Doi: 10.4025/psicolestud.v21i3.31551

CONJUGALITY AND HIV/AIDS: ON DISPROPORTIONALITY OF LOVE AND TENDERNESS OF PAIN

Margarida Maria Florêncio Dantas[1]
Danielle de Andrade Pitanga
Gilclécia Oliveira Lourenço
Maria Cristina Lopes de Almeida Amazonas
Catholic University of Pernambuco, Brazil.

ABSTRACT. This paper aims to get further on understanding subjective impact on an individual and his partner when diagnosed HIV positive. Participants were a male homosexual couple who was dealing with the discovery of HIV/AIDS in one of the subjects in that relationship. They have kept a love and sexual relationship which was consensually an opened one (by means of sexual encounters) and without any use of sexual protection. Instruments used to collect data were semi-directed interviews, participant observation and field diary. Couple´s discourse was understood using a descriptive-analytic approach in a Foucauldian perspective. Results pointed out a painful, full of agony and deep sadness moment when HIV diagnose came out, and nevertheless it allowed a construction of a new life style. We consider HIV/AIDS to be much more than a disease of the body; we also take it as a discursive practice producing subjectivity related to social relations as much as historical and cultural crossovers.
Keywords: Acquired immune deficiency syndrome; marital relations; subjectivity.

CONJUGALIDADE E HIV/AIDS: A DESMESURA DO AMOR E A DELICADEZA DA DOR

RESUMO. Este trabalho objetiva aprofundar o entendimento sobre os impactos subjetivos do diagnóstico de soropositividade para HIV/Aids, tanto para o sujeito, ao se descobrir portador do vírus, quanto para o seu parceiro. Participou desta pesquisa um casal homossexual masculino, que mantinha relacionamento afetivo-sexual consensualmente aberto e não preventivo, que descobriu que um de seus membros tinha HIV/Aids. Os instrumentos utilizados para a coleta de dados foram a entrevista semidirigida, a observação participante e o diário de campo. O discurso do casal foi compreendido a partir da analítica descritiva, na perspectiva foucaultiana. Os resultados evidenciaram que o diagnóstico de infecção pelo HIV foi um momento doloroso, de agonia e profunda tristeza, mas que, por outro lado, permitiu a resignificação e construção de um novo estilo de vida. Procurou-se pensar o HIV/Aids para além de uma doença do corpo, mas como uma prática discursiva produtora de subjetividade, entrelaçada às relações sociais e atravessamentos históricos e culturais.
Palavras-chave: AIDS; relações conjugais; subjetividade.

CONYUGALIDAD Y EL VIH/SIDA: EL CARÁCTER EXCESIVO DEL AMOR Y LA DELICADEZA DEL DOLOR

RESUMEN. Este estudio tiene como objetivo profundizar en la comprensión del impacto subjetivo del diagnóstico de seropositividad para VIH/SIDA, tanto para el sujeto que se descubre portador del virus cuanto para su pareja amorosa. Los participantes fueran una pareja homosexual masculina que mantuvo relación afectivo-sexual consensuada abierta y no preventiva y descubrió que uno de los miembros tenía el VIH/SIDA. Los instrumentos utilizados para la recolección de datos fueron entrevistas semiestructuradas, observación participante y el diario de campo. El discurso de la pareja

[1] *E-mail*: margamdantas@hotmail.com

se analizó desde el punto de vista analítico descriptivo en la perspectiva de Foucault. Los resultados mostraron que el diagnóstico de la infección por el VIH fue un momento doloroso, de agonía y tristeza profunda, pero, por otro lado, permitió la construcción de un nuevo estilo de vida. Buscamos pensar el síndrome del VIH/SIDA más allá de una enfermedad del cuerpo, sino como una práctica discursiva que produce subjetividad, entrelazada a las relaciones sociales y los cambios históricos y culturales.

Palabras-clave: Síndrome de inmunodeficiencia adquirida; relaciones conyugales; subjetividad.

Introduction

Aids was clinically recognized for the first time in 1981, in the United States, by the Center for Disease Control (CDC). In the period of the discovery of the epidemic, the characterization of the disease by the CDC restricted the syndrome to certain segments of the population that, supposedly, would be likely to be taken by this severe low immunity condition providing the conditions to the appearance of "risk groups", including Haitians, male homosexuals, hemophiliacs, heroin addicts (users of injectable heroin), besides sex professionals.

The characterization of these groups ended up marking the perception of the syndrome as a disease of the "other" (Knauth, 1999), the disease of the excluded, causing a distancing of the preventive practices by the other members of the population. Rocha and Samudio (2013) state that the first campaigns to prevent and combat Aids ended up reinforcing the prejudice and discrimination, contributing to the increase of social exclusion. The restricted and stigmatizing view caused by the idea of "risk groups" served as an impediment to the adoption of measures for prevention by government agencies, propitiating even more the outbreak of the disease (Lima, 2015). Large budgetary investments in research on Aids were only possible after the recognition of the disease as an epidemic.

The understanding that the exposure of humans to the virus and illness was not conditioned to the individual and/or collective characteristics, but that the spread of the HIV has an epidemic aspect of multiple dimensions, allowed that other segments of the population could be investigated and cases of infection could be diagnosed and reported, propitiating a change in the epidemiological profile of the syndrome. Data of the Ministry of Health (Ministério da Saúde, 2013) point out that, in recent years, there was a movement of heterosexualization and feminization of the epidemic, since proportionally it has been more incident in people of heterosexual affective-sexual orientation and has a growing percentage of contamination of women, married and young women.

Today, the scientific advances related to diagnosis, medical treatment with antiretroviral drugs, and mainly to the effectiveness of the policy of universal access to the treatment in Brazil, provided a significant reduction in the mortality rates and increase in the survival rates of HIV/Aids positive people. These facts have resulted in profound changes in the significance of the disease: from "death foretold", AIDS came to be seen as a chronic condition potentially controllable (Silva, 2012). This characteristic imposes significant challenges for the policies of prevention and integral attention to HIV positive individuals, besides demanding reflections on the several ways of living with HIV/Aids.

However, it is worth mentioning that Aids today is still a disease strongly marked by the signs of "risk" and "death" for most of society. Moreover, despite the profound changes in the epidemiological profile of this syndrome, the scenario of the 1980s and 1990s was sufficient to give support to a social construction of association between Aids and the practices that distance themselves from those regarded as "normal" and that would be starred by homosexuals , drug users, prostitutes, etc.

Considering the social history of Aids and the speeches that permeate it, it is perceived that it transcends the medical sphere and the understanding of body disease, being established within a discursive field of subjectivities and productions of identities. It is worth noting that the speech here is understood as a practice, a set of anonymous rules, mutable, something in constant construction, which brings with it a historical mark, temporal and spatial mark (Foucault, 1971/2012). In this sense, the status of seropositivity makes visible and negatively values social identities regarded "deviant" to the norm: the subject betrayer or unfaithful, homosexual, drug user, promiscuous, etc. One of the effects of these discourses is the emergence of a new identity, the "person with Aids", and even though this term

is disused, the image of the subject with Aids still inhabits the popular imagination and circulates between social organizations.

The affective-sexual relationships fit into this scenario, accommodating tensions and conflicts around sex and the disease, while they are intertwined with discourses that seek to regulate the couple relationship. The lack of a professional practice sensitive to the modes of subjectivation of the subjects in both the welcoming to the antiretroviral treatment and in making effective the psychosocial health policies aimed specifically at these couples and the discussion of this issue, ends up keeping these relationships in the social invisibility, simultaneously overburdening them of stereotypes (Silva & Camargo Jr., 2011).

It was aimed, with this article, to discuss the theme revelation and the impacts of the diagnosis of the infection by HIV/Aids in the affective-sexual relationship of a male homosexual couple. We consider the singularity of the case in question and its specificities in this interventional study. The couple in question had a stable marital union, non-monogamous, whose feelings, often contradictory, emerged when one of its members was diagnosed with HIV/Aids. That said, we analyze, from the anguish, to break the silence, to the important challenges that the seropositivity imposes in the conjugal life, mainly focusing on the paradox experienced by the partner who still is unaware of his positive condition.

It is worth noting that the concept of conjugality here does not presuppose a relationship of cohabitation or monogamy, but refers to a relational contract permeated by affective-sexual exchanges, in which there is mutual desire to remain together for a long period. We agree with Heilborn (2004, p. 11), when stating that conjugality "expresses a social relationship that condenses a 'lifestyle', based on a mutual dependency and on a given modality of daily arrangement, more than domestic, considering that cohabitation is not necessary a rule."

It is believed that the relevance of this work is in deepening the understanding of relational, affective and sexual possibilities of couples that live with HIV/Aids. Thus transcending the traditional hegemonic biomedical model of dealing with seropositivity, through the demands of health and public policy of prevention, in which it is required from the subject, political and moral attitude towards the disease.

Methodology

The definition of a method that could account for the proposal of this study was thought considering the loving relationship of a male homosexual couple in the face of the diagnosis of seropositivity of one of the partners. From then on, the qualitative approach fits to working with the "universe of meanings", reasons, aspirations, beliefs, values and attitudes, which corresponds to a deeper space of the relationships, of the processes and phenomena, which cannot be reduced to an operationalization of variables" (Minayo, 2004, p. 18). The qualitative method allows the understanding of the research subject in his particularity, considering the historical, social and cultural context as well as the conditions of the field in which the subject is inserted.

Participants

There was the participation in this survey of a male homosexual couple experiencing the discovery of HIV/Aids by one of the subjects in the relationship. This subject was 34 years old and his partner was 37. The affective involvement of the couple exceeded three years. They live alone, each in his own apartment and maintain consensual open relationship, in which it is possible to both to be sexually involved with other people, discarding the use of condom.

The discovery of seropositivity was given by a chemotherapy treatment process to treat a recurrent cancer at the base of the penis, by one member of the couple. The need for preliminary examinations to undergo surgical procedure, seeking the removal of cancerous nodes, showed a number of leukocytes above the expected, indicating an infectious condition, leading the health staff to request an HIV/Aids test, which was positive. This result changed the course of the treatment of the patient, who gave up

the chemotherapy sessions, opting only for taking the retroviral medications to restore his immunity, becoming a patient in palliative care.

According to Matsumoto (2012), the World Health Organization describes the palliative care as: the total active care to patients whose disease no longer responds to the curative treatments. The control of pain and other symptoms (psychological, social and spiritual) is a major priority. In this sense, the objective of the palliative care aims at the quality of life, allowing to the patient, the biopsychosocial comfort during the process of end-of-life and must be presented to the subject in the moment when he becomes patient as a possibility of choice in the face of the illness. Palliation objectives are also: relief of pain (physical, emotional and social), consideration of death as a common process of life, non-acceleration or delaying of death, integration of the psychological and religious processes in the care of the ill subject, preparation of the family to confront the illness and the dying, and the monitoring by a specialized multidisciplinary team.

In the case of the participant of this study, the diagnosis of the chronic and progressive infectious disease, associated with the metastatic condition, makes him subject to make use of numerous medications throughout his life, favoring side effects, lower adherence to the curative treatment, due to the aspect of incurability, and therefore more benefits with the palliative care. It is important to stress that to his partner the diagnosis of HIV/Aids was only revealed during the period of hospital stays and, from this perspective, the partner was still unaware of the HIV status, needing therefore to undergo clinical examinations.

Instruments

The instruments used for data collection were Semi-Directed Interview, Participant Observation and Field Diary. The interview allows a more free dialogue between the participant and the researcher, and occurs in a friendly way, non-investigative, being fundamental the respect for the time of speech and for the choice of what is said by the interviewee. Its function is not to direct the discourse of the subject under investigation (Fontella, Campos & Tutaro, 2006). The Participant Observation is the inclusion of the researcher in the field studied, to understand the experience of the subject of the researcher, from the environment in which he is inserted. This allows the researcher to perceive the nuances of the space that welcomes the subject observed (Queiroz, Vall, Sousa, & Vieira, 2007). In addition, the Field Diary is the record of the information obtained during the Participant Observation. In it, the researcher can write down his perceptions and describe his feelings before the experience provided by the research field and by the speech of the subject researched. The latter instrument can be nourished as long as the data collection lasts, and revisited whenever the researcher feels the need. It should also be written outside the research field and out of the sight of the subject interviewed, avoiding an influence on them, field and subject (Neves, 2006).

Process of conduction of data collection

Initially, the proposal of the research project was presented and approved by the Committee on Ethics in Research of the Catholic University of Pernambuco and by the hospital institution that was responsible for the care of the individual infected by the HIV/Aids. As this study was based on a research carried out with subjects without therapeutic possibilities of cure, who chose the palliative care as a way of experiencing the sick, the patient was indicated by the health team of a private reference hospital in the city of Recife-PE and interviewed.

The interview occurred in two different moments: the first was carried out individually, and the second, at the request of the hospitalized participant, with the couple. It was performed with the due care of protection and preservation of the content discussed. The subjects were provoked when greater attention was needed to what was being exposed, and also clarifications and welcoming of the feelings that emerged were performed, as the dialogue was taking shape. In the end, the sensation of the researcher was of a lot of heaviness, fatigue, and content to be considered, and the professional has even recorded in the Field Diary the feeling of having taken advantage of an opportunity given by the

couple to end the interview, an impression that was deconstructed after returning to listen to the meeting.

Data analysis process

For the analysis of the data collected, the couple's discourse in question was understood using a Descriptive Analytics approach, under a Foucauldian perspective the perspective of Foucault. It is considered, however, that this author has not proposed a method of discourse analysis, "his thoughts were woven by theorists of the language until reaching what today is commonly called analysis of the Foucauldian discourse" (Silva & Silva, 2012, p. 4). The choice of this analytical was due to the fact that Foucault did not take a discourse as something to be interpreted, but understood from the particularities of who constructs and constructs himself, at the same time, in the discourse emitted. The particularities of the discourse are the result of the historical, cultural and social crossings, which form the subject in a constant game of subjection and resistance.

Also with respect to these particularities, they are understood as mode of subjection of the subject and are related to the moral imposed by society. For this to be achieved, Foucault (1984) makes the differentiation and explanation of the three meanings of moral. First, moral as a code, representing the rules of behavior; then, moral as morality of behaviors, meaning the action of the subjects before the rules imposed upon them; and, finally, moral related to the conduct of oneself, that is, moral as the constitution of the individual himself as a moral subject, without losing the prescriptive elements that constitute the code.

What allows the implication of ethical substance "is the way in which the individual should constitute such part of himself as major subject of his moral conduct" (Foucault, 1984, p. 27). Besides, in this movement, the subject assumes a position of subject before the reality that is presented to him, which reverberates in the imposition of a truth, reflected in a way of acting.

The discourse of the subject is the result of discursive formations, which allow that this subject has one point of view, and not another, before a phenomenon. "Look at the subject of the discourse, when analyzing a discourse, is to respect the ethics of the subject, is to value the position of subject" (Dantas, 2014, p. 91). Thus, the subjects interviewed in this research were understood from the position of subject that each one assumed before what was presented as reality, making this position a truth for them, a sense of life, a possibility to experience the event.

Analysis of the case

Among the various forms of artistic, literary, poetic and philosophical expressions, we can observe how pain, inherent to the existence, although uncomfortable is at the same time, stimulating and serves as engine and inspiration for the productions. In music, for instance, many artists can give name, color, shine, shape and beauty to the pain of our existential path. "Do not run away from the pain... Let it in, let it contaminates, let it drives you crazy, teaches you…" (Fromer, Gavin, Mello, & Belloto, 2001). In the lyrics of the song played by Titãs, the pain that plagues us is something so overwhelming that with its expressive and expansive power imposes itself to us massively, nesting in our living. The values that we rooted in life will ensure polychromic tones. We can, in pain, stay immersed, imbued, although attentive not to get lost in it. It must uncover its devastating effects that, over time, can be suppressed or pacified (Beserra et al., 2014).

It is in this context that the impact of the discovery of a disease can be extremely disheartening and disturbing. It is a painful moment, of agony and deep sadness in the personal history of a subject. To Massignani, Rabuske and Crepaldi (2014), the diagnosis of HIV infection allows the construction of a new lifestyle and a new identity. Discovering himself HIV positive causes a whirlwind of emotions and feelings. The participant of our study, when questioned about the feeling in front of what is living, answered:

> *Pat.: It is hard... I feel respected, but it is hard to say that I am fine. I think that truest is to say that I am well physically, but emotionally is so many things going on... I did not expect to live this; I did not expect to have such a short life...*

The excerpt of the speech of the patient during the interview shows his pain, his suffering in confronting the positive serology for HIV/Aids. He feels helpless, anguished, walking the paths of affliction, pouring balms and subtly calling for help. In the topography of the unsayable, of the unknown and unpredictable, it does not find a pain in the same tone. Each subject carries his pains, reacting before them in a particular way. In the attempt to understand AIDS in the perspective of the subject himself, we seek to take it as a device that creates resistances, forms of control and subjections. Taking the concept of device as an analytical tool, this was defined by Foucault (1979/2000, p. 138), as being:

> A decidedly heterogeneous group that includes discourses, institutions, architectural organizations, regulatory decisions, laws, administrative measures, scientific statements, philosophical, moral, philanthropic propositions. In short, the said and the unsaid are the elements of the device. The device is the network that can be woven between these elements.

The device controls, produces certain truths and subjectivities. Aids is a chronic, progressive disease, crossed by complex entanglements, full of stigmas and prejudices, mainly associated with customs and behaviors regarded deviant, promiscuous and discreditable socially. Nevertheless, the moral conception created around this illness can cause, even nowadays, rejection, discrimination and judgment, hence the fear of revealing to the family members, partners and friends. Our participant subject feared the revelation to his mother figure, for several reasons:

> *Pat.: Dr. I cannot tell my mother... the reason for my illness, the prognosis... It is too much to her to absorb and agree, and I know that this will not happen, so I prefer to pay the price of being alone in this moment than to suffer also by her suffering, by her disappointment before my sexual choice and by the diagnosis of positive HIV*... [silence] *My God!* [crying] *It is too much indeed ... I had not realized this, in this way, and now when I listed this for you that I realized that* [cry].

The significance of Aids in the social imaginary was built under the pillars of great taboos, such as sexuality and death (Sontag, 2007). In addition to this, by suffering the burden of blaming, there was a shame imposed by a heteronormative order that marks homosexual desires as illegitimate. Fearing judgment, prejudice, rejection, exclusion, implacable condemnation of social and discrimination, the participant felt discouraged to reveal the diagnosis, and opted for silence: *"So I will also not involve my family in this, the decision is mine."*

According to Sontag (2007), the sense of shame associated with the diagnosis allows that many times the situation of seropositivity is not disclosed. Aids is not the only disease able to cause social rejection, but it is always related to taboo issues and carries symbologies that end up blaming the carrier of the virus by the contamination, a fact that intensifies the silence before the diagnosis. The author brings the cancer as an example of diseases that cause stigmata, but points out that in the case of this disease the "family often did not reveal the diagnosis, as with Aids, the most common is the patient not to reveal the fact to his family" (p . 105). Our participant, when asked about the existence of someone who he trusted and could support him at that moment, exposes the sense of guilt and the fear of not being accepted:

> *Psyc.: Do you have any trustworthy person, someone that you can tell what is going on, explain your need and ask for help?*
>
> *Pat.: No. Yes... I mean, I do not know if I could count on him... With all this, I think he would not help me, I even think he will wish worse things to me...* [crying].

The couple studied became our research subject at the time when one of the partners was treating a cancer at the base of the penis and found himself HIV positive. In addition, at the first time of this finding, the decision was not to tell the partner about the diagnosis of HIV/Aids, as if the risk behavior had been only the responsibility of who contracted the disease.

> *Pat.: ... I do not know if I will talk to him... I know I that have the right to choose and even with the possibility of harming him, I cannot be forced to tell about my disease to him.*
>
> *Psyc.: It is true.* [silence]*. If you were in opposite situations, would you like to know about his diagnosis?*
>
> [The patient looks at me with an astonished look]
>
> *Pat.: Damn! You were tough...* [silence]
>
> [The patient moves in the hair, moves in the vein access of the hand, as if he was removing it, closes and opens his eyes, showing a significant anguish].
>
> *Psyc.: If you were in opposite situations, would you like to know about the diagnosis of HIV positive?* [The patient sighs]*.*
>
> *Pat.: Yes. Fuck! Yes. Of course that I would like to know this result* [crying].

The possibility of disclosure of the HIV status to the partner starts to be considered by the participant at the time he put himself in the place of his companion, although he is aware that opting for silence is a right that he has and that must be respected. In any affective-sexual relationship between two persons, established before or after the diagnosis, the revelation of the HIV positive status can mean the dissolution of the relationship, a greater questioning of the gender roles, the emergence of ambiguous feelings of love/hate, intensification of sense of guilt or fear, among many other consequences (Meirelles, Silva, Vieira, Souza, Coelho & Batista, 2010). For this reason, deciding to reveal the positive serology becomes so difficult.

However, it cannot be ignored the fact that the participants maintained an affective-sexual relationship, consensually non-monogamous and non-preventive. Practices that go against the politically correct discourses of protection and "safe sex".

> *Pat.: ... We have an open relationship and a long time we have intercourses without using condom. ... We do not have a commitment of fidelity to each other. We do not live together. I live alone and just as he sleeps in my house, other people also sleep, you know?*
>
> *Psyc.: Yes. So, is there the possibility that he may also have slept with other people besides you while he was sleeping with you?*
>
> *Pat.: Yes, sure. Do you think that I may have caught AIDS with him?*
>
> *Psyc.: Can you be sure that the responsible is solely you? I am talking about the responsibility of having had a relationship with an HIV-positive partner, because when you opt for an open relationship, you assume the responsibility for this risk. Does this make sense for you?* [silence].
>
> *Pat.: This is true, Doctor. It is possible that I have caught the disease with him. In fact, we cannot know this* [silence]*. In relation to the risk, yes, this makes sense, of course. We even played with this, it was like playing Russian roulette, you know?*

Talking about risk practices opens a very broad way of reflection that requires the redefinition of various concepts. To Paula and Lago (2013), the discourses of prevention are crossed by a moralizing intention of the risk that comes to associate it with personal responsibility, creating a causal relationship, indicating failure of behavior and potentiating faults. "In the case of Aids, strategies and generalist interventions are created, but they do not take into account cultural, moral, political and economic aspects, transforming the infection by HIV into individual responsibilities and faults of the subject" (Paula & Lago, 2013, p. 6). The excerpt of the speech of the participant exposed above, shows the process of attribution of meaning to the concept of risk, which ends up redefining the weight of the sense of guilt.

The fact is that the infectious and still incurable character of the HIV/Aids implies necessary adaptations for the maintenance of the relationship and changes in the affective-sexual behavior of the couple, which vary from sexual abstinence to denial attitudes to the risk of acquisition and transmission of the virus (Reis & Gir, 2010). In this sense, the disclosure of the diagnosis to the loving partner marks

a time of deep anguish, fears, and ends in despair, which can be verified in the dialogue of the participants, moment in which the patient decides to tell the partner about his HIV status:

> *Pat.: ... there is a very serious thing that I need you to know...* [The patient sighs, rubs his eyes]*... I am HIV positive ...* [silence]*... I am HIV positive...* [silence]
>
> *Part.: Since when? How come?*
>
> *Pat.: I do not know since when. They did the teste here, twice and it was positive* [silence].
>
> *Part.: Holy shit!* [The partner of the patient punches the bed, almost knocking on his leg]. *Holy shit!* [screaming].

The revelation cast them into the abyss of doubts, uncertainties, conflicting, indefinable emotions, intense suffering and imminence of dangers. This may cause, on the one hand, more unity, fellowship, solidarity and strengthening of ties, or can, on the other hand, culminating in the affective, sexual distancing, and even in the permanent marital separation. In the counterface of this, there is a vast creative and constructive potentiality that, coupled with the loving capability to redefine the experienced with all its conjectures, can turn into a new style of existence.

In the present case, the notification of the HIV status of the patient causes on his partner an immediate conclusion of the confirmation of the diagnosis for himself and, again feelings are mixed. At this time, the partner of the patient looks at himself and assumes a position of a subject different from that taking by the ill patient, because they are singular persons and, therefore suffer many crossings, pointing to different modes of subjectivation.

> *Part.: I am very confused... there are many stuffs mixed up here... First, he tells me that I have Aids, and then he tells me that there are no possibilities for him, and that he will work and live as if nothing had happened and that he will die whenever God wills, is it that simple? I want to be angry with him, but I feel pain for what he is going through. I do not want him to die like this...* [crying].
>
> *Psyc.: What did you hear M. say was that you have Aids?*
>
> *Part.: Yes, right? Doctor, I do not need to take the test, right? I am contaminated too....*
>
> *Psyc.: I understand how this news affects you directly, but I heard M. saying that he has Aids.*
>
> *Part.: It is the same to say that I have...*
>
> *Psyc.: The fact that M. stated that he is under palliative treatment, obligatorily puts you in the same situation, then?*
>
> *Part.: No! I will treat myself.*
>
> *Psyc.: So there is a difference between you* [silence] [crying].

When speaking of subjectivation, it is worth noting that this event is related to the conditions of possibilities, from the historical, social and cultural crossings that allow him to experience the facts in one way and not in another (Foucault, 1995). This means that when a subject experiences a reality in his own way, he does so from his subjections and resistances, considering the history and the space that situates him, assuming modes of being subject and to perceive himself as such, before the reality that is presented. These modes of being subjects are not rigid constructions, but procedural and continuous.

The differentiation regarding the position of subject assumed by both partners before the diagnosis of HIV/Aids makes clear how each assumes a way of being from the seropositivity and the particularities that surround them. The excerpt of the following speech illustrates the subjectivation in its processuality at the time that the patient, in his discourse, deconstructs the idea of victimization of the partner:

> *Part.: Do you know this since when?*
>
> *Pat.: A week.*

> *Part.: And is it only now that you tell me this?*
>
> *Pat.: Hey, you are not all that victim... We knew the risk that we ran... I had no obligation to tell you this result... It is hard for me too, damn it!* [crying].

Assuming a position of subject before a reality that is presented is assume a way of being, a way to exist as a subject of a certain phenomenon, in the case under discussion, the seropositivity for HIV/Aids. In other words, to be the subject of action of the discourse, assume the responsibility for his choices, even when he does not choose, because even so, he is choosing not to choose. This dialogue illustrates the empowerment of the patient with regard to the choices made by the couple, displacing the partner from the place of victim to the place of co-participant in the contamination process. The sense of guilt previously shown in other passages of the speech of the patient seems to transform itself gradually in an understanding of what is established, moving towards a new way of existing, going to the reinvention of himself.

> *Pat.: This second tumor represents metastasis, and the treatment now would be concomitant with the cocktails for Aids. I would have to take the first scheme of cocktails and see the possibility of resuming the treatment for the cancer, that is, I am fucked up and I will not accomplish the treatment for cancer anymore.* [crying] [silence]*... I decided for the palliative treatment. ... I will go back to work, play guitar, say goodbye to my friends and die when I have to die...*
>
> [The partner of the patient go towards him and hugs him. Both cry a lot].
>
> *Psyc.: M, how are you feeling?*
>
> *Pat.: Very relieved. It seems that I took a truck off my back... I feel the need to apologize to you G. I was selfish, immature...*

The analysis of this case allowed us to dimension the magnitude of the challenge of working it, due to various issues raised: stigmatization, despair, shame, guilt, suffering, sexuality, segregation, fears, affective and social relationships, death threat, besides other metaphors and insignia that cross the human also because we are entangled in the complexity of the environment in which we live. But it also allowed us to glimpse the capacity to reorganize the life perspective and witness the unfolding for new possibilities in the way of existing.

Final considerations

Now we are to say a few words about the fact of having entitled this work as “between the excess of love and the delicacy of pain”. Every subject, from birth, lacks affection, tenderness and loving care. Otherwise, he succumbs, falls ill and dies, because we are unable to assure minimally our own subsistence. The act of birth is already a break, a painful moment. The pain, therefore, will accompany us until the end of the existence, making partnership with love and happiness. In the process of living, the pain may even be denied or suppressed, but not avoided or banned. No matter how much it is intense, terrifying and bothers, the pain instigates, so we should always welcome it. Multiple are the facets of pain: from that mysterious pain inhabiting the depths of our being, which is sometimes inaccessible and immedicable, to the moral pain, the pain of existing, the pain of losses. In addition to the silent and even unspeakable pains.

What to say, therefore, about this case on the screen? It can be said that both subjects seem to be contemplated and at the same time dismayed with all this multiplicity of pains, due to the universe of Aids, full of symbols, meanings and significations. The history of this case was marked from the moment of the diagnosis for the patient as being very difficult, of traumatic character, since it was established not only drastic changes, which caused breakdowns, conflicts and attitudes, but also promoted repercussions about projects and horizons of life. There are countless possibilities of choices that we have during our existence, allowing us therefore outline a particular path.

The choice to break the silence and reveal to the partner the condition of seropositivity was an emotionally destabilizing experience for both, with burden of intense suffering and anguish. It was an experience permeated of ambivalent feelings (anger, revolt, despair, guilt, and love, care, affection). Each subject suffers in an absolutely unique way. “Pain is only mine and nobody else’s. I have my pain...” (Monte & Antunes, 1994) he sings poetically Marisa Monte.

In its metaphoric expressions, pain can also be a place simultaneously of confrontation and comfort; hence, there is urgent need for giving new significance to it. On the other hand, pain has a double significance: although disturbing, it is beautiful, because it allows a dimension of an encounter, giving meaning and an aesthetics to the existence. It is always time to be and become another, if we so wish.

Thus, the discovery of seropositivity may represent a starting point for the articulation of new possibilities of subjectivation and redefinition of the affective-sexual relationships. This study pointed to the ways of being subject in his processuality and continuity, where a new reality that is presented potentiates new ways to exist. This is a way of understanding the reactions, the positions and the repercussions of the choices taken before a becoming ill, beyond the biomedical implications.

Before the scenario that was imposed in the case studied here, it is understood that the affective-sexual relational dynamics of couples living with HIV/Aids is not restricted to the aspects of sexuality, prevention and vulnerability emphasized by the traditional biomedical model, but comprises all the dynamics of conjugality, as a couple, and affects the peculiarities of the modes of subjectivation, while singular subject.

As researchers, we need to leave the scene. In virtue of this, we do not know if the marital and loving partnership underwent relational harms, to the point of being broken, or if has prevailed the desire to preserve the affective relationship. The fact is that life is a mere contingency between to love and hurt, to live and die.

References

Beserra, E. P., Oliveira, F. C., Ramos, I. C. R., Moreira, R. V. O. M., Alves, M. D. S., & Braga, V. A. B. (2014). Sofrimento humano e cuidado de enfermagem: múltiplas visões. *Escola Anna Nery revista de Enfermagem, 18*(1), 175-180. Recuperado em 16 de maio, 2016, de http://www.scielo.br/pdf/ean/v18n1/1414-8145-ean-18-01-0175.pdf.

Dantas, M. M. F. (2014). *A experiência da paliação: um olhar a partir do modo próprio de subjetivar-se diante do adoecer.* Dissertação de Mestrado, Programa de Pós-Graduação em Psicologia Clínica, Universidade Católica de Pernambuco, Recife.

Fontella, B. J. B., Campos, C. J. G., & Turato, E. R. (2006). Coleta de dados na pesquisa clínico-qualitativa: uso de entrevistas não-dirigidas de questões abertas por profissionais de saúde. *Revista Latino Americana de Enfermagem, 14*(5), 812-820. Recuperado em 01 de fevereiro, 2016, de http://www.scielo.br/pdf/rlae/v14n5/pt_v14n5a25.pdf.

Foucault, M. (2012). *A ordem do discurso* (22a ed.). São Paulo: Loyola. (Original publicado em 1971).

Foucault, M. (2000). Sobre a história da sexualidade. In M. Foucault, *Microfísica do poder* (pp. 137-163). Rio de Janeiro: Graal. (Original publicado em 1979).

Foucault, M. (1984). *História da sexualidade: o uso dos prazeres*. Rio de Janeiro: Edições Graal.

Foucault, M. (1995). Sujeito e poder. In H. Dreyfus & P. Rabinow (Orgs.), Michel Foucault, *uma trajetória filosófica: para além do estruturalismo e da hermenêutica* (pp. 231-239). Rio de Janeiro: Universitária.

Fromer, M., Gavin, C., Mello, B., & Belloto, T. (2001). Não fuja da dor [Gravada pela banda Titãs]. Em *A melhor banda de todos os tempos as ultima semana* [CD]. Rio de Janeiro: Abril Music.

Heilborn, M. L. (2004) *Dois é par – Gênero e identidade sexual em contexto igualitário*. Rio de Janeiro: Garamond.

Knauth, D. R. (1999). Subjetividade feminina e soropositividade. In R. M. Barbosa, & R. G. Parker (Orgs.), *Sexualidade pelo avesso: direitos, identidade e poder* (pp. 121-136). São Paulo: Editora 34.

Lima, R. D. M. (2015). *A experiência de viver com HIV/Aids, relações afetivo-sexuais e adesão ao tratamento.* Tese de Doutorado, Programa de Pós-Graduação em Psicologia Clínica, Universidade Católica de Pernambuco, Recife.

Massignani, L. R. M., Rabuske, M. M., Backes, M.S., & Crepaldi, M. A. (2014).Comunicação de diagnóstico de soropositividade HIV e Aids por profissionais de saúde, *Psicologia Argumento, 32*(79), 65-75.

Matsumoto, D. Y. (2012). Cuidados paliativos: conceitos, fundamentos e princípios. In R. T. Carvalho & H. A.

Parsons (Org), *Manual de cuidados paliativos ANCP: ampliado e atualizado*. São Paulo: Diagraphic.

Meirelles, B. H., Silva, D. M., Vieira, F. M., Souza, S. d., Coelho, I. Z., & Batista, R. (2010, julho/setembro). Percepções da qualidade de vida de pessoas com HIV/Aids. *Revista da Rede de Enfermagem do Nordeste, 11*(3), 68-76. Recuperado em 01 de fevereiro. 2016, de http://www.revistarene.ufc.br/revista/index.php/revista/article/view/397/pdf.

Minayo, M. C. S. (2004). Ciencia, técnica y arte: el desafio de la investigacíon social. In M. C. S. Minayo (Org.), *Investigación social: teoria, método y creatividad* (pp 9-23). Buenos Aires: Lugar.

Ministério da Saúde. (2013). *Boletim Epidemiológico hiv-aids.* Brasília, Distrito Federal.

Monte, M., Antunes, A. (1994). De mais ninguém [Gravada por Marisa Monte]. *Em Verde, anil, amarelo, cor-de-rosa e carvão* [CD]. Rio de Janeiro: Phonomotor Records

Neves, V. F. A. (2006). Pesquisa-ação e etnografia: caminhos cruzados. *Pesquisas e Práticas Psicossociais, 1*(1), 1-17.

Paula, P. S. R. & Lago, M. C. S. (2013). Da peste gay ao barebacking sex: AIDS, biopolitica e risco em saúde. *Ciencias Sociales y Educación, 2*(4), 43-67.

Queiroz D. T., Vall J., Souza A. M. A., & Vieira, N. F. C. (2007). Observação participante na pesquisa qualitativa: conceitos e aplicações na área da saúde. *Revista Enfermagem UERJ, 12*(2), 276-283.

Reis, R. K. & Gir, E. (2010). Convivendo com a diferença: o impacto da sorodiscordância na vida afetivo-sexual de portadores do HIV/AIDS. *Revista da Escola de Enfermagem, 44*(3), 759-765.

Rocha, M. D. H. A. & Samudio, M. (2013). Resgatando a história social da Aids no mundo: reflexões sobre o caminho da vulnerabilidade. *CENSUPEG,* (2), 209-218. Recuperado em 02 de fevereiro, 2016, de file:///C:/Documents%20and%20Settings/aluno.UNICAP/Meus%20documentos/Downloads/128-352-1-PB.pdf

Silva, A. M., & Camargo Jr., K. R. (2011). A invisibilidade da sorodiscordância na atenção às pessoas com HIV/AIDS. *Ciência & Saúde Coletiva, 16*(12), 4865-4873.

Silva, G. D. & Silva, J. M. (2012). Da análise do discurso à apreciação das práticas discursivas: possibilidades metodológicas para a pesquisa em educação. *Revista do Diferente, 2*(3), 1-19.

Silva, L. M. (2012). *Fazendo a diferença: as dinâmicas da conjugalidade sorodiscordante para HIV/AIDS*. Tese de Doutorado, Programa de Pós-Graduação em Sociologia, Universidade Federal da Paraíba, João Pessoa.

Sontag, S. (2007). *Doença como metáfora, AIDS e suas metáforas.* São Paulo: Companhia das letras.

Received: Apr. 04, 2016
Approved: Jun. 03, 2016

Margarida Maria Florêncio Dantas: doctoral student in Clinical Psychology in the Postgraduate Program of the Catholic University of Pernambuco.

Danielle de Andrade Pitanga: doctoral student in Clinical Psychology in the Postgraduate Program of the Catholic University of Pernambuco.

Gilclécia Oliveira Lourenço: doctoral student in Clinical Psychology in the Postgraduate Program of the Catholic University of Pernambuco.

Maria Cristina Lopes de Almeida Amazonas: doctor professor of the Postgraduate Program in Clinical Psychology of the Catholic University of Pernambuco.