

## Opposites attract

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Pos-neg relationships, magnetic partnerships, mixed-status couples, serodiscordant shack-ups ... positive and negative men and women are proving that when you're in love, nothing — not even HIV — need stand in your way.

Most HIV-positive people would prefer to have a partner of the same status, wouldn't they?

When I have discussed this issue with positive friends they have generally agreed with this statement, suggesting that fears of transmitting the [virus](#) [1]A small infective organism which is incapable of reproducing outside a host cell. to a negative partner, the hassle of dealing with treatment side effects and the possibility that you might be able to experience sex without condoms were all strong reasons to go for someone of the same serostatus.

The statistics though, show a different story. The HIV Futures 4 report says that only about half of their [cohort](#) [2]In epidemiology, a group of individuals with some characteristics in common. A cohort study is a special kind of clinical trial which looks at a treatment or treatment strategy in a cohort of people. (49.6 percent) agreed with that statement and of the 46 percent of positive people in relationships, 60 percent have HIV-negative partners.

Of course, there are a lot more negative people out there, and even less likelihood of finding another positive partner if you're heterosexual. The fact remains, too, that you can't determine who you are going to be attracted to and fall in love with based on a pre-condition of sharing the same status.

The people I spoke to for this article, generally don't think there's a problem with pos-neg relationships anyway. Most of them have been in long-standing, happy relationships where status is pretty much incidental.

### “Everyone has some sort of baggage”

Greg and Michael approach the question of status with the wisdom and understanding of two guys who have been in a close relationship for 13 years. When they first met in 1992, Greg had already been positive for seven years. He'd developed a pattern of always telling sex partners up-front about his status (unless it was at a sex venue where that was difficult). If they coped with the news, then they were worth getting to know.

Michael, who had just left a monogamous, condom-less, relationship with another negative guy, had not really had to acquaint himself with the facts about safe sex and when it was clear that something serious was developing with Greg, he set about reading up on the relative risks involved with sex.

Was oral sex OK? What were the relative risks of being a top versus bottom? They both found information sparse at this time — it was before [viral load](#) [3]A measurement of the quantity of HIV RNA in the blood. Viral load blood test results are expressed as the number of copies (of HIV) per milliliter of blood plasma. tests, for instance — but they worked out a set of sexual rules that they have stuck to ever since. The pair use condoms, and even then Greg avoids ejaculating inside Michael. They have oral sex without protection, but avoid getting Greg's cum in Michael's mouth, especially if Greg's viral load isn't low.

Greg spent the first three months of their relationship trying to talk Mike out of continuing with him. “I have always worried about condoms breaking and even today I find it hard to come inside a condom just in case. We have sometimes started having anal sex without condoms — it's pretty hard not to, in 13 years! — but I have never finished without putting one on. I care for him too much to ever risk it.”

The greatest pressure on their relationship hasn't been about transmission but about dealing with the uncertainty of Greg's health and Mike's real fear about losing him.

So many friends were dying in the early 1990s, they both decided to go on a world trip together, just in case Greg got ill. Disaster struck when Greg developed cryptosporidiosis in Paris, with half his time spent staying in hotel rooms dealing with diarrhoea.

“That started some serious health problems for me,” Greg said. “I was so lucky to have an angel like Mike who supported through that time, when I couldn’t work and my health was declining. He supported me physically, financially and emotionally and I guess he expected the outcome was going to be my early death.”

Instead, the arrival of [HAART](#) [4] Highly Active AntiRetroviral Therapy ??? aggressive treatment of HIV infection using several different drugs together. in 1996 helped Greg to gradually pick up his health, but the combined burden of worrying about Greg and the loss of a close friend to AIDS at the time led to an emotional collapse for Michael who then left the relationship for a period.

“I saw our friend dying and what his lover was going through and my own self-preservation kicked in. I needed out for a while,” Mike explained.

They both survived the experience and moved back in together. The side effects of the various HAART drugs started to cause Greg a lot of gastric problems, necessitating changes in the sexual roles he was prepared to play.

“It has meant that both of us feel a bit more restricted sexually and we’ve dealt with it by opening up the relationship a little,” Greg said. “As long as I can keep the green-eyed jealousy monster under control, I accept that it has been a development that will most likely still allow us to stay together.”

Greg and Michael have been through some difficult times — much of it directly attributable to HIV — but neither regrets the experience. “I found a soulmate in Mike, said Greg. “I’m glad that he didn’t let HIV be an issue.”

“Everyone comes with some sort of baggage, HIV or not,” said Mike. “We’re both happy to be able to show people that it’s not such a big thing, not a defining factor, that pos-neg relationships can work well.”

### “I’ve never thought of her as HIV-positive”

Andrew has been in a relationship with Deanna for the past four-and-a-half years.

“We met at a gym and got to know each other over coffee and our joint interest in skydiving. I had been told that she was HIV positive by a friend, so I knew what I was getting in for — except I didn’t really know much about the virus at first,” Andrew said.



“I’ve never really thought about Deanna as being HIV-positive although I guess I do when we use condoms (pretty much all the time). I hate them and had never thought about or practised safe sex until we met. We’ve had to get used to them though, and I do still find it a bit difficult.”

The pair had to learn a lot more about HIV when Deanna became pregnant with their child a couple of years ago. Deanna had already been through the process once before with her first child, from an earlier relationship, but there were still a lot of issues to deal with. “There are not a lot of clear-cut answers about what to do: things to consider like whether to breastfeed or not, a Caesar delivery versus a natural birth and the possibility of transmission to the foetus,” Andrew explained. “Fortunately it’s all worked out well but we did have to make a few

educated guesses along the way.”

Telling Andrew’s parents about Deanna status was an issue for the couple early on. “We didn’t know how they’d react but they’ve been a great support to us. In fact we have a tremendous support network around us — when Deanna got ill with an AIDS-defining illness recently it really tested our relationship: how to keep two businesses going, look after the children, and what was her prognosis? Our supports and our close relationship got us through,” he explained.

“Deanna is an exceptional woman. I wanted to have a relationship with her because of her personality, her love of life and her great ass. Why should you let a virus define who someone is and why should you let it impact on your life?”

## A Contemporary Couple

Damian and Graham have been together since 2002, getting married in Canada in 2004. They are an example of a “contemporary” pos-neg gay couple who have not had to live through the pre- HAART uncertainty so much, with Graham’s health being relatively stable (albeit with the usual nasty treatment side-effects).



When they first met, Graham blurted out, “You do know I’m HIV-positive?” before anything serious developed. “I do now,” responded Damian, who admits he had a few thoughts pass through his mind about whether he wanted to get into a relationship with a positive person. But he realised that the same thing could just as easily have happened to him, and the pair’s situation could have been reversed. “I knew I was attracted to Graham and regardless of his status I would be practising safe sex so it wasn’t a problem.”

The main fears in their relationship are not about transmission but about Graham’s health. “My major fear is that I’ll die and Damian will have to go on without me,” said Graham, “and he has let me know how painful that would be for him. However we have a group of friends that would ensure he wasn’t left alone in his grief. And besides, my parents just love him.”

Damian’s major concerns are for the effects that the virus and HIV treatments can have on his partner’s quality of life and energy levels. He doesn’t think HIV has affected the spontaneity of their sexual relationship and, while he knows he will never really understand what being positive is like, Damian doesn’t think they have any less empathy as a couple because of their different status. “People are people first, HIV- positive or negative second or even third. It doesn’t define our existence, it’s just one dark thread among other colours in the rich tapestry of life.”

## Difficulties in Relationships

Needless to say, however, some couples have quite a lot of difficulty dealing with the differences of status. Nicci Rossel, Manager of Counselling Services at the Victorian AIDS Council/ Gay Men’s Health Centre runs groups for the negative partners of positive people. “In many cases the problems the participants present with are to do with

over-compensating for the needs of their positive partner. They fail to communicate about things that might worry them about their partner's health — like T-cell counts or treatments — because they think that they are already dealing with so much or they think that talking about these issues might remind the partner that they could be sick or dying.”

“Of course with HIV you are going to have some people who harbour real fears about transmission — whether the positive or negative partner — and the best way to overcome these fears is to talk about it with the partner and come to agreements about what you're both comfortable with. If fears about HIV are affecting your intimacy and closeness in the relationship then counselling might be a helpful way to deal with it, maybe as a couple.

“It is important to be able to develop a basic trust between you and your partner for the further development of a strong relationship. Sometimes when I counsel people there is a suspicion about a partner — maybe about their faithfulness, whether they really care for them or not — and they might be using the fact of their partner's different status as a smokescreen for the real issue. I spend a lot of my time trying to help people sort out what is really about HIV and what is about other things that can go wrong in any relationship.

“One of the most troubling things I see is when a negative person feels that the only way they are ever going to be close enough to their positive partner is by becoming positive themselves. They rationalise that they will be able to be more intimate, to have unprotected sex and so on, but when it happens there can be a profound feeling of regret on the part of both partners. If the negative partner is seroconverting because of a deep-felt insecurity about losing their partner, that fear is unlikely go away once they are positive. These issues can be explored in a counselling environment with either an individual or the couple so people can better understand what is going on in their relationship.”

## Seroconversion Research

Epidemiologists have recently analysed the trends in seroconversion amongst HIV-negative partners of positive men. Andrew Grulich from the National Centre for HIV [Epidemiology](#) [5]The branch of medical science that deals with the study of incidence and distribution and control of a disease in a population. and [Clinical](#) [6]Pertaining to or founded on observation and treatment of participants, as distinguished from theoretical or basic science. Research in Sydney said that the incidence of seroconversion (using data from their HIM Study of negative gay men) of this group was 3.5 percent per year. This compares to an overall incidence amongst negative men of about one percent per year.

The HIM Study also showed that by far the majority of pos-neg gay couples engaged in safe practices, were much less likely to have unprotected anal sex and when they did, the negative partner rarely allowed his partner to cum inside him. The positive partners were much more likely to take the bottom role and to have unprotected sex only when their viral load was undetectable. (We all know that this practice is not completely safe — but that the likelihood of transmission is reduced when viral load is low.)

The Centre also interviewed 103 seroconverters as a part of their PHAEDRA study. About one third of the seroconversions were attributed as being from a regular partner. Of these, about 60 percent occurred in the first year of a relationship.

Pos-neg relationships obviously work for the majority of people without too much stress and fuss — as evidenced by these statistics but more importantly, by the accounts of the people interviewed for this article and from the numerous relationships we all know of out there in the real world.

As long as trust and good communication happens, along with strong condom use habits, the relationships will survive as long as any other. After listening to the couples interviewed in this article I am even thinking of changing my long-held [bias](#) [7]When a point of view prevents impartial judgment on issues relating to the subject of that point of view. In clinical studies, bias is controlled by blinding and randomization. to find another positive partner. Why limit your horizons when clearly the target group is a lot bigger?! If only I could get over my fear of rejection...

For Melbourne readers: a group for negative partners of positive people is currently running at the Victorian AIDS Council — contact the duty worker at the counselling service on 9865 6700. AIDS Councils and [PLWHA](#) [8]Person (or People) Living with HIV/AIDS. groups in other states also run similar groups — their details are on the back page.

- [Gay and bisexual men](#)
- [heterosexuals](#)
- [personal stories](#)
- [positive in prevention](#)
- [relationships](#)

**Links:**

[1] <http://www.napwa.org.au/glossary/term/125>

[2] <http://www.napwa.org.au/glossary/term/477>

[3] <http://www.napwa.org.au/glossary/term/416>

[4] <http://www.napwa.org.au/glossary/term/96>

[5] <http://www.napwa.org.au/glossary/term/490>

[6] <http://www.napwa.org.au/glossary/term/475>

[7] <http://www.napwa.org.au/glossary/term/473>

[8] <http://www.napwa.org.au/glossary/term/119>