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**Can an HIV positive woman find true love? Romance in the stories of women  
living with HIV**

**Corinne Squire**

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**Abstract**

The majority of new HIV infections worldwide occur in women, and women's experiences of living with HIV have special connections with heterosexual relationships, reproduction, and romance. Romance is also an important narrative genre for feminism, generating controversy over whether it can resignify or only reinforce dominant discourses and practices of gender and sexuality. This paper reports on a longitudinal semi-structured interview study of HIV support. It focuses on the heterosexual romances told by HIV positive women in the sample. It argues that these stories were, like all romances, strongly but implicitly situated in historical and social contexts, and that stories of romance and HIV emphasise such contexts. HIV positive women's narratives of 'true love,' and their more ironic, Bridget Jones-like narratives of problematic relationships, all had this situated quality. In addition, women reported storytelling about HIV and romance as enabling them to talk about and conceptualise wider relationship and reproductive possibilities dialogically, with other HIV positive women. Their romance stories also allowed the women to register desires that more conventional HIV narratives ignore or rationalise. The paper argues that the HIV romance genre enabled these women to tell about, and perhaps think of and act on problematic areas of their lives in new and useful ways.

**Key words:** HIV, women, romance, narrative, genre, gender, sexuality.

## **Introduction**

Psychological research on popular culture, including some feminist research, tends to examine the effects of specific media such as video games, television or comics, or of particular genres of these media, for example television soap operas and comics aimed at young adolescent girls. Alternately, the psychology of popular culture looks at the effects of media that have specific functions such as sales, news provision or health education. In both cases, the psychological research is interested in media effects on particular attitudes and behaviours, for instance, on boys' aggressive behaviour, or girls' feelings of self-esteem, or rates of sexual behaviours that carry risks of pregnancy or illness.

This research is therefore concerned with media's psychological effects. Consumer psychology, for example, when it investigates how goods and services work on audiences and markets, wants to know who is susceptible to which messages and what product meets whose 'needs.' Health psychologists who examine popular culture want to ascertain which elements cause which individuals to think and behave in specific ways. Feminist psychologists often try to determine how aspects of popular culture interact with women's and men's gendered attitudes and behaviours. In such work, the psychological subject is, as Walkerdine (2000a) points out, taken as a given, assumed to be structurally independent of the media impinging on it. In addition, the non-

psychological characteristics of those media, the structural form of broadcast or literary narratives for example, are more or less ignored.

The paper that follows has a different focus. It is concerned with the structure of a specific cultural form, the romance narrative, in individuals' speech, not with that genre's personal, 'psychological' meanings. This perspective puts it closer to some literary-critical work on the romance than to much psychological research on narrative. The popular-cultural texts it is interested in, though, are not literary or media texts, but stories people tell about how they are affected by HIV, which nevertheless share some features with those texts. Stories told by individuals about their own lives look 'psychological,' and are seen by some as the most basic material of psychology (Bruner, 1983). But psychology usually separates popular media from the realm of the psychological, seeing the media as an influence on rather than a component of subjectivity. To read someone's story about living with HIV as an example of a popular narrative genre, rather than as a representation of psychic and social reality (though it is also that), is therefore to depart some way from mainstream psychological and feminist-psychological work on both popular culture and individual narratives.<sup>1</sup>

Life-shaping conditions such as HIV are usually treated by psychologists as fundamentally exempt from popular-cultural influence. Though psychologists recognise that how the condition is lived with and transmitted depends to some degree on cultural representations, they view HIV's strongest meanings as universal. They see the meanings as socially and historically shaped, but as only mildly influenced by popular culture. Research on people's stories of living with HIV generally treats them

as essentially human narratives of life, death and illness (Carraiburu and Pierret, 1995; Ciambrone, 2001; Crossley, 1997; Schwartzberg, 1993; Ezzy, 2000). The work draws on the anthropological and sociological tradition of understanding chronic illness through people's stories of it (for instance, Kleinman, 1987) and through the biographical disruption and reconstitution it precipitates (Bury, 1992).<sup>2</sup> Such work also adopts a Giddensian (Giddens, 1991) account of late modernity, and so assumes a 'late-modern' model of progress through life with HIV, which starts from the self's and body's disruption and heads, despite interruptions and detours, towards reconstruction. This work also tends to equate narrative coherence or simplicity with psychological health. At the same time, many of the studies (for instance Ciambrone, 2001; Schwartzberg, 1993) qualify the 'illness narrative' and 'biographical disruption and reconstitution' models extensively in the light of their findings, to such an extent that the models' validity attenuates.<sup>3</sup> They also question whether we can indeed read off psychological health from narrative skills. This work on HIV narratives takes little or no notice, however, of cultural-studies work on representations of HIV (Patton, 1990; Treichler, 1993; Watney, 1994). Perhaps this is because the social science perspective is philosophically humanist, and politically concerned to testify about people's suffering within professional discourses - medicine particularly - that often ignore it. From such a perspective, the cultural-studies work may seem unconcerned with the realities of people's experiences. Yet that work is often more directly connected to people with HIV's own social action, political activism and aesthetic production than is social-scientific research.

When social scientists do recognise popular culture's significance for HIV, they usually

stress its negative effects, how it contributes to inaccurate cognitions, risk-taking, low self-esteem and stigma (Herek, 1990). Thus they share in the general western intellectual tendency to view popular culture as trivial, degenerate, 'soft' and 'feminine' (Douglas, 1977). This view contributes to the general neglect of popular culture in psychological research, despite its importance in psychological life, that Walkerdine (2000a) comments on.

However, some feminist theorists have conducted complex popular-cultural research, which both criticises the stereotypes within popular culture, and recognises the opportunities it gives to women, and sometimes men, to make it work for them, often by radically reconstructing its meanings (Brunsdon et al., 1997; Butler, 1993). While there is considerable variation in the degree and direction of this work's political engagement, it seems possible for such work to address popular culture's politics, including its gender politics, while still resisting the tendency to rush into optimistic overinterpretation or pessimistic prescription (Segal, 1999; Walkerdine, 2000b)

Increasingly, critical feminist psychologists are integrating such approaches, especially when dealing with gender issues (Burman, 1994; Gill et al., 2000; Marshall and Woollett, 2000; Ussher et al., 2000; Walkerdine, 1985, 1997). These psychologists are thereby encouraged both to expand the range of qualitative methods they use, and to apply analytical concepts borrowed from the humanities, such as 'narrative' and 'genre' (Jacobs, 2000; Todorow, 1990). The paper follows both these trends.

## **The study**

The paper draws on a longitudinal interview study of support for people infected or affected by HIV. 'Support' was chosen as the research focus because a) it had practical significance for the research participants, and for AIDS service organisations b) it cast interviewees as informants, not 'guinea pigs,' which is how many people living with HIV view research as picturing them c) it turned HIV into a factor in people's lives rather than the determinant of those lives and d) it deemphasised HIV transmission, which tends to be a stigmatised issue, particularly for women. However, it was expected that in the course of talking about 'support,' interviewees would also talk more broadly about the place of HIV in their lives.

The study recruited 34 participants, through announcements at HIV support groups, notices displayed at AIDS service organisations and HIV clinics, advertisements in HIV newsletters and in specialist and general interest magazines, and word of mouth. The participants were interviewed in most cases three times between 1994 and 1998<sup>4</sup>, for between forty-five minutes and two hours each time, by myself or a research assistant. Each semi-structured interview covered the topics of support groups, other forms of voluntary-sector support, health and social service support, and relationship, family and friendship support. Interviews were transcribed, content-analysed, and were subsequently given a narrative analysis, focussing on spoken elements that showed temporal and/or narrative sequencing (Todorov, 1990.)<sup>5</sup> Narrative analysis allows attention to the personally and culturally significant story forms that people produce. It also gives access to discursive *sequences* of talk, as people move from one form of language to another, that a discourse analysis might pass over. In order to best display

the results of this analysis, the paper concentrates on particular interviews within which long or linked narrative sequences occur, rather than sampling elements from a broad set of interviewees' stories.

Unlike most previous research on HIV narratives (see Ciambone, 2001, however), this paper focusses specifically on women, whose experiences of HIV are widely acknowledged to be distinct from those of men, despite epidemiologic and cultural variations between women (for instance, Campbell, 1999; Squire, 1993, 2000; Wilton, 1997). There were 20 women in the sample, 16 of whom declared themselves HIV positive on the optional post-interview demographic questionnaire. They ranged in age from early twenties to fifties and were of African, African Caribbean, and Western and Eastern European origins; they were in fact more demographically diverse than the men in the sample.<sup>6</sup>

Again unlike previous HIV narrative research, the paper concentrates on narrative *genre* as a significant, culturally specific element of the stories the interviewees told. As well as talking about HIV support, most women and men produced stories in the 'coming out' genre, about how they and others came to terms with being affected or infected by HIV (Squire, 1999). In addition, many HIV positive women who identified as heterosexual spent large portions of the interviews telling stories of their search for male partners and the happy or problematic results of such searches: that is, they produced *romances*. Of course these stories were interrupted, repetitive and often incomplete, and they included other kinds of narrative elements; they were 'intertextual.' However, they were recognisably romances, and often declared as such.



They were distinct from moments where interviewees simply described or evaluated their actual or wished-for current, past or future relationship status, although such moments were often included in them. The heterosexual and gay men told relationship romances, particularly stories of a search for romance, rarely. So did women and men in the study who did not declare themselves HIV positive. These interviewees were carers for and relations of people with HIV, none of whom reported having romantic relationships with HIV positive people. For them, and for HIV positive men, 'romance' lay more in their accounts of their complex and problematic relationship to HIV itself. For these reasons, I shall concentrate in this paper on the HIV positive women's stories of heterosexual romance

Gender differences in relationship talk and in interview talk are common findings.<sup>7</sup> It may also be that the women's romance storytelling related to their having greater exposure to romance as a genre, through reading, film and television, than men (Radway, 1984). For reasons of relevance and time, the study did not investigate this question.

### **Romance, feminism and HIV**

I am using 'romance' in its conventional post-nineteenth century western form to mean the story of a quest for an ideal heterosexual love relationship, characterised by mutuality and transcendence rather than, as in earlier stories of courtly love, chivalry and self-abnegation<sup>8</sup>. Structurally, this is a closed and progressive genre. Its contents are, superficially at least, optimistic and life-affirming. It is a key genre for much

feminist cultural theory (Modleski, 1982; Radway, 1984; Taylor, 1989; Harvey and Shalom, 1997; Pearce and Stacey, 1995; Belsey, 1994), because romance addresses heterosexuality at its most intimate, where oppression is hardest to counter or even identify.

The early second-wave western feminist response to the popularity of romance among women was to decry its oppressive representations of passive femininity and active, often brutal masculinity. By the 1980s, however, feminist theorists of the romance, as of other popular cultural forms, were interpreting it less judgementally. They became interested in how passivity is *actively* produced in writing for women (Walkerdine, 1997). They looked at how romances explore gender tensions and offer utopian possibilities for women readers (Modleski, 1982; Radway, 1984), functioning, as in the broader meaning of romance as any form of 'quest' narrative, as wondrous fictions. This search for a 'rebellious core of psychological vitality' in the romance, as Ann Barr Snitow (1984: 259) puts it, has, as her sarcasm suggests, some overridealistic limitations. However, it points to the emotional openings within romance that Snitow herself says qualify its transcendence.

Feminist writers also explored how, from an object-relational perspective, readers may identify the male figures on which traditional romances centre with idealised parents of both genders, with nurturing mothers as well as dominant fathers (Radway, 1984: 84; Treacher, 1988). From feminist audience studies, it appeared that women readers develop expert understanding of the genre, sometimes through dialogic engagement with other women readers (Radway, 1984; Gray, 1997). Feminists also chronicled

variations and changes in the romance genre such as its increasing emphasis on women's achievements and sexual explicitness in the 1980s, the popularity of related genres such as family and historical sagas and the development of African American and lesbian subgenres (Taylor, 1989; Talbot, 1997; Fowler, 1995).

Most recently, feminists have been interested in the ironic, unfinished 'Bridget Jones' subgenre, a newly respectable and widely read variant, also doing well in prime time television sitcoms (*Sex and the City*, *Ally McBeal*). Here, the romantic quest is qualified by women's uncertainty and by men who, far from being idealised parents of either gender, are commitment-phobic and let women down. Relationship problems are integral themes of these narratives. As in *Bridget Jones's Diary* (Fielding, 1997), the narratives usually end happily and conventionally, but it could be argued that the troubles along the way leave a residual uneasiness<sup>9</sup>. In the light of the stories' wavering trajectories, their happy endings are hard to read straightforwardly.

Feminists have also been interested in the extent to which women use the romance genre to describe their own experiences (Silberstein, 1988; Duncombe and Marsden, 1995; Blackman, 1995), or narrate their lives consciously *against* romance - not necessarily to any radical effect, as in the stories told by working class British women getting married between the wars (Giles, 1995). The ironic 'Bridget Jones' subgenre, too, seems to offer a complex route through contemporary heterosexualities that may be particularly appropriate for women's contemporary telling and understanding of their lives.

It is, though, a mistake to think the romance genre has ever been a simple, uncomplicated form. Romance has always been partly ironic, riven by the uncertainties that shadow modern western fiction in general, and that Kristeva sees as driving all 'creation' in a time when as she puts it we 'lack an amatory code' and 'can but live a plurality of possible myths' (in Carr, 1989: 3). The romantic heroine is a liminal, if ultimately conservative, figure. She is suspended at the uncertain threshold of courtship in a way that recalls women on the threshold of mystical experience in medieval accounts of visionaries (Voaden, 1995). Romance in its broader form, as a narrative of quest, not simply relationship quest, has long been imbricated with the ambiguities of enlightenment accounts of progress. Science fiction, for instance, particularly in its feminist versions, demonstrates clearly an awareness of the scientific romance's possibilities and dangers (Wolmark, 1995; Belsey, 1994). At its most extreme, romance's ambiguity generates fatal romances, about both science and relationships. These stories are driven by an idealism that equals that of their optimistic, transformative counterparts, but they follow a divergent, downward path towards a tragic ending (Sclater and Yates, 2000).

Relationship romances' ambiguities are never just private irony (Critchley, 1996). They are connected to specific cultural locations that generate their opposing meanings. The Bridget Jones subgenre, for instance, is produced by and for an uncertainly 'postfeminist' demographic of western turn-of-the-century women. In soap opera romance, the genre demands that the female characters are never finally happy, and these continuing residues of romantic ambiguity again express the ambivalences of contemporary gendered living. Romance is thus always a specific *kind* of romance, its

life-pursuing ideal qualified by a particular context. It is, as Snitow says of sex in romance novels, a 'social drama' (1984: 274). As Apfelbaum (2000) points out, romance's affirmation of personal happiness and fulfilment, 'home,' reproductive possibility and genealogical continuity, have particular meanings for the many women - and this includes the majority of women living with HIV - who are forcibly displaced or politically, economically or socially excluded. If recent cultural and economic changes in the pattern of gender relations seem to have multiplied romance's uncertainties (Belsey, 1994), HIV, which is lived in a narrative matrix of displacement and exclusion, tends to intensify them further.

Romance is also an important genre for theorisations of HIV. For the most part, HIV is transmitted in intimate, usually sexual, predominantly heterosexual circumstances. As in many romantic novels, these circumstances often seem unrepresentable. Instead of a row of dots on the page, or an account of uncontrollable sensations (Talbot, 1995), however - the main strategies of written romance - in speech these heterosexual circumstances are indexed by silence. Life with HIV is jeopardised by such silences; 'Silence=Death,' ACT UP (the AIDS Coalition To Unleash Power) famously sloganised. Perhaps it is not surprising that from early in the epidemic, education initiatives, particularly those directed at heterosexuals, tried to make safer sex heard or visible within the romance genre, for instance with teen photo-love stories directed at HIV awareness, or with soap-opera style health education videos. A more direct expression of this preoccupation was that medical, social service and voluntary sector institutions providing HIV services self-help groups, the Lonely Hearts sections of HIV newsletters and magazines and even clinics quickly and notoriously became places to find

relationship partners, not just support or sexual partners, for gay men and for heterosexuals infected or affected by HIV.<sup>10</sup>

A romance told in the context of HIV is in a sense a story told *against* HIV, a story of life, not death. But the genre's own ambiguities undercut this resistance. In addition, as HIV increasingly becomes a condition that people in the west live with, rather than die from (Heaphy, 2000), the romance genre's opposition to it blurs. At the same time, HIV continues to qualify the romantic ideal. Within conventional modern romance, the love object is, as Freud (1974b) pointed out, perfect, even fetishised. With HIV though, as we shall see, the quest for a love object has to take place within the limits of the particular social conditions that will sustain both romance and life with the virus. HIV remains life-shaping even when not life-threatening (Herek and Greene, 1995). Romance is therefore not necessarily 'against' HIV, but it is always affected by it. This influence disturbs the perfection of the love object. In the heterosexual HIV romance, Mr. Right must be able to deal with the woman's and his HIV status, must negotiate about how to have sex, whether to have children, and whether to disclose HIV to friends and family, must be able to deal with HIV without becoming violent or psychopathological and must have compatible citizenship status. Even the ironised Bridget Jones subcategory of the genre has, as the stories in this study show, a particular HIV version. If women are insecure and men will not commit, in the context of HIV these inadequacies occur within some very specific representations of masculinity and femininity, involving the deaths of previous partners and children, being a refugee, loss of employment, strength and reproductive possibilities, and difficulties in coming to terms with your own and others' health and status.

What about stories that focus on HIV itself? HIV romances occurred in the study alongside some other 'romances': stories of the quest for a solution to the condition itself, at the level of medical cure or social management. Some female and male interviewees with intense health problems, for instance, only produced 'romances' focussed on the illness. Like other romances, and indeed like other stories of scientific quest, these scientific 'romances' of HIV had problems and ambiguities (Franklin, 1995). Most obviously, they had no clear or certain end. A more personal, individualised, but again ambiguous 'romance' was made out of HIV when interviewees told the story of their quest for psychic acceptance and social inclusion. This story, an HIV 'take' on the modern novel's narrative of self-discovery, was told by most interviewees. For many men it was indeed the dominant narrative form. A version of it, preoccupied with the physiological, social and institutional particularities of HIV, emerged as a characteristic 'coming out' narrative subgenre in the interviews (Squire, 1999).

For most interviewees, these medical or personal 'romances' about HIV coexisted or intersected with relationship romances. In the case of HIV positive women participants, relationship romances were more frequent and often dominant. If women have a strong connection with relationship romances, they seem to have a specially powerful connection with such romances in the HIV context, for at least three reasons. First, women's lack of social and economic power in the face of the condition, and their efforts at resistance, parallel women's disempowerment and moments of resistance within the romance genre and often, within lived heterosexuality ([www.hiv.unaids.org](http://www.hiv.unaids.org)).

March 1999; Rao Gupta, et al., 1996). Second, for women, HIV has strong connections with relationship 'romance,' broadly conceived: with transmission within loving or abusive heterosexual relationships (rather than through drug use, blood transfusion or sexual activity, MacRoe and Aalto, 2000); with having children within such relationships, which is often how women's positive HIV status is discovered; and with what is culturally and personally seen as the 'defeminisation' of women's bodies through HIV symptomatology and treatment side-effects. Thirdly, women talk more about partners and children when describing their own lives with HIV than men do. While this talk does not always constitute a romance narrative, it makes women more likely to link HIV into the romances in their lives.

It is because of women's particular relation both to the HIV romance and to the romance genre in general, that this paper concentrates on their stories. Their specific, pragmatic tellings of the romance genre illustrate the situated nature of the romance genre generally, as well as indicating its possible value and limitations for telling about and living with HIV. Compared to the ironies and qualifications on display in some of these stories, *Bridget Jones* is straight out of *Mills and Boon*.

The qualifications of the romance genre are of course apparent in many situations where HIV is represented, in educational materials and in HIV services, for instance. I'm thinking of a late-80s New York State Health Department video called *Eddie's Story*, where some of the storylines, addressed in a high-romance television soap style but deeply pragmatic in their narrative trajectory, are, 'can Dave tell all those women that he has a sexual disease?' and 'Does Jackie convince Eddie to protect them both from



STDs and AIDS?' Similarly, the personal ads placed by women for men and vice versa in a magazine like *Positive Nation* sound very similar to those placed in other magazines if you delete explicit references to HIV status and health. However, many common terms, 'very fit,' 'likes sports,' 'employed,' 'honest,' 'likes to travel,' 'single parent,' 'nationality unimportant' have specific HIV connotations that qualify the usual meanings of the personal-ad version of romance<sup>11</sup>. When living with HIV, 'fitness' and the ability to exercise and work cannot be taken for granted. 'Honesty' can have effects on transmission, and other aspects of physical and emotional well-being. 'Single parent' carries a load of meanings about children's and previous partners' health histories and futures. 'Nationality unimportant' goes beyond multiculturalism to acknowledge the specific transnational character of HIV in Britain, particularly its association with people of African origin. In the stories told by HIV positive people, though, the qualified, ironised nature of HIV romance emerges in a clearer and more developed way<sup>12</sup>

I want to go on now to examine the characteristics of the romance stories generated in the support study. All the heterosexual HIV positive women who were not in relationships and who did not report serious current health problems told stories that fell within the western romance genre as it has existed since the nineteenth century: stories of a search for love. The trajectories and ends of these stories varied, however. Some fell into what we can call the 'true love' subgenre, proceeding through some plot difficulties towards a straightforwardly happy ending. Others constituted a more explicitly ironic, 'Bridget Jones' subgenre. First, true romance.

## **HIV and true love**

This version of the romance was a story told by none of the men. It involved a quest, with an actual or hoped-for happy ending, for an ideal heterosexual relationship. ‘This is my biggest problem, how to find a man,’ Helana said in her first interview (all names have been changed), and Sally agreed, ‘what I want, I really want to find a man.’ By this, they did not mean any man. Both women wanted men who would understand and support them and their children in living with HIV. Sally, indeed, found such a partner, and started her last interview by retailing the happy ending to her quest. ‘She told the story of meeting and marrying a man who she said loved her, whom she and her child loved, and who was a good father for the child. It was, it seemed, a perfect romance:

Sally: Yeah, yeah, well I got married recently, so I think my best support is now my husband, who is also Positive [] My husband is fine now, he’s even, we have this (local HIV service organisation) / oh yes, right, right / it’s very close to us, five minutes, maybe less, even three minutes, it’s next door, so we go there, and he’s been with, with me a few times. And he is fine, he’s not like afraid of people [] I think we are both quite happy now because we have a partner. I think we are both quite all right with the thing, like, because it’s been there a long time, you have to learn to live with it. So it’s, well you need the support, it’s not like you’re feeling “Oh, I’m tired out now, I’m going to die soon.” I think it’s more like support with this thing, because you are feeling lonely, and this thing because you should have been living by yourself [] and they (husband and child) are so good together, like, you know, he’s calling him Dad. We never told him that he should, but he’s just

started, because other children are having their daddies, so he just took him like his Dad.<sup>13</sup>

Several women told stories of this kind, as well as stories of a quest whose ideal ending was imagined or expected: stories of love-in-waiting, like Helana's.

Often though, the women accompanied even these rather simply structured stories with direct commentary on their idealism. Sally for instance related her commitment to romance to her emotionally absent, drunken father, and used the connection to qualify that commitment:

Sally: That (a family and a man)'s what I want because my family, when I grew up my father was drinking and it was a bit like maybe not so happy, or how should I say, so I feel like I missed it when I was young, maybe I have this illusion of happy families, I don't know<sup>14</sup>

Such a commentary does not depend on HIV for its production, although perhaps the uncertainty and qualifications surrounding HIV romance enables it. For in the HIV context the fiction of an ideal partner is especially hard to sustain, and a highly particular version of 'true love' emerges. For these women, a conventionally qualified notion of social and personal 'compatibility' was insufficient. They were searching for an understanding of HIV, and usually, positive HIV status in their partner. These criteria strictly circumscribed their quest. Some women tried to find partners at support groups. Many used the personals columns of HIV-related magazines. Only a few relied

on other social contacts or established friendship networks. Sally met her husband, and an earlier boyfriend, through the personals. Moreover, for those who, like her, who came from a country with a very low proportion of diagnosed HIV positive people, finding an HIV positive partner almost inevitably meant looking for a partner from another country. In the context of London in the mid- to late 1990s, for all the heterosexual women there was a high likelihood that an HIV positive heterosexual Mr. Right would be, as for Sally, a fairly recent African refugee or migrant, and so there was also a likelihood that the paths of true love and citizenship status would run parallel.

Sally's marriage was an 'HIV romance' in two senses. It was told in the context of HIV's limiting conditions; but it was also told in growing convergence with the romance of *living with HIV*, the increasingly successful quest to live healthily and happily with the condition. She and her husband, Sally said, now they had found each other, were no longer lonely and unsupported in the face of HIV. They went to HIV clinics together, discussed drug regimes with each other and decided together what treatments to embark on. At the same time, the story made some detours through conflicts and disagreements. Marriage had made Sally's husband, who had experienced many AIDS-related family losses, want children, which might compromise her health. His family members, also recent migrants from places hit hard by the epidemic, were always around, and it was stressful looking after them and hard for Sally and her husband to agree who to disclose to. Her husband also now looked to her for European citizenship and associated access to HIV treatment and benefits. This strand of their doubled 'HIV romance' produced particular ambiguities in the narrative (Squire 1999), as appears in Sally's discussion of whether her husband would live in the UK or her country of birth, or return to his birth

country:

Sally: Well I know he didn't get married so, for to stay, because well if he wanted to stay he could have married an English person or somebody with an English passport or something like that/mm/ but er, well in a way he really doesn't have much choice (laughs) because (laughs) it's, if it's like they would send you back to (his country) or, you come to (my country), so, (laughs) it sounds terrible really but (laughs)/laughs/ I know he loves me anyway I know, I know he not like that, because of that.

It would be too simplistic to say that Sally was telling me, herself and you a fairy tale about love that veiled a more instrumentalist subnarrative. It would be closer to the narrative's complications to argue that this story of 'true love' is, like all such stories, in fact a pragmatic story, concerned with love, but also with other matters such as citizenship, overdeveloped-developing world relations, and the medical and social uncertainties of HIV.

By contrast, at the time of her third interview, Helana had gained British citizenship and at the same time given up on romance. Finding a man no longer seemed important to her, she said. Again, it would be too cynical to read this narrative's end as indicating an instrumentalist subtext hiding within Helana's earlier romantic quest. Rather, we can say that by her last interview the conditions that supported her commitment to true romance - uncertain citizenship status, a young child who she viewed as legally and emotionally in need of a father, and her own emotional need for a relationship - had lessened.

## **HIV and the vicissitudes of love**

The second, more explicitly qualified version of romance was told by women who discussed problems in romantic relationships. Sometimes they spoke from a position of multiple failed relationships, sometimes from the perspective of a finally positive resolution of a relationship. For in these ironic, 'Bridget Jones' instances of the romance genre, the quest for a 'perfect' relationship is never over, even when you arrive at an apparently happy ending.

Very often, these qualified romances recalled dominant narratives of women's experiences in contemporary heterosexual relationships. The women's stories told of male partners who communicated little about their feelings, did little or no domestic work, went out with their friends and spent too much money, could not agree with them about children, were violent, or had female sexual partners outside the relationship. This is Sally, describing her relationship with the boyfriend that she had before she met her husband, in two extracts from the lengthy stories of their relationship in her first interview:

Sally: He's not really responsible enough to be a father and a husband. He's still running out a lot with his friends, and it's difficult because I like him, but I'm not very happy the way we are living now / mm, mm /. So it's quite hard, and we are talking about it and he knows like, he's always like saying he understands why, why you are not really happy, but, and he's going to change, he wants to change, and he

wants to be with us, but maybe he needs some time, and he doesn't like know why he always behaves like that, and, but, I don't know how long I can listen to all these explanations / mm /

...

He can't afford things what he's doing / mm /. Staying out now. Not very often, but maybe twice a month he doesn't come home. It's Friday or Saturday he goes out and he doesn't come home. It's not right. I feel it's not right / mm /. He should come home. At least he should call me then / mm / [ ] it's not so much to do with HIV anyway.

These rather conventional stories of relationships with problems were often bracketted by larger narratives of for instance unemployment, migration, addiction, mental disorder, or cultural conflicts. Perhaps such multiple narratives play a bigger part in autobiographical, spoken romances than in fictional, written versions, which are more likely to be structured by relatively simple gender conflicts. Perhaps, too, such bracketting is especially prevalent with romances told in contexts like that of HIV, which foreground the limiting conditions of romance. Sally for instance, despite her conventionally gendered story of relationship problems, finished the narrative with an appeal to her African boyfriend's 'culture':

of course I can't know where he is spending his nights, especially as he is from (country) so they have different culture...

Several women prefaced or followed stories of problematic relationships with accounts of their partners' lack of paid work or other financial need. Two women also situated

problematic romances within the field of psychopathology. Katrina told the story of her relationship with a man she contacted via a personal ad who at first seemed charming and 'perfect' and later revealed himself to be a pathological liar, conducting relationships with numerous HIV positive women at once. Helana similarly described meeting someone through a personal ad who turned out to be 'crazy.'

The women in the study did much more than this, though, to rewrite the 'Bridget Jones' subgenre in the frame of HIV. Their tales of romantic vicissitudes were sometimes explicitly about HIV problems. At the same time, the women still often framed these problems in terms of politically condoned ignorance and socially sanctioned discrimination, not just as personal matters.

In particular, the stories gave some very accounts of the problems of finding and keeping HIV seroconcordant and serodiscordant partners. When male partners were HIV negative, the problem of men 'not understanding,' however conventionally gendered that phrase sounds, had a very clear connection with simultaneously denying, being overwhelmed by and simply failing to comprehend HIV. Rose for instance described a difficult relationship with an HIV negative man, who displayed a pattern of high domestic expectations, an alcohol problem, and physical abuse that had at one point sent her to a refuge. The difficulty of their serodiscordance is, though, what drives the narrative of these conflicts:

Rose: it's worse for me when my husband is negative /mm/. Yeah, there are a lot of things he won't understand. And it's your duty to educate him sometimes, supporting him, sometimes he breaks down, sometimes he starts drinking and



drinking because he's worried that you might die very soon. So it's all those things.

Sometimes he thinks you are completely normal and he comes home and he says

“Why haven't you cooked?” So it's so many things, so many things.

Rose's husband gets upset, drinks and is violent, but, she says, this is in the face of her HIV status. He is angry when she doesn't cook, because he forgets or wants to forget that status. But it is not just HIV, but also Rose's analysis of HIV in a broader social context - her awareness of 'education' and 'support' requirements and how to meet them, and of the unacceptability of domestic violence in any circumstances - that shape this narrative.

Women's stories of disclosing secrets to a partner in the course of establishing a relationship is a rather standard event in romantic narratives. In these interviews, however, the story always involved the stigmatised 'secret' of HIV positive status, and its disclosure's potentially severe effects not just on a relationship but on sexuality, reproduction, family relations, health treatment, employment, social service entitlements, citizenship and travel: on the entire context of the romance, that is.

Women told stories of this secret and its disclosure particularly often in relation to seronegative partners. In the obverse of her marriage story, a 'true romance' enabled by concordant HIV status, Sally's stories of her relationships with HIV negative men were made problematic from the first by her viral secret:

Sally: Well I just feel like it's so difficult with anybody (seronegative) [ ], because you can't tell them and then in the end, well maybe you see them once or twice, then I start feeling I can't even see them any more because I should tell them/mm/. I don't know how I'm going to tell them/mm/. [ ] I told some people, but then they may get

so scared like /yeah/, and they just run away [ ] and then you start get worried, like maybe they start to talking and telling other people, and too many people get to know about it.

Rose described a period of four years during which she used her own resources and those of the HIV sector to prepare her husband for the 'secret'. The culmination of that period was disclosure, and a more trusting, 'free' relationship with other people and, despite their continuing difficulties, with her husband:

Rose: (After the test) I hadn't told my husband, and I did not tell him until after four years / wow /. Yeah, so for all that time I had to keep it to myself [ ] It was very hard, it was very hard. That's when I went into all this work, I did a counselling course, started facilitating all the groups and all that and until I got my husband to go for a test, and that's when we both went for a test with him, and of course I turned out positive and he turned out negative. So after that I agreed with him, and I just, well I was free about it. So since then, [ ], so I was able to tell everyone / mm /.

Again, this is a story of the problems of HIV romance that is clear about the specific character of its 'secret', but that also puts the secret in context - in this case, the context of HIV service provision, including specific provision for women, especially African women, in London at the end of the century.

Relationships between HIV positive people did not necessarily generate less HIV-centred, or less conflicted, stories. Despite Sally's assertion, 'it isn't about HIV,' she represented her previous boyfriend's lack of commitment as having some HIV-related

meanings. Maybe, she said, he treated her this way because his love was HIV-limited. It was a romance founded on HIV, not on her:

Sally:...it's like always, just thinking, like me and him (boyfriend), we wouldn't have met if we didn't have HIV / yeah / so I'm always thinking like maybe, maybe he wanted to be with this, he had some girlfriend before me, but because he has HIV he can't think of living with her, and he'd never even think of telling her. So of course, I always feel like maybe he wanted to be with her anyway, like, I'm just here because I have HIV or something. But, well it's only that, I know he really cares about us.

This narrative doubt overshadows Sally's later story of true love with her husband, too.

If romance is restricted by HIV status, how true can love be?

Sally's aside on her boyfriend's absences, 'of course I can't know where he is spending his nights...' similarly has a powerful significance that goes beyond its gendered character, and the cultural differences she notes, to take in HIV. For this particular romantic uncertainty may put Sally's, her boyfriend's, and other women's health as well as their emotions in jeopardy.

Guilt and death hang over everyone in HIV concordant relationships, and qualify the romances told about them in a distinctive way. Of course there are many romance narratives that proceed through a miasma of fatality towards an ideally tragic end<sup>15</sup>. But the stories of romances between HIV positive people are messier than this, choked with conflict over whose illness, whose guilt, whose death is driving the story. Samantha's account of her fears and anxieties for her boyfriend and herself is a good example:

Samantha: It is, it frightens me silly / mm / to be honest. [ ] I don't know how I'm going to react /mm/. I mean, if the time comes that he becomes so ill that he can't get about as much, I think I'd just want to be with him. But I also know that he wouldn't want that. But I'd be frightened to leave him, you know, in case I didn't see him again. [ ] I must admit, like I say, it does frighten me. When I look at him, and, I mean the amount of drugs he was taking before, you think, 'My God,' you know, 'Is that going to happen to me? Am I going to have to start taking these pills?' You do get quite upset and cheesed off. [ ] He's still feeling very guilty / mm / for passing the virus on to me [ ] and that's another thing that does worry me. If and when the time comes the hospital want me to go on drugs /mm/ I wonder if I'd take them, because of him. I don't want to make him feel any worse than he is already, but in taking the, you know getting them drugs and everything, I think it, I think it'll just make him feel bad again, or worse than he already is feeling.

Samantha wants to be with her boyfriend when he gets ill, but he may not want that, and part of her wish is simply to keep him in her sight till the end. His illness makes her frightened for herself, but she may decide not to take her own medications in order to lessen his guilt. At the same time, she may want to take them: 'You do get quite upset and cheesed off...I don't want to make him feel any worse *but...*(my emphasis)

As with Sally's story of a perfect HIV romance, these stories of imperfect HIV romances between HIV positive people provide many examples of HIV surrounding and shaping elements that might seem otherwise to fit fairly unproblematically into conventional gendered discourses. Samantha's account of her partner's antipathy towards talking about HIV – 'he won't go and talk to anybody and there's nothing I can

do about it' - was recounted both as a guilt-ridden attempt at the 'denial' of his transmission of his HIV status to her, and as part of his general 'male' resistance to talking about feelings:

Samantha: (Counselling)'s it's been left open to him, it's there if he wants it, so if he takes it up, I can't pick him up and take him there, /no/ but it doesn't help me knowing that he's, he's feeling this guilt and he's suffering for it [ ] as I said before I don't think men are as strong as women in this sense, they seem to bottle things up, they think, 'oh, because I'm a man I've got to keep it to myself', where women tend to, find help, find groups and counsellors, and know, we seem to tend to know the need of getting it off your chest...

Many of the women's stories of relationships with HIV positive men were preoccupied with the men's silences about HIV. It was not just that heterosexual men do not talk about their feelings, but also that HIV positive heterosexual men avoided contact with HIV services and with any explicit representation of HIV, relying, as HIV service providers often note, on women to represent them to the world and to represent the world of HIV services to them. HIV thus shaped even apparently simple gender conflicts within the women's stories of imperfect seroconcordant romance.

At times, though, HIV also enabled a kind of narrative leap of understanding. In the stories that women told about difficult romances with HIV positive men, the men are commitment-phobic and let you down, but these events are told within a very specific representation of masculinity as an HIV-related loss and incapacity that women, too, understand. Sally, for instance, made another, more hopeful HIV-related sense out of

her boyfriend's uncaring behaviour when she narrated it as his way of coming to terms with HIV, different from hers because he had no child:

Sally:...maybe he has this kind of feeling, like if he's not going to live long, he wants to live like how he wants to live / mm hm / maybe more like that, maybe experience things, and just, like, do what he wants to do. Right in this moment without thinking.

[]

Interviewer: Do you feel like that about HIV and things. You know, maybe it will mean you live less time and so you have to do everything?

Sally: Well, yes, yeah. But I don't know if I've been doing, because I have (child), but if I didn't have (child) I would be probably travelling around the world in all kind of countries, because I really like travelling / mm /. Yeah, that's what I would probably do, yeah. It's difficult to know, anyway, if I didn't have (child), yeah, yeah.

This story recasts Sally's previous narratives of male-female and cultural conflict in the romance, and of the constraining character of HIV romances. HIV is, again, the centre of the story, but in an enabling, not a limiting way. For only particular responsibilities, like children, separate Sally from her boyfriend, both of whom she positions here within the same 'romance' of a life lived in defiance of HIV. This life romance, told against HIV, occurred in many women's interviews, though never in isolation. The 'self' pursued in such stories is not the free, actualised, autonomous entity assumed in much work on life stories. It is always situated through resistance, not just to HIV but to a range of other factors such as employment (Squire, 1999) or, as here, parenthood. And

its narrative trajectory may parallel, or may depart ironically, as here, from the lines of the relationship romance.

If romances in general offer women a way to understand negative aspects of heterosexuality (Radway, 1982: 72), in the HIV context they may allow the possibility of comprehending and living with important gendered and sexualised aspects of that condition. Sally performed a complicated and instructive interweaving of the romance genre with irony and some quite specific grounds for that irony: gender, culture, parenthood, selfhood- and HIV. The ironic and idealised romance stories that she carried with her in and probably outside the interviews were, as Apfelbaum (2000) argues, her 'home,' a narrative snail's shell in a world made unfamiliar to her by geography, culture and illness. The stories were also always being remade within and between the interviews and in her life, and in the process rendered unhomely, *unheimlich*, and homely again, in ways that made sense within the uncertain and changing circumstances in which she lived.

This is not to claim that the romances told in this study were strongly or invariably empowering. Sometimes romances may act in the HIV context, as they do in other situations, merely as consolation or constraint, or be overwhelmed by the force of life events. In addition, interview studies only provide indirect evidence of narratives' uses outside the interview situation. This study is concerned with the complex structuring of the women's stories; it does not assume authority to interpret the stories' functions. The frequency, consistency and complexity of romance stories in the study, however, suggests that they may act for many women with HIV as ways to make sense of the

uncertain and changing significance of living with HIV.

### **Dialogues about HIV romance**

Written romances create actual and imagined communities among women readers (Radway, 1984: 96-7). Unsurprisingly, romances told within a relatively closed and stigmatised group of women can have powerful effects. It seemed from the interviews that women were not just telling these romance narratives to the interviewer. Often they commented on how valuable they found it to tell such stories to other women in similar positions, and to hear their stories. Out of such mutual production and consumption of romance narratives, between friends, at HIV drop-in centres and in support groups, they tested out available possibilities for telling and perhaps living romance. Helana for instance in her first interview described how hearing other HIV positive women talk made her feel not only that she could live with rather than die from HIV, but also that she could have relationships with HIV negative men, and have children. This possibility of living 'romance' depended for her on getting 'information' and 'advice' about 'coping' from other women's told romances. These stories gave her information, which she valued, but narrated them in liveable form<sup>16</sup>. They made the events imaginable, while advice given by doctors, health advisors, helplines and even HIV positive men pathologised them:

Helana: This one woman she told us in the support group, she slept with a man and the condom is, it's come out, and she really worried so she phone to the, you know, this helpline [ ] so because she's very worried and when talk, start talking with the men, some men say 'so why you want to sleep with him', I mean it's not support, nothing [ ], but when she tell us in the (women's ) support group, of course



everybody start try to tell her 'don't worry', you know, [ ] if I want to go with a man who is negative, I can go, I mean really she's (woman in support group's) just saying it's up to me and in my, it's just I am person so I will be feel guilty probably I will probably never go with a man, I mean I will go with him to the (go out), but not to bed because I will be feel guilty about it. But she used to tell us 'it's up to you really, how you feel', and I mean it's about everything. [ ] I just saying it's, it's your life so you, you must to do whatever you want to do.

In this story, which is itself *about* a story and its collective telling and hearing, Helana faces the problems of romance with an HIV negative man imaginatively, through another women's told experiences; and dialogically – prescriptively in the company of men, more helpfully among women. The story ends with a sense of romantic and personal possibility: 'you must do whatever you want to do.' This ending recalls Sally's life 'romance' of what was possible for her boyfriend, and what might be possible for her – only here, the representation has been collectively constructed with women who shared Helana's HIV status. For Helana, life 'romance' and relationship romance dovetail; for Sally they were at times separate stories. As with Sally, though, Helana's romance narrative is set within the limits of HIV. The always present, often unspoken constraint on romance for almost all women interviewed, a constraint that is taken for granted in Helana's 'whatever you want to do,' was safer sex. All romance must preserve your and your partner's health. In Helana's story, the small, maybe acceptable risk of a condom failing is set against the assumed generality of condom use for HIV positive and negative women and men.

While stories about children and romance are not necessarily connected, they were, as

has already appeared from Sally's narratives, strongly associated for many women in the study. Reproduction has the potential to make large health and social demands where one or more partners is HIV positive. At the same time, it provides a powerful biological and symbolic legacy of individuals and relationships. In these circumstances, it is not surprising that the women's narratives of imagined or actual romance featured children so often. Helana's first interview was preoccupied with her quest for a love relationship with a man who would parent her son – an imaginary version of Sally's 'true romance.' Unlike Sally, however, Helana figured another child into the story, to complete her picture of an ideal family. Her ability to put this narrative together came, again, from her discussions with other HIV positive women, counterposed here to exchanges with her doctor:

Helana: She (doctor) just told me no, 'you don't need it', you know, and I have only one son. I mean if I will die he's (alone), I really would like it if there was somebody with him, and also I want a baby, you know, so, I don't like my doctor so, I want to change again [ ] There is (women in the support group who are thinking of it), like I said er, not only support group but er, I talk with this lady who I said, she's kind of sometimes there because she also would like to, and another one, I mean it's many woman and they still many woman do it.

The women in the study often spoke of having children, and of other positive women who had had them. Such shared stories, and the retelling of them, may have made having a child a plausible, though still not a necessary, part of Helana's own imagined love story and life. This dialogic construction of possibility had also happened for Samantha, who even though she had no plans to have more children had become aware of the possibility and included it in her narrative of women's possible lives with HIV.

There were occasions when the interviews themselves seemed to act as dialogic contexts for developing romance stories. Despite the interviewers' own rather limited speech and gestures, and their undeclared, unknown or negative HIV status, their engagement with HIV and their gender seemed to enable such story-building.<sup>17</sup> Sally, for example, appeared to use the first interview as a way of seeing how far the romance narrative could be stretched in order to take in her relationship with her then-boyfriend. Could the apparently gendered problems that beset that relationship feasibly be located within a more egalitarian and relativist narrative of 'culture' and HIV's effects? As this was at a time when Sally was considering ending the relationship, the interview was likely to be one of many times she had tested the boundaries of the romance genre with her particular circumstances, usually before more responsive audiences of friends and HIV service workers. However, the large fraction of time she devoted to these stories suggests that a kind of narrative negotiation was taking place, albeit in an interview situation where such negotiation is largely and clearly with yourself.

These dialogic, joint constructions of romance's meanings recall audience studies of more conventional romance texts that report on the collective reworkings of these texts' meanings (Bobo, 1988; Gray, 1997; Radway, 1984). We can see in such cases how genres like the romance work as necessary ideals against which narrators may measure and negotiate life stories and realities, both individually and collectively.

Using the genre enables women to construct the communities of interpretive support and action described by Plummer (1995) as one outcome of contemporary intimate story telling - and these communities can be imagined, as well as interpersonally

experienced.

### **HIV and desire**

Romance may be a story told in defiance of death, but in this study HIV was part of the structure of romance, not its nemesis. Often the women's relationship romances were bracketted by stories about how they lived with HIV. Sometimes these stories about living with the virus were themselves, as I have said, broadly 'romantic' in type. Stories about relationship romance, however, involve, as we shall see, the pursuit of irrational desires. They have a fatality built into them that can come into uneasy relationship with HIV's more direct connection with death. For the most part, women seemed to use romance narratives pragmatically, to explore what could be expected and struggled for within relationships. Yet there were moments within their stories when the romance genre was not just ironised but broken with entirely, by assertions of desire that contravened the romance genre's representations both of a perfectly loving, unified relationship, and of female sexual desire as either an elliptical line of dots, or as passive but out of control, or as active, taking up a traditionally male-identified subject position (Taylor, 1989; Talbot, 1997).<sup>18</sup>

First, the narcissistic desire in romances for a perfect love, shared between undifferentiated subjectivities. This desire structures conventional romances. Whether the ending is happy or tragic, the romance claims to represent this unrepresentable desire. The desire is figured as impossible in the Bridget Jones subgenre, but even here, irony allows the ideal of it to persist. In the HIV case, though, where romance so clearly follows different life trajectories, there can be no absolutely happy or tragic endings:

lovers cannot live or even die in perfect synchrony together. Romance is staggered; one or both partners may die, probably not at the same time. The romantic drive to sameness breaks down. In these circumstances, Sally's story about herself and her husband always sharing doctors, treatments and services has an irrational, transgressive force. Medical 'togetherness' represents in this story the impossible romantic unity that the rest of the story puts in question. Similarly, there is a moment in Samantha's much more qualified story of her boyfriend, herself, treatment and death, where she asserts an absolute: she cannot leave him for a moment, as that moment might be her last sight of him. The impossible desire to hold onto her lover, to keep him with her by keeping him in her sight, breaks with the provisionality of the rest of the story.<sup>19</sup> In these cases, the stories delineate the gap that conventional romances erase, and ironic romances wish away: the gap between self and other. In an HIV romance, this gap is clarified by the realities of illness and death.

What about the narratives' negotiations of sexual desire? Sometimes, women said, they just wanted sex. This non-negotiable desire often broke up the narratives. It was not a moment that could be glossed over or included within the romances. It was outside both the conventional romance genre, arguably even in its variable and progressive contemporary incarnations (Talbot, 1997), and the interview's main, rationalist focus on assessing 'support.' It is indeed, we could argue, a moment that inevitably to a degree escapes language. Morag and Katrina chose to be interviewed together when they first participated. In a section of the interview characterised by laughter and remarks addressed to each other as well as the interviewer, they demonstrated the transgressiveness of sexuality within the context of a larger, fragmentary narrative about

looking for partners. This narrative took over their description of mixed-gender support groups, for example:

Morag: I mean you could go to a group and if there was a gay man, a straight men there, it was kinda like well we thought, that this was an invitation for sex really, it used to be like that, you know, you really don't have to put up with that crap anymore, (looks at Katrina, laughs) /Katrina: (looks as Morag, laughs)/ mind you I think we'd quite like to.(laughs)

Interviewer (laughs): People still do go to mixed up groups.

Morag (looks at interviewer): Well they go to those groups for a purpose, well I would.

Such moments when desire is asserted in the narratives have dangerous possibilities in the context of HIV, since they *can* be moments of literal not just metaphorical or imaginary fatality. It was through such moments that Samantha, who often used condoms with her HIV positive partner and who as she said 'knew what the outcome could be' if she didn't, became HIV positive:

Samantha: I told (partner) again and again, 'I don't blame you, it took two of us, I knew what the outcome could be' [ ] (W)hen he wanted to do it voluntarily I wasn't going to complain, even though I knew what the risks were. I know it sounds ridiculous (looks at interviewer)

[ ] Well (sex) is not rational [ ] Sometimes you just get carried away. I mean who wants to start fart-arsing around in the dark trying to find condoms? You know, you

just want it there and then and that's it

Samantha's risk-taking did not emerge from self-destructiveness or self-hatred, or a wish to share her partner's serostatus, or a commitment to his fate or to their relationship (Rhodes and Cusick, 2000), although she was concerned about and loved him. Instead it came from a desire that she could not make sense of, that she said was 'ridiculous.' Unlike a Bridget Jones romance, however, where such ridiculousness is left to speak for itself, Samantha's story persisted in addressing it, trying to bridge the rift of its abjection (Kristeva; 1984) by argument, abdication of argument, and dialogic addresses to the interviewer in gaze and speech ('you know') that in this narrative context were bound to be answered only partially.

It would be a mistake to identify such a narrative moment with the inexplicable abandon in the Bridget Jones subgenre, or the passive sexuality in other contemporary romance novels (Talbot, 1997), or with an agentic ownership of sexual desire.

Samantha asserted rather than lamented or celebrated the moment of being 'carried away.' She emphasised its non-negotiable inevitability, '(s)ometimes, you just want it there and then and that's it,' leaving it as the end point of the narrative. At the same time, it is the limiting conditions of HIV - her partner's guilty lack of sexual interest, and HIV's more generally desexualising effects - that precipitate both desire's intransigence, and narrative's efforts to continue around it.

Moments of desire such as these appear in the romance genre more readily than within medical or educational accounts of HIV - or even within individuals' life stories, which are expected to follow a rhetoric of progress more strictly than stories produced in semi-

structured, multi-topic social science interviews.<sup>20</sup> Such narrative disruptions can be valuable. They carry real impossibilities and dangers, as Samantha's story indicates, but they are also moments where, as Kristeva puts it, love can act, through the imagination, as 'builder of spoken spaces' (1987: 382).<sup>21</sup> Perhaps 'love' acts in this way here for Morag and even in a sense for Samantha, whose narrative manages both to acknowledge the inexplicability of desire and to continue on the other side of it. Thus HIV romances continue across the moments of abjection that desire produces, suturing the HIV and the narrative back together.

### **Implications**

The narratives described in this paper have some specific and some more general usefulness for feminist psychologists working on HIV issues, on romance, and on the relationships between stories and lives. First, they demonstrate the situatedness of the romance genre in the dramatic but exemplary case of HIV positive women's stories. It seems that such a situated romance genre can be empowering, firstly, when it lets heterosexual women with HIV explicitly consider the genre's parameters and context, secondly when it allows the translation of men's and women's romantic 'failures' into an analysis of specific life problems and disenfranchisements, and thirdly when it encourages women to draw on the narrative resources provided by other similarly situated women. In addition, by speaking of desire in ways that broke with the genre, the women's narratives manifest the limits of the genre, but also of all narratives of HIV, including those around education and prevention. These stories must always coexist with desires that fall outside them. It is important that they manage to register



such desires, rather than forgetting them.

The situatedness of HIV romance also points up the situated nature of romance stories generally, something that can be neglected by the feminist focus on the gender politics of the genre. This situatedness does not in itself constitute an effective politics. I am not suggesting that telling and hearing these or other 'situated' romances necessarily translates into representations or ways of living that are better or even different (Craib, 2000; Seale, 2000). More cautiously, I would argue that such romances can make available certain cognitive and emotional possibilities - understanding if not forgiving the process by which she became HIV positive, for Samantha; addressing the problems of her relationship, for Rose; thinking about relationships with HIV positive men and having children, for Helana; situating her relationship history in a context that makes sense, in Sally's case. The actual or imagined collectivity of such story-telling and hearing may contribute to romances' effectiveness. It may be, too, that producing and consuming such situated romances provides us with a way to understand and express, if only as an aside, the ludicrous, abject, impossible desires that conventional discourses of risk, trust and relationships, and conventional romances, ignore, or represent only by a floating signifier, a line of dots...

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## **Biography**

Corinne Squire researches and writes on HIV narratives, identities and citizenship, popular culture and subjectivity, feminist psychology and discourse and narrative analysis. Among the books she has written or edited are *Morality USA* (1998,



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<sup>1</sup> For considerations of different meanings of narrative analysis in the social sciences, see Andre (2000) and Chamberlayne et al. (2000)

<sup>2</sup> Though of course these may be narratives too, as Bury (2001) points out.

<sup>3</sup> General theorists of such models have some of the same problems; see Bury, 2001; Williams, 2001.

<sup>4</sup> The fourth round of interviews in this study was conducted in 2001; see Squire, forthcoming.

<sup>5</sup> For more details of this study, see Squire (1999).

<sup>6</sup> See Squire (1999: 16) for considerations of possible reasons for this.

<sup>7</sup> Interview studies involving in-depth discussions tend to have trouble recruiting male participants; men talk less about emotive or emotional topics, regardless of interviewer gender.

<sup>8</sup> Radway (1984: 64-6) suggests that the tension and ambiguities of a quest narrative are essential to women readers' enjoyment

<sup>9</sup> The novel accentuates this uneasiness by its plot and character parallels with Austen's *Pride and Prejudice*.

<sup>10</sup> I do not have space here to examine literary artistic and dramatic representations of HIV in a romance; other genres are usually imbricated with it. Good places to start would be *Writing AIDS* (White and Poirier, 1993) or *Sketches From Memory*, a book whose 'subtext is love' (White and Sorin). The generic resources available for HIV-related writing for and by lesbians and gay men tended, for political reasons, to be wider; see for instance Boffin and Gupta (1990)

<sup>11</sup> For more on variations in the personal ad genre and its intertextualities, see Shalom (1997).

<sup>12</sup> Such characteristics may be even more obvious and evolved in written auto/biographical or fiction (see endnote 3). However, I am interested here in spoken 'texts' that tend to be less deliberate, more variable, and to have a more direct relation to living with HIV.

<sup>13</sup> Transcription conventions follow Potter and Wetherell (1987) in general, with exceptions made for readability; see Squire, 1999. Potentially identifying information has also been removed.

<sup>14</sup> The citation comes from Sally's first interview, at a time when she was living with an earlier partner who had not met her future husband. While her stories in this interview were more ambiguous, even if she was also telling stories of an imagined ideal romance, against which this commentary was p

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<sup>15</sup> Interestingly, Radway's informants mostly found such stories *anti-*romantic (1984: 66)

<sup>16</sup> Romance readers also value the information gained from the texts (Radway, 1984: 107), as do many viewers of 'trash' television and advertising, suggesting that one of the least-regarded functions of low culture may be to build cultural capital.

<sup>17</sup> Where interviewees asked direct questions – for instance, about the risks of HIV positive status in a child – they were referred to suitable services for advice.

<sup>18</sup> These two forms of narrative desire are drawn from Freud's (1974a) categorisation of love types. Whether the relationship romance genre can include active female desire without masculinising the desiring female subject, or becoming another genre altogether, is also questionable.

<sup>19</sup> One female partner of a male interviewee who died during the study rang me for the tapes. She said she did not have his voice, and she wanted it.

<sup>20</sup> 'Coming out' narratives of HIV seem, however, to allow such moments (Squire, 1999)

<sup>21</sup> Bersani's (1988) nihilistic view of this fatality acquires a more pragmatic cast in Odets's (1999) reflections on 'risky' behaviour as a kind of witnessing to the epidemic and your survival of it.