

HIV positive men as fathers: Accounts of displacement, ir/responsibility and paternal emergence

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It is now apparent that socio-cultural constructions of masculinity variously impact men's experiences of their HIV positive status, yet how being a father can feature in this mix remains under-researched. This study employed in-depth semi-structured interviews and Foucauldian-informed discourse analysis to explore the accounts of six self-identifying heterosexual fathers (four black African migrants, two white European) who had been living with HIV from five to 24 years. While the HIV-related literature calls for the need to subvert 'traditional' expressions of masculinity as a means of promoting HIV prevention and HIV health, we argue that the lived experience for HIV positive men as fathers is more socially, discursively and thus more psychologically nuanced. We illustrate this by highlighting ways in which HIV positive men as fathers are not simply making sense of themselves as a HIV positive man for whom the modern (new) man and father positions are useful strategies for adapting to HIV and combating associated stigma. Discourses of modern and patriarchal fatherhoods, a gender-specific discourse of irresponsibility, and the neoliberal conflation of health and self-responsibility are also at work in the sense making frames that HIV positive men, who are also fathers, can variously deploy. Our analysis shows how this discursive mix can underpin possibilities of often conflicted meaning and identity when living as a man and father with HIV in the UK, and specifically how discourses of fatherhood and HIV 'positive' health can complicate these men's expressions and inhabitations of masculinity.

Key words: HIV, fatherhood, masculinity, health, identity

Introduction

While the effects of living with an HIV diagnosis has been widely researched in relation to gay/bisexual men, women and motherhood, less is known about HIV positive heterosexual men, and less still about HIV positive men who are also fathers. However, accompanying the dramatic increase of HIV survival rates, particularly in high income countries since highly active antiretroviral therapy (HAART) was first introduced in 1996, an increasing number of HIV positive men are becoming fathers or are expressing interest in having children (Baumgartner and Niemi, 2013; Doyal et al. 2009; Sherr, 2010).

Our small-scale study aims to address the lack of research relating to HIV positive fathers by exploring the accounts of six HIV positive heterosexual fathers living in London. In light of how HIV positive men in various cultures can reportedly resist and/or adapt existing versions of masculinity to make sense of their diagnosis and themselves (e.g. Bar Lev and Tillinger, 2010; Doyal et al., 2009; Halkitis, Green and Wilton, 2004; Mfecane, 2008), our concern lies with the constitutive interaction of discourses around (or ways of talking about) masculinity, fatherhood and HIV 'positive' living. The argument we make is that current emphasis on the subversion of so-called 'traditional' expressions of masculinity as a way of promoting HIV prevention and HIV health serves to occlude ways in which familiar forms of masculinity can usefully feature in men's emergences from the perceived crisis of HIV. Such emphasis in current health promotion discourse, we suggest, does not acknowledge the complex socio-discursive contexts and identity plurality that HIV positive men, as fathers, can variously and productively adopt.

We move on to outline key generalities about HIV and masculinity, men as modern (new) and traditional (gender differentiated) fathers, and narratives of positive adjustment to HIV as highlighted in current health-related research. Our review necessarily takes into

account research that addresses both UK and southern African contexts as these are pertinent to our demographically varied sample of HIV positive fathers.

Deconstructions of hegemonic masculinity

Over the past two decades a great deal has been written about socio-cultural constructions of masculinity and associated male identities (e.g. Connell, 1995; Segal, 1990; Wetherell and Edley, 1999). While Connell (1995) articulated the idea that in every society there is a hegemonic (hyper) form of masculinity against which other expressions of masculinity are measured and de-privileged, there is now a general preference for a plural notion of masculinities that acknowledges the multiplicity and fluidities of male gender identity (see Connell and Messerschmidt, 2005). Within this theoretical and empirical concern for the constructed and plural nature of masculinity, western and (southern) African groups of men, amongst others, have received research attention in relation to new forms of ‘manhood’ that are being worked up in response to changing socio-cultural, economic and political contexts (e.g. Barker and Ricardo, 2005; Edley and Wetherell, 1999; Reid and Walker, 2005). The nature and extent of this change in both the cultural contexts that concern our study is, however, heavily politicised, contested and therefore not a straightforward or linear one (Decoteau, 2013; Segal, 1990). As Gutmann (2007) argues in his anthropological study of changing masculinities in Latin America, to see ‘traditional’ (heterosexual) men as different from ‘modern’ men is a false and harmful dichotomy in that it overlooks “diversity, change and contestation among the very population we late-modernists too haphazardly brand as traditional” (p. 8). In other words, ‘traditional’ masculinity—and indeed ‘modern’ masculinity—should not be conceptualised as emanating from a changeless and uniform cultural fabric.

HIV and masculinities

Despite Gutmann's (2007) caution, constructions of masculinities, and re-workings of 'traditional' or hegemonic masculinity within these, have been the concern of significant health and social scientific research relating to men's self-identifications in being HIV positive (e.g. Bar Lev and Tillinger, 2010; Doyal et al., 2009; Mfecane, 2008). Here the focus has primarily been on the interplay between hegemonic and adapted forms of masculinity and HIV prevention, men's uptake of testing and treatment, and psychosocial aspects of HIV positive identities. In this pool of literature, constructions of traditional masculinities are said to feature strongly in men's experiences of living with HIV. Men of various sexual orientations are said to often (mal)adapt to, and experience, their HIV through 'traditional' markers of masculinity such as work, physical strength, sexual prowess, risk-taking, athleticism and virility, primarily because men can reportedly see their HIV infection as threatening these gendered characteristics and thus a sense of themselves as men (e.g. Bar Lev and Tillinger, 2010; Mfecane, 2008).

Given the very contested stereotype of the 'promiscuous' and thus 'dangerous' man in (sub-Saharan) African countries (Reid and Walker, 2005) and the high percentage of HIV positive men of African origin in the UK (Doyal et al., 2009), several studies have explored HIV prevention and treatment in relation to African-based constructions of (hetero) masculinity (e.g. Barker and Ricardo, 2005; Doyal et. al, 2009; Siu et al., 2013; Reid and Walker, 2005). Here there is widespread agreement that the historical, cultural and economic legacy of the dominant African male norm is intricately tied to challenges around HIV prevention and men's reluctance to be tested and access treatment. This entrenched form of African masculinity has been linked to a desired reputation for physical strength, hard work, sexual conquest, spending on leisure and being a (distant) father to many children (e.g. Barker and Ricardo, 2005), making cultural expectations of so-called traditional adult

manhood difficult to sustain for HIV positive men in southern Africa and for Afro-Caribbean men living in the UK (Doyal et al. 2009; Reid and Walker, 2005). In health-related studies, therefore, what tends to be highlighted is recognition of non-hegemonic masculinities as a necessary means for addressing HIV prevention and health (e.g. Doyal et al., 2009), with men often deploying multiple masculinities at the same time (Enderstein and Boonzaier, 2013; Siu et al., 2013).

Fatherhood and masculinities

Social theorists have similarly highlighted ways in which dominant forms of masculinity are often challenged, and reinforced, in the context of a cross-cultural ‘modern’ fatherhood (e.g. Finn and Henwood, 2009; Lupton and Barclay, 1997; Magaraggia, 2013). Although again a matter of debate (e.g. Segal, 1990), alleged transformation is largely characterised by (heterosexual and middle-class) men becoming more involved, emotional and caring in their less gender differentiated parenting (e.g. Dermott, 2008; Edley and Wetherell, 1999; Finn and Henwood, 2009). What these qualitative studies have frequently highlighted is a hybrid mix of styles of fathering—both across and within individual cases—wherein hegemonic masculinity and patriarchy can be both subverted and reinforced (Finn and Henwood, 2009).

In African contexts, young black men are also said to be using fatherhood as a site for challenging the negative stereotype of the absent and irresponsible African father (e.g. Enderstein and Boonzaier, 2013; Morrell, 2005). With regard to HIV positive African fathers, studies have shown that receiving HIV treatment, and thus being able to provide for a family, has helped men to rebuild social worth and maintain a ‘respectable’ form of masculinity (Siu et al., 2013). According to Siu et al. (2013), a ‘respectable’ southern African masculinity, as opposed to a ‘reputational’ one dependent on a notion of male recklessness, involves

monogamous marriage and a loyal fatherhood demonstrated by wisdom and economic provision. The point we want to emphasize is that ways in which HIV positive men are said to move away from traditional constructs of masculinity and fatherhood in making sense of, and adapting to, their HIV status can at the same time involve affirmations of cultural and gendered traditions. There is therefore significant slipperiness in terms of how HIV positive men can deploy dominant and/or alternative forms of masculinity and paternity in adjusting to their HIV, with psychological and health promotion discourse around incorporating HIV into a 'positive' sense of self further complicating this.

Promotions of HIV positive health and responsibility

While it is important to not overlook diversity in how people can experience their HIV in various socio-cultural contexts (Anderson et al. 2009), research has outlined several styles or narratives that people can commonly deploy after diagnosis. In international HIV-related research there is general agreement about an initial period of 'crisis' after diagnosis; one that involves shock, disbelief and trauma (e.g. Anderson et al., 2009; Flowers et al., 2006). In a similar narrative of 'loss', individuals can talk about HIV as a controlling or dominant force and as that which takes away life, future and a familiar sense of self (Anderson et al., 2009; Crossley, 1999b). Even those with access to life saving medication can still talk up diagnosis and HIV in this way (Baumgartner and Keegan, 2009; Flowers et al., 2006).

Healthy readjustment to perceived crisis is therefore one of the tenets of the HIV health promotion agenda. One style of adjustment is said to involve the positive reappraisal of HIV (Anderson et al., 2009) as a conversion/growth narrative (Crossley, 1999a). Here HIV is constructed as a catalyst for personal growth and change by offering new insights and a reinvigorated appreciation of life (Bletzer, 2007; Crossley, 1999a). Another style of

adjustment, variously labelled as ‘submersion’ (Anderson et al., 2009) or ‘normalisation’ (Crossley, 1999a; Dageid and Duckert, 2008), is said to involve individuals minimising the effects of HIV on their lives. Several authors have suggested that this ‘normalisation’ narrative is an important coping strategy in that it can enable a sense of order and control over the disordered reality of diagnosis (e.g. Anderson et al., 2009; Dageid and Duckert, 2008).

According to Crossley (1999a), these individualising and normalising styles of adjustment derive from dominant discourses of health and illness that encompass a characteristic set of ideas, images and metaphors that function to construct the experience of living with HIV as something in particular and that have significant implications for how individuals can adapt and identify themselves. Following Foucault’s theory of governmentality, critical health scholars have further argued that cross-cultural discourses of normalisation and empowerment are tied to neoliberal ideals of enterprise, resilience and self-care in the downsizing of state welfare responsibility (see Peterson and Bunton, 1997). As such, politicised promotions of adjusting to HIV can be seen to authorise particular versions of ‘responsible’ HIV health and quality of life (e.g. Finn and Sarangi, 2008; 2009; Holt and Stephenson, 2006; Persson, 2014). And these, as we go on to illustrate, are not disassociated from framings of masculinity and fatherhood amongst HIV positive men.

The study

Participants

Participants in the current study were service users of a charity in London that provided support for individuals and families affected by HIV and AIDS. Members of staff at the charity randomly asked service users who were HIV positive fathers if they would be interested in taking part in the study. The six men who participated were those who

responded to the invitation with our small sample size reflecting the difficulties in recruiting HIV positive fathers for the study. Four broadly identified as black African (all migrants), one as white European (migrant) and one as white British (non-migrant). While not aiming for a comparative study, the imbalance of Afro-Caribbean and European participants was a consequence of the higher proportion of Afro-Caribbean service users of the charity. Given the context of recruitment it must be emphasised that participants were actively seeking support for their HIV at the time of interview. A fuller range of views and experiences of HIV positive fathers is therefore not reflected in the analysis presented here. While the four participants from African origin came from three different sub-Saharan countries, the size of the sample also means that findings cannot be said to be representative of the broad categorisation of 'African men', as problematic as such categorisation is (Aspinall and Chinouya, 2008).

The six participants were interviewed for the study in 2013. All were HIV positive men and fathers and identified themselves as heterosexual. Participants' ages ranged from 39 to 51 years (averaging 45 years) with dates of diagnoses falling between 1989 and 2008. Five of the participants moved to the UK as adults. All of the men were on antiretroviral drugs. Two of the men reported severe and ongoing health issues and all spoke of having experienced degrees of psychological compromise.

All of the men became fathers after their HIV diagnosis with two as first-time fathers. Respondents had between one and four children each (average of 2.5). The ages of the men's children ranged from two to 35 years, with two also being HIV positive (although this information was not directly asked for). Three participants were married and lived with their partners and children. Two were separated from their children's mother and did not live with their children, although saw them regularly. And one participant cared for his children after his wife died of AIDS. At the time of interview: one participant was a full-time father; two

were unable to work due to long-term HIV-related health problems; one was unemployed but considered himself able to work; and two were in semi-professional to professional employment. Three of the participants were educated to degree level, two to secondary level and one exited education prior to secondary schooling. While it is beyond the scope of this article to fully account for the diverse socio-cultural and relational contexts that shaped the men's accounts of themselves as HIV positive men and fathers, it must be emphasised that time of diagnosis, cultural heritage, socio-economic status, religion, immigration, health and family histories all variously impacted on participants' talk and experiences (Crossley, 1999b; Doyal et al., 2009).

Interviews

Semi-structured, one-to-one interviews were conducted in a private room at the charity's premises on different dates and lasted approximately one hour. The first author conducted the interviews, asking participants about their parenting in general and in relation to their HIV, and about their experiences of HIV in relation to their life, relationships and gender identity. Typical interview questions included: What is your idea of an ideal father? Do you think being a man has influenced your experiences of living with HIV and if so, how? How do you think you are perceived as a father with HIV? All names have been changed and identifying references were omitted in the transcripts. The study was approved by the School of Psychology Research Ethics Committee, University of East London.

Methodology

A Foucauldian-informed discourse analysis is primarily used to study different versions of the world, experience and identity in relation to the wider discourses that lay the conditions for people's versions of their world and themselves (see Arribas-Ayllon and

Walkerdine, 2008). The related approach of narrative analysis was not used as our research and analytic aims were to explore the discursive rather than the narrative conditions for, and sequences within, the men's accounts. As such, the semi-structured interview schedule was designed to elicit discursive rather than storied and temporal meaning-making. Within the language-oriented analytic framework used, 'discourse' (i.e. talk and text) is not understood as a transparent medium that reflects some underlying reality, but as that which constitutes reality, experience and identity in context specific ways. In short, discourses are theorised as not operating independently from their social, cultural or historical conditions of emergence or from wider ideologies and function to facilitate, limit and constrain what can be said and by whom (Foucault, 1990[1976]; 2003[1972]). In the shared way in which we talk about fatherhood, masculinity and HIV, for example, there is always at work a network of knowledge and power that produce these phenomena, and their associated subject positions (or identities), as something in particular.

Networks of knowledge and power are also sites of resistance wherein hegemonic ways of being-in-the-world can be rejected or reworked by individuals and communities to produce multiple meanings and possibilities (Foucault, 2003[1972]). In this sense, people are both the products and producers of knowledge. Our Foucauldian-informed analysis therefore attends to ways in which participants positioned themselves in relation to existing discourses of fatherhood, masculinity and HIV positive health and how this, in turn, contributes to identity-making and possibilities for understanding and supporting HIV positive men as fathers.

Analytic procedure

The transcripts were read, re-read and coded to identify dominant discursive constructions (or patterns of meaning) across the data in relation to fatherhood, masculinity

and HIV positive health. Dominant constructions were coded as ‘quagmire’, ‘changed priorities’, ‘responsibility’, ‘irresponsibility’, ‘stigma’, ‘acceptance’ and ‘settlement’, for example. The second stage involved exploring the coded commonalities, variations and contestations of meaning and the location of these within wider discourse (e.g. discourses of ‘traditional’ and ‘modern’ fatherhood and masculinity). Convergence and divergence across and within constructions of HIV, fatherhood and masculinity were closely mapped by, for example, looking at how a talked-up ‘quagmire’ or ‘acceptance’ of an HIV diagnosis laid grounds for (re)framings of masculinity and fatherhood.

Next, how particular subject positions (or identities) and action orientations (certain practices or actions) were made available to the men within this discursive mix were also closely mapped. Here the focus was on how constructions of fatherhood and masculinity functioned as discursive conditions for talk of changed priorities and selves. From this, eight clusters of meaning in relation to the research aim were identified, including, for example, ‘HIV and crisis’, ‘HIV as renewal’, ‘responsible fatherhood’, and ‘men as irresponsible’. From these clusters, three themes were developed that coherently reflected pertinent aspects of the wider patterns of meaning, subject positions and action orientations that were identified during the stages of analysis as outlined. These were: displacement from the familiar; re-familiarisation through masculinities; and paternal emergence.

Analysis and discussion

Consistent with the HIV-related literature (e.g. Anderson et al., 2009; Baumgartner and Keegan, 2008; Flowers et al., 2006), a prevalent construction in our dataset related to HIV diagnosis as a point of ‘crisis’. Metaphors of ‘meltdown’, ‘doldrums’ and ‘quagmire’ were commonly used to account for perceived paralysis after being diagnosed as HIV positive. Diagnosis was talked up as a biographical and conceptual disruption that challenged

many of the men's familiar forms of knowledge and experience on which their perceptions of time, their world and themselves were contingent (Davis, 1997; Crossley, 1999a; Flowers et al., 2006). What follows is an illustration of this perceived displacement and a look at ways in which non/familiar versions of masculinity and fatherhood were variously used to negotiate it, overcome it and facilitate the incorporation of HIV into the men's 'positive' sense of self.

Displacement from the familiar

In the following extracts, Andrew, Nico and Luke responded to being asked about how an HIV diagnosis may have impacted on their lives.

Extract 1: Andrew

Vast change, vast change, yeah, since diagnosis in the 90s and that consultant at the hospital who told me I wouldn't make thirty. All your expectations of how long you are going to live are radically altered. My objectives changed and all my ambitions and stuff pretty much went out the window. HIV has drawn a line under so many things. (*European, age 48, diagnosed in 1993*)

Extract 2: Nico

Yeah, it changed my life. I was working. I was getting up at five o'clock to be at the factory by seven o'clock in the morning. So my friends were people from job-related places, you know, everything. Then when I got sick I had to separate from that world. It takes away some part of you, something that's really part of you... For me at the moment I don't see any future, that's the problem. (*European, age 48, diagnosed in 1989*)

Andrew and Nico had been living with HIV for 20 and 24 years respectively and so were diagnosed in the pre-HAART era and the introduction of active antiretroviral therapy. Andrew described how his future became difficult or impossible to envisage at the time of his diagnosis: a displacement that rendered his previous expectations and ambitions obsolete, and continued to do so. Nico similarly spoke of HIV as bringing the familiar to an end in a thief-like manner (see Anderson et al., 2009). For him, change meant, and continued to mean, separation from the world of work and consequent displacement from a familiar routine,

sense of self and a once perceived future (Davies, 1997). Luke and Charles spoke along similar lines but emphasised a before-and-after diagnosis distinction.

Extract 3: Luke

It's been a life changing experience because it gives you a way of feeling like there is no future afterwards, especially around the time of diagnosis. You revise every plan you have and you don't know what the future holds for you... And the emotional part of you, every day it puts you down and you feel there is nothing to survive for, but after that you feel you have to rise up above it... It has changed my perspective on life, my world, looking at myself, my way of planning for myself. (*Afro-Caribbean, age 38, diagnosed 2004*)

Extract 4: Charles

When you knew you were HIV positive you were expecting to die any day. But later professionals were saying that the medication is working properly. 'You can live a normal life'. All you needed to do was just take the medication and live a life as normal as anybody else. That's the positive living I was talking about. (*Afro-Caribbean, age 51, diagnosed 1988*)

Although diagnosed at very different times, Luke and Charles similarly referred to a state of inertia and a future that was hard to envisage, with Luke echoing the talk of changed perspectives in extracts 1 and 2. However, Luke also spoke of having to rise above the perceived temporal void and its psychological challenge and Charles constructed his eventual re-emergence as a return to 'normal' life. In this there is an explicit sense of HIV as being a catalyst for action and re-emergence amidst a 'normalising' process of adaptation (Bletzer, 2007; Crossley, 1999a; Schwartzberg, 1994).

As previously mentioned, this process of adjustment has been well documented in the HIV-related literature with the incorporation of HIV into a 'healthy' and 'responsible' sense of self said to be a crucial part of it (e.g. Anderson et al., 2009; Crossley 1999a). While readjustment is not a straightforward or coherent process, we highlight participants' talk of a perceived quagmire and re-emergence as a lead into exploring the discursive strategies that the men could deploy to ascribe meaning to, and thus experience, the process of post-diagnosis emergence and re-familiarisation.

Re-familiarisation through masculinities

Across our dataset, participants' sense of being men was an important factor in adjusting to the disruptive force of an HIV diagnosis and for re-installing meaning where the men felt that it had been taken away. Again consistent with the HIV-related literature (e.g. Doyal et al., 2009; Mfecane, 2008), discourses of masculinity were central in how the men came to variously experience their adjustments to HIV. Significantly, when asked about how being a 'man' may have affected their experience of living with HIV, participants tended to immediately refer to perceived stigma and discrimination in relation to HIV positive heterosexual men. While HIV-related stigma is certainly not unique to this population with HIV positive women and men who have sex with men not being immune (e.g. Flowers et al., 2006; O'Brien and Broom, 2013), respondents in this current study typically articulated perceived stigma and blame in relation to HIV positive heterosexual men as a particular context for working themselves out as men.

Extract 5: Andrew

HIV positive women are always victims. And HIV positive men in the context of women are always the reason. Men are seen as the ones who play away and bring it back to the woman... 'Hang on, you're a straight positive guy. Well you're the one in the headlines that's causing all the problems'. It's an isolating experience. (*European, age 48, diagnosed 1993*)

Extract 6: Luke

Normally it is the man who is blamed more (for HIV transmission), and in this case I would say I would be blamed more, irrespective of who is to blame. (*Afro-Caribbean, age 38, diagnosed 2004*)

Both Andrew and Luke referred to a negative depiction of HIV positive heterosexual men that is aligned with cross-cultural assumptions about hegemonic male sexuality. Insofar as men are seen as more likely to engage in promiscuous and 'illicit' sex (Barker and Ricardo, 2005; Mfecane, 2008), these respondents reacted to (potentially) being 'blamed' for HIV transmission and being positioned as reckless, if not also immoral, perpetrators. While

there was similarity in participants' reactions to the notion of heterosexual men as responsible for HIV and AIDS, their individual positionings in relation to this, and the subsequent working up of their post-diagnosis masculinities, were contrasting.

Extract 7: Andrew

The whole experience of living with HIV has changed me as a man into being more emotionally aware and I suppose they are feminine traits, really. Traditional female aspects of taking care of your health and stuff. My diet, for example. I don't drink, do drugs or have unprotected sex...I'm more understanding of other people in general than I would have been, more aware of the cues of other people's distress, or anger or whatever, and more thoughtful. More caring towards other people's feelings. (*European, age 48*)

Here Andrew's assertions of himself as a changed man explicitly involved key aspects of the 'modern man' discourse wherein men can position themselves as sensitive, caring and as emotionally available and aware (Finn and Henwood, 2009). Such positioning ostensibly afforded Andrew new skills, insights and approaches when dealing with others and his health. We want to suggest that Andrew's deployment of the modern man discourse is linked to his rejection of the idea that men are responsible for HIV transmission, a notion that he experienced as stigmatising and isolating (Extract 5). Within the confines of an essentialised gender binary, Andrew's resistance of this gendered responsibility led him to take up a more 'feminised' expression of himself as a man. This positioning, however, is not without the ironic shoring up of hegemonic masculine values in terms of an intensified sense of virtue and masterly self-control in Andrew's heightened awareness of his healthy self and the vulnerabilities of others (see Wetherell and Edley, 1999, for fuller discussion of the ironies of the modern man position).

While Andrew's process of becoming re-familiar with himself since his diagnosis involved resisting blame and the negative stereotype of HIV positive heterosexual men, other respondents took these up as part of their own personal stories and re-familiarisation processes. In being asked about how they thought HIV might have affected their sense of

being men, Isaac and Luke explicitly spoke of culpability for HIV transmission within their relationships (and families).

Extract 8: Isaac

Being the first to have it (HIV) you need to take responsibility. Be man enough to accept it. If you accept your responsibility and stuff like that you will be rewarded in your heart... And having that responsibility has probably pushed me and my children to do better as well. I just think that being HIV positive probably made me take a big step in my life. It's a good thing. (*Afro-Caribbean, age 42*)

Extract 9: Luke

Luke: Just be responsible. That's it...(Without HIV) maybe I would find myself with a different woman having another child, having another child here and there, you know, moving around. Might not have been there with my kids... This is my second chance, I have to grab it with both hands. So without HIV you might not have realised your mistake and carried on doing what you were doing. (*Afro-Caribbean, age 39*)

These men associated their HIV with their once reckless and irresponsible hegemonic masculinity, as they perceived it, and judged their previous sexual behaviour as wrong and harmful. In so doing, Isaac and Luke clearly incorporated the 'men as responsible for HIV' stereotype into their post-diagnosis workings out of themselves as men and fathers (see O'Brien and Broom, 2013; Enderstein and Boonzaier, 2013). In their talk of taking responsibility for perceived sexual transgressions and risky behaviour, these men spoke of abandoning the (Afro-Caribbean) stereotype of male promiscuity and multiple sexual partners and the consequent facilitation of an apparently involved and responsible fatherhood.

As in Extracts 3 and 4 above, HIV is here talked up as being a transgressive force and catalyst for action as opposed to that which takes away from life and a sense of self (Extracts 1 and 2). Isaac spoke of having taken a 'big step' in being 'man enough' to accept responsibility and of consequent moral goodness and reward. And Luke spoke of grabbing a 'second chance' with both hands and of rectified sexual behaviour and subsequent familial stability. In these moral and pro-active rectifications, it is as if Isaac and Luke negotiated a form of masculinity that maintained the 'manly' attributes of virtue, strength and assertive

courage, one that stands in contrast to Andrew's deployment of a more 'feminised', although equally virtuous, masculinity (Extract 5).

We suggest that difference in how the men can distance themselves from, and modify, a hegemonic form of masculinity as strategies for adapting to life with HIV, and for re-familiarisation with one's world and oneself, is contingent on how they can variously resist or absorb blame for HIV transmission. In other words, plays of masculinity in the context of HIV positive heterosexual men can be intricately tied to gendered perceptions of blame and irresponsibility (see O'Brien and Broon, 2013). Our point here is that the frequently affirmed strategy in the health-related literature that would have HIV positive men adapt to their status through resistance of the 'traditional' male norm is too straightforward in overlooking gendered perceptions of blame and irresponsibility for which a culturally familiar masculinity can serve as both hindrance and remedy in a post-diagnosis re-emergence of self.

In this next and final section we highlight ways in which participants spoke about being fathers as part of their perceived regeneration, responsabilisation and normalisation following the displacement of an HIV diagnosis and how this further complicated the men's negotiations of masculinity.

Paternal emergence

For the HIV positive fathers interviewed, children provided a way out of the perceived futureless state of HIV by offering degrees of hope, inspiration and purpose. HIV was spoken about as having positive impact on their ability to parent (Anderson et al., 2009; Antle et al., 2001; Sherr and Barry, 2004). Fatherhood, and the desire for it, was therefore another crucial factor in how participants came to configure themselves as HIV positive men.

Extract 10: Andrew

The desire to become a father only came to me after my diagnosis. I only wanted to become a father because I was HIV positive. I think it was the genetic imperative, continue the line before you die...My daughter is my *raison d'être*. Everything I do, directly or indirectly, is about providing for her...I do what I can to support my daughter. (*European, age 48, first-time father, single parent*)

Extract 11: Nico

With me being HIV positive, I can't compare him (his son) to a medicine but he's a good tonic. He empowers me to live life again...The way I see it I'm very unimportant. My son is much more important. But then again, in a way I'm very important too because he's looking towards me, so I have to be there for him. I can't afford to get sick because he relies on me. (*European, age 48, first-time father, child lives with his mother*)

Andrew and Nico similarly alluded to their children as part of their post-diagnosis recovery and purpose. Andrew was particularly clear about desiring children *because* he was HIV and referred to a 'genetic imperative' as the causal factor. Here it is as if fatherhood was a settled on strategy for seeing a future and for 'normalising' and/or 'submerging' his positive status. For Andrew, being a father was also perhaps linked to his resistance of the 'irresponsible HIV man' construct (Extract 5) in affording him opportunity to demonstrate responsibility through paternal provision. In a similar vein, Nico, who had also experienced significant HIV-related illness, spoke of his son as a medicinal-like 'tonic' and as a kind of buffer against the possibility of further illness. For first-time fathers Andrew and Nico, being a father seemingly offered them an alternative, or additional, identity to being HIV positive men.

In the next extracts, Charles and Dennis talk up a notion of the patriarchal father in terms of a responsibility that went beyond provision.

Extract 12: Charles

(Fatherhood) has meant a great deal to me because it gives me a sense of living. Every time I'm thinking of what I need to do for my children and that responsibility, actually it gives you more encouragement to work, be responsible and to avoid things like scandals. If I didn't have children I think it would be a reckless life. (*Afro-Caribbean, age 51, 2 children, one HIV positive, single parent*)

Extract 13: Dennis

Now I'm HIV positive I think I have to teach my son and daughter right so they don't get HIV. I have to teach them and tell them to be safe...If you are a father, if you have a house or a home, you have to be at the top of that house. You have to give the instructions. (*Afro-Caribbean, age 40, 4 children*)

Charles spoke about his children as giving him 'a sense of living' and about a responsibility to work and provide for them. He also articulated the meaning of his fatherhood as that which involved taking responsibility and warding off a potentially 'reckless life'.

Dennis saw himself as having to teach his children 'right', with his HIV status and heightened sense of risk helping to fashion a paternal style that involved being the authoritative family manager and architect of virtue. While on the one hand variously moving away from the position of the absent and non-involved father, the above four extracts depict reinforcements of 'traditional' fatherhood and masculinity (as characterised in UK and African contexts) through talk of virility and the obligation to provide, protect and instil moral discernment and 'right' behaviour in children (Barclay and Lupton, 1999; Enderstein and Boonzaier, 2013; Finn and Henwood, 2009).

In this we are not implying that aspects of the 'modern' father discourse were not also woven through participants' talk of their parenting. As a single parent, for example, Charles spoke of being both 'mother and father' in attending to domestic chores and the everyday care and emotional needs of his children. What we do want to suggest is that while a re-fashioned masculinity could serve purpose for the men in affording them opportunities for assimilating or resisting blame and adapting to HIV, another kind of post-diagnosis emergence was talked up in being fathers. Emergence from a post-diagnosis void that the men saw as being available through fatherhood involved accounts of authority, strength, virility and moral goodness that signified a responsabilised masculinity in patriarchal and thus hegemonic terms. In respondent's talk of their parenting there was implicit settlement into a familiarity that above

all else involved recognitions of themselves as the traditional and gender-specific father who is obliged to provide, protect, instruct and instil self-worth in his children.

Conclusion

As we referred to earlier, there is valid argument in the HIV-related literature that the health and well-being of HIV positive men could be well served by encouraging the uptake of less gender differentiated expressions of masculinity (e.g. Doyal et al., 2009; Enderstein and Boonzaier, 2013; Reid and Walker, 2005). It is clear that (western and African) forms of hegemonic masculinity can fuel HIV-related stigma and inhibit men's uptake of HIV testing and treatment (e.g. Siu et al., 2013). And it is clear that forms of hyper-masculinity can run counter to HIV prevention efforts and render women disproportionately responsible for the spread of the epidemic, particularly in sub-Saharan Africa (e.g. O'Brien and Broom 2013). Without wanting to underestimate the challenge that hegemonic masculinity can present in the fight against HIV and AIDS, we have attempted to point to some of the discursive and psychosocial complexity that can play out in the identificatory practices of HIV positive men in the wider context of their fatherhoods and their duty-bound attempts to assimilate HIV into a 'healthy' presentation of self.

As HIV positive men, respondents in our study spoke of a common desire for being recognised as the (now) 'responsible' and 'resilient' HIV positive man that involved both affirmations and subversions of a traditional style of manhood. We saw this as being largely the effect of either resisting or absorbing the 'HIV man as irresponsible' stereotype and as part of the men's invested-in obligation to adapt to their HIV in ways that involved masculine-oriented demonstrations of responsibility in terms of independence, self-sufficiency and a masterly self-control. Similarly, what respondents tended to variously deploy, and defend, as HIV positive fathers were familiar framings of a patriarchal masculinity through which they

could also know themselves as responsible and resilient, despite clear tensions around this in not being able to always provide for children and families, for example.

We make the case that the men in our sample were men for whom ‘modern’ fatherhood and less hegemonic expressions of masculinity were not necessarily, or always, sustainable against the neoliberal obligation to enact (HIV) ‘positive’ health by way of normalising plays of responsibility and resilience that can render a familiar masculinity purposeful. In this we are certainly not promoting the inevitability or naturalness of ‘masculine’ practices, asserting a false polarity between traditional and modern men, or implying that masculinities are exclusive to men and male bodies. Our point is that for HIV positive men, traditional forms of masculinity—along with less gender-specific framings—can have functionality in men’s emergences from the perceived quagmire of an HIV positive diagnosis. In light of this we want to pose a challenge to a health promotion agenda for HIV positive men that simply underscores the constraints of hegemonic masculinity without also acknowledging the hybrid mix of ‘old’ and ‘new’ masculinities and the wider socio-discursive contexts and multiple identificatory positions that HIV positive men can be variously located in and constituted by (see Gutmann, 2007). HIV positive men can also be fathers, partners and workers, for example, and these, in turn, are lived within the yet wider contexts of politically infused narratives of health, illness and culturally sedimented life histories.

Crucially, we want to suggest that research continues to unpack the productive power relations at work in promotions of HIV ‘positive’ living and associated ideations of the ‘traditional’ and ‘modern’ man (see Crossley, 1999a, 1999b; Finn and Sarangi, 2009; Gutmann, 2007; Holt and Stephenson, 2006; Persson, 2014). We encourage this in order for us to more fully understand power relations as not simply originating from individual men and their enactments of HIV ‘positive’ health or hegemonic or modern masculinities but as also emanating from psychological imperatives, health promotion discourse, and international and

political interests that can serve to individualise cultural ideas about hegemonic and ‘modern’ masculinity and that can warrant investment in the very flavours of traditional and modern masculinity that are either under challenge or privileged.

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