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Masculinity, Sexuality and Emotional Intimacy Among HIV-positive Heterosexual Men

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Examining the narratives of eighteen heterosexual drug-injecting men living with HIV, this study seeks to understand how HIV-positive men negotiate issues of masculinity, sexuality, and emotional intimacy. It focuses specifically on strategies HIV-positive men use to manage emotional vulnerability in sexual encounters. We identify a core theme of "splitting," in which men compartmentalize the domains of sexuality and emotional intimacy. We examine how this aspect of masculinity is at times exacerbated as a strategy to minimize emotional investment in sexual partners. By splitting the emotional and sexual domains, the men are able to perform sexually with casual sex partners while minimizing both the risk of infecting intimate partners and a fear of rejection from those they care about or desire most. However, the tensions created by splitting the emotional and sexual domains may disintegrate intimate interpersonal relationships that serve as a base of much-needed emotional support.

Key words: masculinity; sexuality; HIV

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Sexuality and emotional intimacy are domains of men's lives in which hegemonic gender scripts can be greatly exaggerated and at the same time deeply contested. While the psychological impact of HIV is a powerful and devastating experience for either sex, there is a particular relationship between masculinity and HIV that may force men to confront themselves in ways for which their gender roles and scripts have not adequately prepared them (Seal, Wagner-Raphael, and Ehrhard 2000).

This study focuses on the various experiences of emotional intimacy that HIV-positive men deal with in sexual scenarios. While men's sexual lives are often dramatically reoriented after contracting HIV (Knight, in press; Tewksbury 1995), given the interconnectedness of the emotional and sexual domains, men's emotional relation to sexual partners is similarly reoriented. Three assumptions appear to underlie hegemonic conceptions of masculine sexuality and become pronounced when theorizing about intimacy: (1) norms of masculine sexuality include the compartmentalization of sex or physical intimacy from love or emotional intimacy (Hooks 2004; Jansz 2000); (2) for men, sexuality or physical intimacy, at least on the surface, is often given prominence over emotional intimacy (Brooks 1997); and (3) heterosexual men assume or are expected to assume a position of power and performance as actors within the sexual domain (Stock 1997).

Many have argued that cultural proscriptions for masculine sexuality compel men to develop an avoidant relationship to emotional intimacy (Brooks 1997; see also Brett Stoudt, in this volume), such that men may compartmentalize the sexual and emotional domains of their lives, privileging sexual excitement over emotional connection with others. bell hooks (2004) identifies this dynamic as "splitting." Empirical evidence suggests that men tend to be highly sexually motivated (Baumeister 2001), often prefer casual sex (Oliver and Hyde 1993), and generally desire sexual interaction that is focused primarily on the arousal aspect of sexuality (Hatfield et al. 1988). Further, Tolman (2001) identifies boys' "unstoppable sexual desire" as a gendered script of compulsory heterosexuality. Brown and Auerback (1981) found that the most common reason for initiating sexual activity was "release of tension," while Hofstede (1998) found that men tend to view sex as an achievement rather than as a relationship.

Brooks (1997) theorizes that hegemonic masculinity overemphasizes the importance of what he calls "non-relational sexuality," which is defined as "the tendency to experience sex as lust without any requirements for relational intimacy" (p. 10). This leads to what Brooks (1997) labels "a fear of true intimacy," in which men "are taught to suppress their needs for intimacy and sensuality, and come to invest too much emotional and psychological power in some women's bodies." Brooks (1997) continues: "Fearing their potential over-dependence, men develop a preoccupation with sexuality, powerfully handicapping their capacity for emotionally intimate relationships

with men and for nonsexual relationships with women." (pp. 36–37). Part of achieving an emotionally stoic, masculine sexuality requires that men exercise sexual and emotional power over and distance from women (Holland 1994; Spiro 1997), such that hegemonic male dominance is embodied and reproduced in the micropractices of interpersonal relations (Stock 1997).

The men in this study are not only HIV-positive, but they are also heterosexually identified injection-drug users. The impact of HIV on their sexual and emotional experiences is compounded by the stigma of HIV for heterosexual men as well as the complications of drug abuse, crime, and poverty many of these men have experienced (Knight, in press; see also Yasser Payne, in this volume, for a discussion of "street-life-oriented" masculinities). If for many heterosexual men there is a focus on sexual excitement, and their avoidant relationship to emotional intimacy is an integral part of their gender identity, we ask, how might these issues be compounded for those men dealing with HIV? If men tend to "split" sexuality and emotional intimacy, to what extent might HIV provoke a further *separation* of these domains; or, conversely, to what extent might HIV incite a desire for further *integration* of sexuality and emotional intimacy?

Achieving hegemonic masculine heterosexuality may be a strategy by which men manage vulnerability in relationships with women, a strategy that can have devastating consequences both sexually and emotionally. While inadequacy issues and a cluster of anxieties around sexuality and performance have been associated with sexual dysfunction in men in general (Bruce 1994), HIV-positive men are more likely to report psychosexual problems post HIV diagnosis, including a variety of sexual dysfunctions, loss of libido (Tewksbury 1995), difficulty maintaining intimacy (Van der Straten and Vernon 1998) and the incongruity of safer sex and intimacy (Diaz and Ayala 1999; Jones and Klimes 1994). HIV-positive men can come to view themselves as "transmitters," (Tewksbury 1995) locating the stigma around HIV in sexuality, the primary domain of transmission. Internalized stigmas can have an isolating effect on interpersonal relationships, as well as a detrimental impact on the perception of one's bodily health and self-image (Herek 1999). These and other forms of sexual dysfunction resulting from disease have been shown to disrupt the core performance of sexuality and therefore, for many men, masculinity, posing a serious threat to the men's masculine identities (Fergus, Gray, and Fitch 2002; Knight 2002, July).

This study was designed to understand how men negotiate the potentially conflicting scripts of masculine heterosexuality and HIV seropositivity. How might the kind of compartmentalization of sexual and emotional intimacy, or "splitting," typical of masculine sexuality and the prominence of sexuality in men's lives affect deeply intimate interpersonal relationships with others? And, under what conditions does being HIV-positive amplify or diminish the compartmentalization of sexual and emotional intimacy?

METHODS

Participants

This study involved the secondary analysis of qualitative data from the Seropositive Urban Drug Injectors Study (SUDIS). SUDIS was funded by the Centers for Disease Control and Prevention to investigate sexual and drug-related risk behavior among 180 HIV-positive active injection-drugs users in the New York City and San Francisco metropolitan areas. An approximately equal number of participants came from each study area. Specifically, eight-two (51.9 percent) were recruited from New York City, and seventy-nine (49.1 percent) were recruited from San Francisco. Participants completed an in-depth, face-to-face, semistructured qualitative interview dealing with issues of drug use, sexual behavior, and HIV that lasted about ninety minutes and for which they received twenty dollars. Though there was a quantitative component to SUDIS, the present analysis exclusively relies upon the qualitative interview portion of the study. Findings from the quantitative data of SUDIS can be found elsewhere (Mizuno, Purcell, Dawson-Rose, Parsons, and the SUDIS Team 2003; Mizuno, Purcell, Borkowski, Knight, and the SUDIS Team 2003; Parsons et al. 2004).

Out of the total sample of 180 injection-drug users from San Francisco and New York, twenty-three heterosexual men were selected for qualitative analysis. We selected twenty-three so that an in-depth analysis of each individual could reveal a more dynamic picture of the complex issues that were raised, rather than an overview of themes. We based the selection criteria solely on demographic data, prior to reviewing the narratives to ensure a diversity of race, age, and drug of choice so as to eliminate bias toward the content of the narratives. Because the focus of the study involved issues of masculinity and HIV positivity among heterosexual men specifically, only men identified as heterosexual though a variety of sexual behaviors and identities were present in the larger sample. We eliminated five participants from the analysis because either we felt that the interviewer did not interrogate questions of intimacy and sexuality fully enough, the narrative focused almost exclusively on drug use and little was mentioned about intimacy, or the participant was unwilling to say much about his sex life generally and gave only brief responses to questions regarding issues of sexuality. Thus, this analysis focuses specifically on interviews with eighteen men who narrated issues of intimacy and masculinity in depth. Because the men were identified only by ID numbers, all of the names that appear in this paper are pseudonyms.

Sociodemographics

The sample size included men from a range of ages, races/ethnicities, and drugs of choice. Ages ranged from 27 to 54 with a relatively even distribution in between. The mean age was 40.9 (*SD* = 7.3). In terms of race/ethnicity, eight (44.4 percent) of the men were white, seven (38.9 percent) were African American, two (11.1 percent) were Latino, and one (5.6 percent) was Asian/Pacific-Islander. In terms of participants' primary drug of choice, heroin users represented over half of the sample (55.6 percent). The next most frequently used drugs were speed (22.2 percent) and cocaine (16.6 percent), and one (5.6 percent) participant injected a combination of heroin and cocaine.

Measures

To capture a wide range of sexual behaviors, a variety of in-depth questions were asked of participants concerning sexual practices, partner selection, sexual preference, relationship type, and partner status. For the present article, within these questions about sexual behavior and sexual attitudes, we focused on three primary questions that were asked in the interviews: "How has HIV affected your life?"; "What does sex mean to you?"; and "What does sex mean to you since you've been HIV-positive?" We then reviewed the remaining portions of the interview for any emerging issues of masculinity and intimacy within the narratives about specific sexual experiences. After several readings, five themes emerged that represent a dynamic picture of the men's individual experiences: stigma, fear of rejection, masculinity validation, splitting of sexual and emotional partners, and integration of emotional and sexual intimacy. These themes were reviewed with colleagues and then applied to relevant sections of the narratives.

RESULTS

Stigma: Rejecting and Rejected

Many of the participants narrated the devastating consequences of the stigma associated with being HIV-positive, a sense in which they felt "contaminated" by the virus (see also Tewksbury 1995). This sense of social contamination appeared to have meaning to participants well beyond simply infection on a biological level. Eduardo, who had sex primarily with female sex workers in the last couple of years, spoke of a loss of self, feeling that he no longer had anything to "offer." Finding it difficult to approach women anymore, Eduardo explained:

> [Q: Have you had sex with anybody in the last couple years where it wasn't that kind of exchange situation?] Nope . . . it's hard for me to approach a woman . . . There's nothin' I have to offer . . . So, I guess, if I'm gonna get any, I'm gonna have to (chuckles), you know, settle, you know, with someone who doesn't give a shit about herself either more or less. (Eduardo, Hispanic, age 38)

Experiencing a stigmatized sense of self and believing that "there's nothin' [he] has to offer," Eduardo projects the same notion of contamination onto the prostitutes he must "settle for." Indeed, when participants discussed sexual encounters, their experience of stigma raised a number of rejection anxieties often arising from this general sense of contamination.

> [Q: And how has [HIV] affected your life?] As far as getting involved with someone, whether I should tell them about HIV positive or not. How would they look at me? Would they turn their back on me? And that's something that I . . . you know, I fear, I fear rejection. And, you know, fall in love with a female and then I tell her this and she would say, "Well, you know, I don't want to mess with you." So that's, you know, a big change. (Don, Hispanic, age 38)

Fears about infecting emotional partners and fears of rejection deeply affected the meaning of sexuality for some participants, especially in expressing sexual intimacy. The men were acutely aware of the feelings and responsibility that they had to protect and care for sexual partners; however, that same sense of protection applied primarily to those for whom they had deeper emotional feelings, not casual sex partners (e.g., sex workers). The men were reluctant to have sex with those they cared about, thus, a form of care was narrated as an avoidance of intimacy. By removing themselves from intimate relationships, these men ensured that their partners were protected, not only from being physically infected by the virus, but from what they perceived to be the painful psychological consequences intimacy can have in the context of HIV. Fears around rejection led men like Lee to focus on performing sexually as a way to manage the vulnerability they felt, closing them off emotionally from their partners.

> You know, as far as the intimacy and the closeness and all that. It's like I'm trying to perform for them, than really gettin' mine off. It's, I don't know. It's, oh man, it's this whole, ever since I've contracted the virus, it's changed my whole, like I said, I'm a lonely person. I can't get close to a real woman anymore. It's messed up. (Lee, Filipino, age 35, heroin)

Masculinity Validation

Many of these men described the ability to perform sexually as a sense of "relief" or "release." Eleven out of the eighteen participants in this sample mentioned the words "release" or "relief" in describing their sexuality in response to the question "what does sex mean to you?" Fred talked about a

sort of buildup of sexual energy and the "release" and "satisfaction" he felt after a casual sex encounter.

> [Q: I want to talk about sex now. What does sex mean to you?] A relief. Just get, a relief. You know? I mean uh, and anxiety built up inside you, and uh, sex relieves it. You know? Once you pop that nut, you're relieved. You know? (Fred, white, age 41)

Yet, issues around rejection continually resurfaced. Irving describes rejection as a "clink in your armor." This "armor" may reflect the masculine shield many men wear to protect themselves from rejection by a potential partner. This armor must be particularly strong in the context of HIV, where rejection may reinforce an already stigmatized self-image.

> You know. There's nothin' funny about bein' rejected from someone that you want, because of somethin', some, a c-, a clink in your armor like this. You know, and it's one that you can't straighten out. It's gonna be there wit you forever. And it can fuck up your whole armor, if you don't treat it right. (Irving, African American, age 49)

Splitting

In managing rejection anxieties and the emotional weight of potentially intimate relationships, many men seemed to "split," as hooks (2004) would argue, between partners for casual sex and those for whom they had deeper emotional feelings. While this may be typical of many heterosexual men, it seemed to be exacerbated by HIV, perhaps because these men felt an exaggerated desire to protect those they care about most. Don narrates the difference between having sex and making love based on what kind of partner he has and what type of interaction they have.

> [Q: What meaning does sex have for you? Like why do you have sex? How do you feel when you have sex?] First of all, making love and having sex to me is two different things. Sex is something that I would have just like if I meet a girl at a club and we'll go to her place, or even go to the bathroom, something, and have sex. You know what I mean? Sexual intercourse, that's . . . to me that's sex. However, making love is, you know, to love each other. And to me that's . . . I wouldn't tell just any female, you know, "Let's make love." Because if I don't love you, how can I make love to you? If anything, it's going to be sex. (Don, Hispanic, age 38)

Casual sex for many of these men may enable a release of tension. In avoiding emotional intimacy, this physical sexual release allows the men to both enact a sexuality and validate a masculinity threatened by HIV. Because these men often avoid intimate relationships with those they care about most, this sexual release is enacted with casual sex partners, where the emotional

aspects of sexuality can be set aside. This avoidance of sex with emotionally intimate partners is particularly acute in the following discussion.

> [Q: Is there anything different about the meaning of sex for you, between, before and after you got HIV? Has it changed at all?] Uh, yeah, the people that I really care about, and I really love, I mean, really deeply love, I won't have sex with. (Fred, White, age 41)

Integration: Sexuality and Intimacy

While some of these men have been involved in serious relationships and may have experienced an integration of sexuality and emotional intimacy in these relationships in the past, only one of the eighteen participants explicitly spoke about integrating the emotional and sexual aspects of a relationship post HIV diagnosis. Frank narrated an integration (as opposed to further compartmentalization, or splitting) that developed after being diagnosed with HIV.

> The sex that we have is satisfying because I'm with somebody that cares for me and I cares for them. I'm with somebody that's reaching out to me, giving me all the confidence in the world, that's helping me a lot right now dealing with my HIV . . . I'm satisfied. I don't feel like I used to [where all I do is come] I don't feel [like] nothing, you know. I know, because maybe, at that time, I was just wasn't making love. I was just what we call "fucking," you know. Just getting it over with and that's it, so it wasn't satisfying. (Frank, African American, age 36)

Because Frank found someone who cares about him despite his HIV status, he was able to appreciate the emotional side of sexuality in a way that was not previously possible for him. While Frank was the only one who spoke about an actual integration of sexuality and emotional intimacy, others, like Guinn (below), discussed a strong desire to be more emotionally connected with others coupled with an inability to find an understanding partner or to deal with the stigma and inhibitions he had experienced.

> [Q: what are you hopin' for?] I'm hoping that I could possibly stay off a drugs, get my life goin', get a relationship going, find the true meaning of love, instead of just sex, um, start believin' in safer sex than what I was believin' in, finding someone who cares more about me than just what I have. (Guinn, White, age 27)

Without experiencing this kind of integration, many of the men remained in situations where they became emotionally closed off from women, thus focusing primarily on sexuality as a way to express intimacy through sexual release. In splitting the sexual emotional domains and focusing primarily on sex as a means of expressing intimacy, these men were enacting masculine scripts of a detached sexuality while narrating a desire for true emotional

intimacy. While sexuality remains the primary mode of expressing intimacy for these men, it is the very domain most devastated by HIV. Therefore, while the men relied to some extent on traditional scripts of masculine sexuality to manage emotional vulnerability in sexual encounters, the focus on sexuality over emotional intimacy became the source of their greatest fears and anxieties.

DISCUSSION

For many men, there is an incongruous relationship between their desire for emotional intimacy and the hegemonic norms by which they are supposed to express themselves in sexually intimate relationships (Jansz, 2000). The "restrictive emotionality" that is characteristic of hegemonic masculinity represents not so much a fear of intimacy but a denial of intimacy and dependence upon others for emotional stability. Masculine standards of sexual performance often stand in for emotional intimacy in heterosexual relationships (Lusterman 1997).

For these men, the tension between a desire for intimacy and a "fear" of intimacy is amplified by a fear of transmission and a desire to protect those they care about most. In protecting potentially intimate partners, these men come to fear most becoming sexually intimate with those women for whom they have deeper emotional feelings, where the consequences of transmission would be most detrimental. However, in closing off sexual expressions of intimacy, they may experience an inability to fulfill the hegemonic masculine role of sexual virility. At the same time, the self-imposed limitations they set on these relationships at times seem to produce an overwhelming sexual desire as well as a strong desire for intimacy.

These dilemmas of intimacy and sexuality may lead men with HIV to engage in sexual activity primarily with partners for whom they have little or no emotional attachment (some even narrate an explicit disdain or repulsion for their sexual partners), allowing them the sexual (and perhaps emotional) "release" they desire while protecting those with whom they have a deeper emotional connection. However, that same sense of protection is not present for those who are *only* casual sex partners. Having sex with partners with whom they have no emotional connection may enable these men to perform sexually without the stigma and anxiety of HIV, while preserving their sense of responsibility and protection toward those partners with whom they have a deeper emotional connection. This is the phenomenon we have described as "splitting." In splitting or compartmentalizing the domains of emotional and sexual intimacy as well as relationships with others into varying levels of emotional and sexual investment, these men were managing the emotional vulnerability inherent in many sexual relationships. Because emotional vulnerability may be heightened by insecurities surrounding HIV seropositivity,

choosing relationships with minimal emotional investment may act to minimize the consequences of potential rejection. While for some men nonrelational sex may be a way to manage HIV anxiety, for others in our sample, sexual scenarios were avoided entirely, because any form of sexual rejection, regardless of emotional investment, seemed unbearable.

In this sense HIV can act to amplify the desire for intimacy while simultaneously perpetuating the "fear of intimacy" implied, in Brooks's (1997) theory, through a reliance on hegemonic masculine scripts. The typically masculine separation of sex and love becomes a useful script within which men can temporarily avoid HIV anxiety by rejecting potentially intimate partners before being rejected themselves. Thus, the men in the sample who endorsed this notion of "splitting" did not suddenly change and begin avoiding intimacy after becoming HIV positive, but being HIV positive served to amplify an already existing set of masculine sexual norms.

Perhaps the most important conflict these men face in "splitting" partners is that, given the extraordinary difficulties many of them have experienced in their lives, someone who loves and cares about them may be the very thing they need most. For those who are able to manage the vulnerability surrounding HIV and intimacy, being appreciated and understood by a partner with whom they are deeply emotionally intimate may be the most important factor in maintaining strength and resilience, given the many hardships they face. But the stigma surrounding HIV and the resulting tension created by splitting the emotional and sexual domains may disintegrate intimate interpersonal relationships that serve as a base of support. This form of social and emotional support helps individuals cope with the impact of HIV in their lives. A lack of intimate relationships wherein the sexual and emotional domains can be integrated may contribute to the alienating and isolating effects of HIV. Additionally, it is possible these isolating effects of "splitting" combined with the sometimes aggressive and self-destructive scripts of masculinity may exacerbate self-destructive behavior (i.e., injection-drug use) and hostility and aggression toward others.

In focusing on the role of hegemonic masculinity in negotiating the impact of HIV, a more dynamic picture of the phenomenon of HIV among heterosexual men emerges. As well, certain issues addressed in this study reflect back on larger conversations about masculine sexuality and emotional intimacy. However, we caution that although many of these men narrated sexual scripts that reflect larger issues of heterosexual masculinity, these results may be specific to men who are injection-drug users and often experience a constellation of factors (poverty, incarceration, illness) that may contribute to a number of the themes we have identified. If there is a general assumption that men are primarily motivated by sexual interest, we are overlooking their complex and often vulnerable emotional lives and the emotional intimacy they desire. At the same time, we also cannot ignore that masculine norms compel many men to overvalue sexuality as a primary expression of

intimacy and validation. Because HIV affects the very domain prioritized by hegemonic masculine norms, the integration of sexual and emotional intimacy, already somewhat problematic for many men, can become that much more difficult.

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