomplished without the participants. I carry their expectations with me and hope that this research provides the public an opportunity to

understand HIV and serodiscordant relationships. My next step would be to make this research more accessible for the public to read.

Appendix A Flyer for Participants

Voicing for Love: An Invitation For HIV-serodiscordant Couples

My name is Yuan-chin Chang, and I am a doctoral student in Vrije Universiteit Brussel and the Taos Institute. I am inviting you and your partner to participate in a research study entitled: Reconstruct HIV-serodiscordant Couple Relationships in Taiwan.

I believe that every type of relationship is worth to be seen. From the experiences of my close friends, I notice that HIV-serodiscordant couples' relationships are full of resilience. However, this type of relationship is often hidden because of HIV-related prejudice. I invite you to participant this research, for sharing Taiwanese serodiscordant couples' stories and letting more people know this unique type of couple relationship.

Participants are:

- currently in a serodiscordant romantic relationship, which means one partner is PLHIV, and the other is noninfected person, either heterosexual or same-sex relationships
- in relationships for at least 1 year
- required to be 18 years or older and have mutually disclosed serodiscordant statuses for more than 6 months
- interviewed together, and agree audio recorded.

You and your partner will be interviewed twice together by me and the interview will take approximately 90-120 minutes. This interview will be held in a place where is comfortable and convenient for both you. The interview will be audiotaped. The interview questions will focus on: (a) the influences and meanings of HIV for your relationships; (b) what you want the public to know about HIV-serodiscordant couple relationships.

All identifying information will be kept confidential, and your anonymity will be maintained if the results of this study will be published or presented in conferences. Your participation in this study is entirely voluntary. If you no longer wish to continue to be a part of this study, you have the right to withdraw from the study at any time.

There is no physical risk to you as a result of participating in this research. However, you might experience some anxiety and distress when sharing your stories. These risks will be minimized by contacting me for referrals to mental health professionals for therapy.

If you are interested in participating this research or have any further questions, please contact me at pizovcake@gmail.com. I am looking forward to hearing from you.

Appendix B Consent Form for Participants

You are invited to participate in the research entitled **Reconstruct HIV-serodiscordant Couple Relationships in Taiwan** conducted by Yuan-chin Chang. This research is hoping to understand HIV-serodiscordant couple relationships with the lenses of social constructionism, and to bring new ideas of HIV and serodiscordant relationships to the public.

You and your partner will be interviewed twice together by Yuan-chin Chang, and the interviews will take approximately 90-120 minutes. All interviews will be audiotaped and transcribed, and the audio file of the interview and transcripts will be kept confidential. Only the researcher will access to the interview audio file and transcripts.

All identifying information will be kept confidential, and your anonymity will be maintained if the results of this study will be published or presented in conferences. Your participation in this study is entirely voluntary. If you no longer wish to continue to be a part of this study, you have the right to withdraw from the study at any time.

There are a number of potential benefits to your involvement in the study. You may help the researcher and the public to understand the experiences of managing HIV-serodiscordant couple relationships and help mental health professionals to better understand how the struggles as well as appreciation emerges in the relationship.

There is no physical risk to you as a result of participating in this research. However, you might experience some anxiety and distress when sharing your stories. These risks will be minimized by contacting me for referrals to mental health professionals for helps.

If you have any questions or concerns about participating in this research, you can email Yuan-chin Chang at pizovcake@gmail.com. You also can reach to the research advisor, Dr. Shi-jiuan Wu at shijiuan@gmail.com who is Yuan-chin Chang's advisor of the Taos Institute, or Yuan-chin Chang's promoter at Vrije Universiteit Brussel, dr. Katrien De Koster at Katrien.De.Koster@vub.be.

All of my questions have been answered and I am eighteen years old or older. I wish to participate in this research study.

Signature of Participant

Date

Signature of Participant

Date

Signature of Researcher

Date

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