

The being-with-another in the serodiscordant condition: a phenomenological approach to the individual HIV vulnerability

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ABSTRACT

To comprehend the serodiscordance and individual HIV vulnerability in being-with-another serodiscordant relationships. A qualitative study anchored in the Hermeneutic Phenomenology of Martin Heidegger. Eight seropositive patients and their serodiscordant partners participated in the study, totalizing 16 participants. The interview was the instrument used to obtain narratives experienced by the couples. The phenomenological concepts of “being-with” and “being-in-the-world”, described by Heidegger allowed the senses and meanings related to the serodiscordance phenomenon to be evident in detail. The social constructions of masculinity, the reduced ability of the couple in negotiating safe sex practice, the use of antiretroviral therapy as an HIV protection factor added to cultural influences were found as the main situations of the individual vulnerability of the serodiscordant existence. The comprehension of the existential meaning of being-couple-serodiscordant, according to the ontologic structure “being-one-with-another” instigate changes in the nurse praxis, giving the opportunity to distinctive and integral attention to the serodiscordant couple.

Descriptors: AIDS Serodiagnosis; Sexual Behavior; Sexual Partners; Health Vulnerability; Hermeneutics.

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INTRODUCTION

The Antiretroviral therapy (ART) resulted in longer life expectancy of people living with the Human Immunodeficiency Virus (HIV) and the possibility of rebuilding personal projects, including affectionate relationships with negative serology people, called serodiscordant couples⁽¹⁾.

To be serodiscordant means a possibility of the human being to exist as being-in-the-world as a sexual-affective partner of another person with a serology distinct than yours. To follow the changes in the epidemic profile, it is necessary to re-read the assistance provided to integrally attend people living with HIV (PHIV) and their loving partnerships⁽²⁻³⁾.

The knowledge from the hermeneutic phenomenology of Martin Heidegger served as a theoretical reference in the present study to comprehend the existential meaning of being a serodiscordant couple, according to the ontologic structure of the relationship of one-being-with-another in the world. In the phenomenology, the human condition of “being” has meaning in the temporality, that is, the past experiences act, influence and condition actions as being-with-another in the world⁽⁴⁾. The senses and meanings attributed to daily facts predict each’s way of acting and, as a consequence, determine how vulnerable they are for certain situations⁽⁵⁾. The term vulnerable refers to the susceptibility of people to health problems and losses⁽⁶⁾. To comprehend the vulnerability factors to which a person is exposed, it is opportune to interpret one’s self-perception in the world.

Despite the psychological and social impact experienced by patients living with HIV documented in the scientific literature, the impact of the infection and questions from serodiscordance still is little discussed⁽³⁾. Therefore, the objective was to comprehend the serodiscordance and individual HIV vulnerability in the relationships being-with-another serodiscordant in the light of the Hermeneutic Phenomenology of Heidegger.

METHODS

A study with a qualitative approach, developed with basis on the Consolidated Criteria for Reporting Qualitative Research⁽⁷⁾. The Heideggerian referential subsidized the comprehension of the existential constitution of individuals in their context-vital and contributed to apprehend the way by the being-couple-serodiscordant live, feel and think about the questions of individual HIV vulnerability in the daily life.

Eight users enrolled in a specialized assistance service and their respective loving partners with whom they kept an HIV serodiscordant relationship participated in the study, totalizing 16 participants. People older than 18 years, PHIV and who maintained a relationship with a partner of discordant serology were included in the study. Couples who did not present the serologic exam for HIV with a date equal or lower than 12 months since the scheduled time for interview were excluded.

The individual interviews with the seropositive individuals occurred in a consulting room reserved for this purpose. For the seronegative partners, the interviews were conducted in a place chosen by each one of them.

The semi-structured interview, elected as data collection instrument to obtain experienced narratives of serodiscordant couples, allowed the senses and meanings related to the serodiscordance phenomenon to be evident in detail⁽⁸⁾. It started from a question guiding the data collection process: “what means to you to be in a serodiscordant relationship?”

The interviews were recorded and fully transcribed, a factor that favored the detailed reading of the speeches and, after, the phenomenon description. To facilitate the reader's comprehension and to guarantee the anonymity, participants were identified according to the following examples: C1M+: Couple 1, Male, HIV Seropositive; C1M -: Couple 1, Male, HIV Seronegative.

The phenomenological concepts of "being-with" and "being-in-the-world" were used to associate the narratives by the meaning nuclei⁽⁹⁾. From the similarities and differences in discourse, five thematic groups were created to interpret phenomenologically and hermeneutically the serodiscordance and the meaning of putting oneself in an individual HIV vulnerability situation.

The Ethics and Research Committee approved the research at Pernambuco Federal University, (Protocol nº 1.628.499) and designed according to the requirements of the Resolution Nº 466/12.

RESULTS AND DISCUSSION

Of the participant couples, five informed to be heterosexual and three maintained loving relationships with male homosexual partners, totalizing ten men and six women, aged varying between 23 to 63 years for males and 37 to 54 years for females. Each couple will be presented to comprehend the serodiscordance phenomenon better and to phenomenologically address questions related to individual HIV vulnerabilities of these pairs.

- **Couple 1:**

- C1M+: 23 years, Protestant, seropositive for five months. Has a stable dating relationship for four years. Financially responsible part of the relationship. Has good conviviality with family members, but they are not aware of his sexual option, and only his two sisters know about the positive HIV serology. He recently initiated ART. Presents detectable viral load.
- C1M-: 38 years, atheist, currently unemployed. He has a good relationship with his family members, but they are not aware of his relationship, his sexual option and, his partner's positive serology.

- **Couple 2:**

- C2F+: 46 years, Catholic, seropositive for 16 years, in a stable relationship with a unique partner for four years. Financially responsible for the family. Divorced, in her second serodiscordant relationship, has a good relationship with her two sons and other family members. They all know about her serology. She uses ART for 16 years and has an undetectable viral load.
- C2M-: 52 years, Catholic, in a serodiscordant relationship for four years, and was aware of his partner serology since before the relationship. He is currently unemployed. He has a good relationship with his only son and family members, but they are unaware of his partner's serology.

- **Couple 3:**

- C3M+: 36 years, Catholic, seropositive for two years, has a stable relationship with a single partner for one year and five months, no children, unemployed. He has good family relationships who accept his homosexual relationship, but they are unaware of his positive serology. In continuous use of ART; he is asymptomatic and with an undetectable viral load.

- C3M-: 30 years, Catholic, financially responsible for his family, works as a business agent, without children. He has a good relationship with his family members, who do not know the serology of his partner, but they accept his sexual option.
- **Couple 4:**
 - C4F+: 54 years, Catholic, seropositive for 14 years, in a serodiscordant marriage for 12 years, but only for four years his partner is aware of her serology. Autonomous, is responsible together with her partner for the family expenses. She has a good relationship with her four children and other family members. However, only one of her children does not accept her positive HIV serology. She does continuous use of ART, and she is with undetectable viral load.
 - C4M-: 63 years, Catholic, lived for eight years living in a marriage without knowing her partner's HIV seropositivity. Works as autonomous. A good relationship with his children and family members, but these are not aware of his partner's serology.
- **Couple 5:**
 - C5M+: 48 years, Catholic, seropositive for 18 years, married for 25 years. Currently retired due to incapacities resulting from aids, considers himself as financially responsible for the family. Has a good relationship with his wife, two children, and family members, but only the spouse knows about his serology. He does continuous use of ART and has an undetectable viral load.
 - C5F-: 51 years, Catholic, is aware of her partner's seropositivity since the first moment of discovery, seven years after the marriage. Develops autonomous work to complement the family income. Has a good relationship with her two children and family members, who are unaware of her spouse's serology.
- **Couple 6:**
 - C6F+: 40 years, no religion, lives with the HIV for two years and is in a stable dating relationship for one year and three months. Unemployed, "housewife", received financial support from a social support fund given to her special child. Has a good relationship with the child and other family members and they all know and accept her serology. She is asymptomatic, but with detectable viral load due to syphilis. In continuous ART use and treatment for syphilis.
 - C6M-: 42 years, no religion, is aware of the HIV positivity of his partner before the relationship. Autonomous, no children. A good relationship with his family members who are unaware of the serologic condition of his partner.
- **Couple 7:**
 - C7M+: 40 years, Catholic, married for 13 years and lives with HIV for 20. Retired by the INSS due to incapacities resulting from aids. No children, has a good relationship with all family members who know and accept his serology. In continuous ART use. Presents undetectable viral load.
 - C7F-: 37 years, Catholic, currently works as a nursing technician. Considers herself as financially responsible for the family together with her spouse. Married for 13 years, no children, has good relationships with her family members who know about the serodiscordance situation experienced by them.

- **Couple 8:**

- C8M+: 35 years, Catholic, seropositive for three years and has a fixed girlfriend for one year. Retired by the INSS due to mental disorder, considers himself financially responsible in the relationship. No children, establishes good relationships with his family members. Uses ART irregularly and his viral load is detectable.
- C8F-: 43 years, Catholic, knowledgeable about her partner's serology since the beginning of the relationship. Autonomus salesperson, no children. Good relationship with family members who do not know about her partner's seropositivity.

The "heterosexualization" of Aids increased due to sexual lifestyle adopted by many women who sexually and exclusively relate with their husbands and end up dismissing prevention ways for considering them fixed and loyal partners⁽¹⁰⁾. The progressive increase of the number of affected women, characterized by "aids feminization"⁽⁵⁾, is not only motivated by the economic and social conditions but also by the woman's difficulty in negotiating safe sex practices and for many times, assuming a submissive gender position in society^(5,10).

The instability in the labor situation is present in the life of 10 participants of the study. The Brazilian inequality patterns, for example, the low education level, poor payment, high unemployment levels and housing in poor communities significantly contribute to the epidemic increase⁽¹⁰⁾.

The systematic use of ART propitiates a high efficacy therapeutic to PHIV, which stabilizes the pathology leaving the viral load undetectable in the bloodstream⁽¹¹⁾. In the present study, only two cases had a detectable viral load. Studies report that one person with HIV without any other Sexually Transmissible Infection (STI) and that follows an ART with undetectable viral load presents efficacy at the prevention level as a similar infection to preservative when adequately used^(1,12). Such information corroborates with the idea that stable relationships tend to "routinization" of the intimacy among serodiscordant partners and there is a safe sex suspension⁽³⁾.

Regarding the relationship time, there was a variation of one year and three months to 25 years. The stability in relationships can be related to the fact that marriage is considered an anchored institution to the romantic love ideal, where there is the other in the extended role of oneself⁽¹³⁾.

The HIV infection occurred in the lives of two couples (C1 and C5) after sexual practice outside the marriage. Studies show that most HIV transmissions occur in the context of stable relationships^(5,14). The relationships of couples C2 and C6 began with negative partners aware of the seropositivity of their partners; a fact that ratified a study where the seronegative partner also had access to more information about the epidemic, ART efficacy and ways to transmit the disease, consciously engaging in relationships with serologically positive HIV people⁽¹²⁾.

The couples mentioned good family relationships, but in four of them (C2, C4, C6, and C8), the positive serology is unknown by family members of the seronegative partnership. In the cases of couples C1, C3, and C5, the serodiscordance is unknown by the families of the two members of the relationship. Similarly, only in the couple C1 the sexual option and serological difference were not known by both families.

Through the participants' narratives, it is possible to access this Being and to comprehend questions related to serodiscordance and individual vulnerability, experienced by them from themselves. Therefore, it is understood that there is a constant need to unveil what is covered, so it is possible to better see intrinsic aspects to individuals

and their relationships with other beings in the world, by themselves and to perceive apprehended phenomenon as they appear⁽⁹⁾.

In this perspective, five thematic groups were built to phenomenologically analyze the discourses, from the phenomenological concepts of “being-with” and “being-in-the-world”, proposed by Heidegger.

The worst moment of my life

The experience of HIV seropositivity through diagnostic confirmation of it modifies the course of life and the individual representation of the disease⁽¹⁵⁾. It changes the relationship of the subject over time, evident by the explicit concern with the imminent death, as described in the narrative:

[...] to me it was a death sentence...to receive this news 20 years ago, it was almost a milestone in the situation [...](C7M+)

Few participants described how the news was given as: “the worst moment of my life”:

[...] I was three months pregnant when I discover that I had this [...] to me it was a great shock [...] it was the worst moment of my life [...], and I lost the baby because of the HIV medications (C6F+).

It competes to the nurse, one of the responsible professionals for pre-test advice with the serology result in the Basic Attention context, to develop skills to communicate the seropositivity news. Therefore, it is noted a lack of preparation of nurses and other professionals acting in this health attention level, in receiving the patient with due consideration to cultural and emotional aspects involved in this process^(2,5,16). The previous comprehensions about the virus and the syndrome, absorbed by people during the daily experience in the world, condition, in an impersonal way, how to think about one’s self-health and treatment possibilities. An integral and holistic approach, involving the patient and the discordant partnership open new and motivational perspectives to cope the pathology and adhere to treatment.

The divergence of feelings to tell the truth

To reveal the serology to the family involves fear of discrimination and social judgment⁽¹⁰⁾. The revealing moment of the diagnosis is considered a tense and delicate theme for all involved with HIV:

*[...] it was tough to tell him...I felt an immense difficulty...because I feared to lose and at the same time I feared hiding [...](C2F+);
[...] my difficulty really was to tell my family because until today my father and my mother don’t know (C1M+).*

The insecurity in revealing the seropositivity is higher among couples constituted before the diagnosis⁽¹⁰⁾. The insecurity and the fear to end the relationship lead to omission of the positive serology, sometimes during years:

[...] it is going to complete about ten years that we met and she didn’t say anything to me. Her friend said: do you also have AIDS because she has this problem for many years and I think you also got it (C4M-).

To know the partner’s serology implicates in fears and doubts directly interfering in the being-couple⁽¹⁷⁾. The person inserted in the world, in the serodiscordant partner condition organize questions according to one’s

own needs and in function of personal concerns^(13,17). In this case, the HIV and Aids prevention should be seen while practice that contemplates subjectivities of the subject and one's life picture.

The reception of the negative integrant by health services is crucial, as it clarifies doubts, psychological advising to minimize anxiety and anguish related to the new reality, orientations directed to virus prevention and clinical accompaniment. It gives more safety and stability in the couple's relationship because such practice is determinant to strengthen and help the seropositive in coping with the epidemic⁽²⁻¹⁸⁾. Therefore, the nurse in the routine attention practice to seropositive patients should be attentive to include the partners in the planning of actions.

Desperating experience

The lack of "risk perception" in getting HIV subsidize the "surprise" in receiving the news of the partner's seropositivity. This moment was described as "a desperate experience":

[...] I was shocked, I was like perplexed, but unfortunately, it had happened and there wasn't a way to go back in time [...](C1M-).

Fear is an existential mode in which the human being, as being-in-the-world acts when feeling threatened⁽¹⁸⁾. Such fear allows the human-being to reflect about the situation, to comprehend himself inside the serodiscordance context and to act with authenticity in relationships of concern with others^(9,19).

For the seronegative partnerships of the couples C2, C3 and C7, the conception of love is aggregated with feelings of care, support, solidarity and, responsibility. The being of men has a meaning in the temporality, this, past experiences direct the person in the world and the relationship with the other⁽⁴⁾; therefore, experiences related to each one of them, in the past, reflect how to overcome life difficulties. The marital, family and social support appear in studies as the incentives to people living with HIV to continue treatment or even, when necessary, to keep the diagnosis secrecy^(2,5,16).

It is not the end of the world

"It is not the end of the world", was an expression used in the speech of one participant that allowed two strands for analysis in this thematic group: the HIV prevention.

[...] we just make with condom [...] sometimes he drinks and he wants to make it with nothing, but I say that it can only be with a condom. (C8F-) and to not be afraid of getting infected [...] I am not afraid because I am with the person that I love and when we love, it shouldn't have any obstacle about this [...] got to face it naturally [...](C2M-);

When considering the PHIV in a serodiscordant relationship, it is necessary to think about the maintenance of partner's negative status. Some situations are considered "not controllable" by people experiencing this reality^(13-14,20).

[...] I don't work with the preservative [...] I told her there was no problem if I get it [...](C2M-).

Despite the couples reporting the continuous use of a male preservative in a sexual relationship, there is the presence of cultural, educational and emotional barriers interfering in the maintenance of this safe technique.

Thus, it was evident that the relationship starts to be re-read by the couple who tries to overcome challenges involved in serodiscordance⁽¹⁰⁾. Therefore, there is a need for a nurse's broad vision, to provide integral care to serodiscordant couples, valuing aspects of individual vulnerability and contributing to the quality of life of this specific population.

Only happens to others

After 30 years since the beginning of the epidemic, the HIV concepts and behaviors and "risk groups", socially built, stay in the individuals in a way that they perceive themselves as invulnerable to HIV⁽¹⁵⁾. A fact demonstrated in the speech of C5M+, to whom, Aids "seemed distant" from reality:

[...] you only think about using preservative when you have the situation [...] you just think that it will happen to others [...] (C5M+).

In stable and long-lasting relationships, negligence is presumed regarding the systematic preservative use by the couple^(14,20). It was found the reduced female capacity to negotiate safe sex practices constituting another HIV vulnerability factor in the serodiscordant relationship:

[...] sometimes I try to make him use a condom, he doesn't accept [...] always complains [...] before telling him, I had sex without a condom [...] I was afraid to lose him (C2F+).

Studies demonstrate that women do not request preservative use by fearing to introduce suspicion in the relationship and they do not want to displease their loving partners^(5,14,20).

Social constructions of masculinity and domination constitute an HIV vulnerability factor⁽¹⁴⁾. It is "natural" for the man to "take risks" and to be socially accepted by his manhood.

[...] I never liked to use a preservative, so that I didn't use it and I got it (C5M+);

[...] we always use a condom [...], but it had happened without [...] I'm not afraid of getting it [...] this is easy compared to what I have been through in life (C6M-).

It is up to the health professional to explain during the appointment that the risk decrease of secondary transmission to the antiretroviral treatment with undetectable viral load exists, but it is not null.

FINAL CONSIDERATIONS

The analysis of the participant's narratives anchored in the existential concepts of "being-with" and "being-in-the-world" proposed by the Hermeneutic phenomenology of Martin Heidegger unveiled the HIV serodiscordance phenomenon. It showed the challenges and barriers to maintaining a safe sexual life. Social constructions of manhood, the low capacity of the couple to negotiate safe sex practice, the delay to reveal the diagnosis to the partner, the ART use as a protection factor, added to cultural influences, were seen among the main particular vulnerability situations of serodiscordance existence.

Each being is unique, and what characterizes one's existence is how to self-comprehend as Being-in-the-world. To unveil the existential meaning of the serodiscordant phenomenon contributed to nursing growth as care science, instigating changes in its praxis. The data presented here suggest that the nurse should apprehend how the PHIV live, feel and think about individual vulnerability questions from one's vital context. It also shows the

need of differentiated health services for the integral attention of the serodiscordant couple, comprehending the carrier and the partner, foreseeing the existing HIV transmission risk.

To recognize existing vulnerability situations in the being-with-another relationship, from themselves, provides a nursing care directed to the real needs of this public, contributing to treatment adherence and conscience of necessities to establish healthy living habits.

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