

Documents from the front line

This section, an ongoing feature of the journal, is intended to include material of a non-academic, practical and immediate nature, representing ongoing psychopolitical process – including manifestos, course handouts, leaflets, petitions, round-robins and ephemera of all kinds. All contributions will be gratefully received.

GENDER RELATIONS AND AIDS: ROLE OF ATTACHMENT STYLES AND EMPATHIC COMPETENCIES IN MEN

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One of the most damaging viruses to date is not among the most virulent. It is, in a fact, a computer virus that aptly has been named The Love Bug. On May 8, 2000 the Love Bug announced itself in computer networks across the globe through a message entitled 'Love Letter For You'. Millions globally could not resist this cyber offer of love. If you opened your love letter, the then activated virus immediately erased a series of designated files on your computer's hard drive and next attached itself to the Microsoft Outlook Express e-mail program, sending further love letters to all those friends and acquaintances and lovers in your e-mail address book. In Germany, one newspaper watched in shock as 2,000 digital photographs disappeared. In Belgium, ATM machines were handicapped. As many as 70% of computers in

Germany, Holland, and Sweden were destroyed. In the United States, the Love Bug entered federal agencies, including defense and state departments. It also infected the Bush presidential campaign's e-mail list. To date, the Love Bug destroyed forty-five million computers. Despite a quickly designed antidote specified to render the Love Bug harmless, this virus still exists and still infects. Some experts think that it is indestructible. The psychoanalyst Wilfred Bion, in his memoirs, soberly observed that while the body may die, the virus will live forever.

When epidemiologists think about how viruses spread, the predominant model is the diffusion model. In this model, there is a well-defined spreading rate, representing the likelihood of infection. The fate of a proliferating infection, however, is not

defined by the spread rate alone. The critical threshold also must be taken into account. If the spreading rate does not reach the critical threshold, the expanding infection will not become an epidemic. If, however, the spread rate exceeds the threshold, the viral spread will increase exponentially, thus potentially fulfilling Bion's prophecy. The diffusion model is applicable under many conditions and adequately describes the spread of most viruses.

There are, however, at least two viruses whose expansion through networks of relationships cannot be adequately accounted for by the diffusion model. These are computer viruses and the AIDS virus. In these instances, another model is required. One fact of the AIDS virus that initially perplexed epidemiologists is that, as viruses go, it is relatively difficult to become infected by this entity yet its spread has grown into a pandemic – a global epidemic. AIDS is not SARS. The mode of transmission is of course crucial in this differentiation and, in the case of AIDS, we might say that it is predominantly an opportunistic infection of desire. Whether it is through sexual relations or through intravenous drug usage (which, at present, is the main vehicle for AIDS in Ukraine and in Russia), the vehicle of AIDS spread is the libidinal economy. Both people and computers are connected preferentially, not randomly, and the diffusion model assumes randomness. The absence of randomness in the economy of desire shapes networks of relationships along certain pathways, giving density to certain flows and lack of significance to others.

People like to have sex with certain persons and toward others are indifferent with respect to the vector of desire. Structures of desire, even within broad categorical discriminations (hetero- versus homosexual, for instance), constitute a rich

palette of preference in sensitivity, sensory evocation, the conditions of sensuality, the inspirational imaginary, and the intentionality that fuels arousal. What arouses one person inhibits or even revulses another. Further, there is a well-documented wide range of frequency in sexual behavior. For some couples, sex once a month or once every six months is not uncommon. For others, sexual drive aligns with aim in presence of the good enough object more typically once a week. While for still others, the patterns that kindle desire occur several times a week, even within couples. These, some would argue, are the blessed. Others, living within a different libidinal economy, would view these polyfrequent partners as among the tormented. For still others, sexual relations are even more frequent or episodically more frequent and are in excess of what can be contained within a couple, either due to cultural mores, dislocation, embeddedness in the assumptions of machismo, asymmetries of desire, or the conflictual landscapes of polarizing antipathies. It is those men who are on the outer limits of high frequency sexual contacts – a pattern that necessarily assumes multiple partners in often broad overlapping and expanding networks – that recently have been of some interest in thinking about how AIDS spreads and, in turn, how to intervene, both in terms of treatment and prevention.

Mathematical analysis of the spread of AIDS suggests that AIDS grows through what is called a scale free topology. In scale free networks where the limit condition is not defined either by thresholds or by randomness even a low level virulent and slow spreading disease can sustain significant incidence among a population. Contrary to the public health wisdom built on the assumption of diffusion models, epidemics that follow the laws of scale free networks

– like certain computer viruses and like the mutable AIDS virus – do not honor the limit condition of thresholds. They are nearly unstoppable. Recent calculations suggest that uniform and random immunization would fail to eradicate a disease that spreads non-randomly through social networks. Disease that spreads according to scale free topology does so through the scattering of highly connected nodes – points of density or concentration centers of desire that hold the network together. Individuals – and here we are referring predominantly to men – who have frequent sex and do so frequently with multiple partners are the hubs through which AIDS spreads throughout a population. The impact on the lives of women who are economically and socially contingent on men is immense and we now know, based on recent findings from UNAIDS, that globally more women than men are being infected.

Among people younger than 24, girls and young women now make up nearly 2/3 of those presently living with AIDS.

AIDS, like the Love Bug, has infected nearly fifty million persons. Certain policy implications follow from this modeling of the growth of AIDS. The physicist who has made foundational contributions to this understanding of AIDS – Albert-Laszlo Barabasi – proposes that under conditions of scarcity treatment options preferentially should be given to those who can be identified in a community as representing the more concentrated nodes – that is, those with the likelihood of having the greatest number of sexual partners or those at greatest risk for multiple partnering. To do so, Barabasi argues, would begin to restore the finite epidemic threshold and thus further slow the spread of disease. This proposal gives strategic specificity to the broader policy question of the relation of treatment to prevention expressed by, among other,

Jim Kim, senior official at the World Health Organization (WHO), who suggests that availability of treatment would also augment and enhance prevention best practices. In Uganda, for example, where prevention efforts have been among the most successful in Africa, prevalence resists reduction to below eight per cent. Without ameliorating the impact of those salient nodes in the social network whose behavior perpetuates the disease, AIDS continues despite systemic and innovative prevention efforts and instrumental national leadership.

The scale free topology of AIDS is further shaped within certain enduring sets of gender relationships and within these relationships through certain patterns of attachment. Attachment is the matrix in which relationship happens and through which communities either cohere or fragment, either give shape to an ethic of care or disassemble under the predations of despair. The work of John Bowlby in Great Britain and Mary Ainsworth in Uganda demonstrate that there are basic patternings of attachment. Attachment, they find, may fall into one of four broad categories – secure, anxious, ambivalent or avoidant. How these patternings unfold and endure through the life cycle of the individual and the matrices of their relationships also shapes the empathic capacity persons show to other persons. While basic typologies of attachment do seem to hold up across groupings styles, and cultures, there is much that is yet to still be discerned – such as the differential impact of insecure attachment on boys and girls as well as the impact of fathers on the attachment repertoires of both genders.

The limit conditions in which often decisive ruptures in attachment continuity prevail do seem to describe the relational problematic and to define the social networks in which AIDS spreads. Those for

whom some rupture in care is effected – whether due to early decisive separations or to the intrusions of unmanageable conditions of life on human security (as are found, for example, in those in countries we think of as transitional economies) – behave and relate in disturbing and often frightening ways. Those who are unattached relate to others as objects of control, as commodities, as property, as extensions of an imperious self. The unattached man – who also shows, in different contexts, avoidant and ambivalent modes of engagement – is one who is remote, cold, indifferent, unmoved by either affection or by punishment.

He is the one who is stoic, aloof, flat, at times even robotic. He is the one who frequently finds difference intolerable and who perceives otherness as either an irritant or, in more extreme instances, as assault. Men who through both the cumulative trauma of a violent pedagogy and decisive ruptures in the fabric of care (fragmenting self and other background continuities) often encapsulate and bolster the self through sadism, persecution, omniscience, and paranoia, all the while privately susceptible to often devastating and potentially inwardly explosive quanta of shame. These men become desperate and dangerous, some become apathetic loners, some bullying and intimidating, some seductive and charming rogues, some promiscuous liars, some a variable tapestry of these multiple patterns, yet all having detachment and aloof entitlement at the core.

For Lucas nothing was ever enough. He lived to acquire. The more Lucas had, the more frantic and desperate he became, and the more he turned his critical eye and laser tongue on those who worked for him, those who he thought of as his friends, and those who he said he cared about, especially those he cared about. Living with Lucas was to be under continual scrutiny and

none were more the focus of his exacting and critical concern than the one he was ambivalently dependent on – that is to say, his wife. He monitored and measured her every step, each gesture, each act – all were closely examined for failure, for transgression, for signs of abandonment, for proof that he had been wronged. His exegesis of her failure was, in his own evaluation of this ability, masterful, triumphant, and he was more than proud of his capacity to render her both irrelevant – a bittersweet triumph – and to demonstrate to her how fundamentally she failed him, again and again – a self-tantalizing source of unthinkable pain and of despair.

Lucas was nearly always frantic, nearly always obsessed with failure. His cool and aloof persona functioned like an exoskeleton, a way of containing an unbearable and insatiable hunger. He thrived, from childhood, on being a troublemaker, a smart mouth, a cynical prejudiced master of provocative hyperbole. The more he succeeded the more he hated himself, for he was also alienated by his capacity to deceive and manipulate and con. The more Lucas got away with, the more abandoned and desperate he felt. Lucas mastered keeping his mind dispersed through a vortex of plans and schemes. The more lonely and omnipotent Lucas became the more he found both self-degradation and triumph in addictive contacts with sex workers. The exhilaration of these transgressions was at times almost unbearable for him. Condoms, he thought, were for sissies, for whimps, for losers. He loved the risk, the high stakes. Yet, his apparent and evident excitement also contained as part of its state of mind a blank numbness, a desperate and empty despair, a wish to die and, in the same moment, to kill.

To place before Lucas his arrogance, his intolerance, his smug narrow mindedness,

his vicious manipulative cruelty and his heart of darkness allowed him to begin to notice his shame, his desperate and addictive loneliness, and his extreme suicidal disconnection from others. The thaw began when he saw in the face of a young sex worker from Eastern Europe (most likely a trafficked woman), the face of entrapped innocence. He wanted, with her, tenderness. He wanted to protect her, to rescue her. He saw in her a mirror of his own enslaved and lost soul. Through many subsequent twists and turns Lucas, one day, had a moment of recognition of what it must be like to be his wife, to be in relation to himself. He felt, as from her position, the degradation and shame and fear he exerted over her. He felt what it feels like to be an object in his own world. The heart of darkness began to soften and with this Lucas, to his initial shock and disorientation, felt his desire for sex workers wane.

Any approach to the gendered context of AIDS risk and spread must, in my view, consider the transformation of men from conditions of encapsulation into capacities for responsive relatedness. Men who are remotely detached or attached ambivalently (pulling toward while pushing away) – and this is most men – must be facilitated toward the pathway of more secure and thus more faithful attachments. This, in part, requires the build up of a mental space in which self and other are held in tolerable empathic consideration, this inner world being correlative to containment within a social space in which pathways of isolation can reformulate into networks of relational concern. This process depends, in part, on building what might be called networks of witness through which links can be established to parts of self that can both receive and give and that, ultimately, can give without the expectation of return. This development can then begin to break the

cycles of isolation in which most men live and which sponsor the detached indifference and desperation that so frequently fuels the social networks on which AIDS transmission is contingent, killing, at present, 8,000 persons per day while infecting each day nearly 14,000 more.

The challenges of sustaining such developmental capacities and the communal structures that give them both sustenance and legitimacy should not be underestimated. As Catherine Campbell (2003) points out in her recent study of why HIV/AIDS prevention programs fail, even well conceived projects can be undermined. They can be undermined, she observes, by not anticipating the difficulties in sustaining bonding peer relationships in the often divided and impoverished conditions in which most HIV vulnerable persons live. They further can be undermined, she adds, when projects challenge deeply entrenched sets of gender relations yet do not address the underlying assumptions on which gender relations are, in the first instance, constituted. It is my view that only if attachment dynamics and relational capacity in gender relationships are, from the onset, systemically addressed and actively facilitated in a sustained manner can programs that work at the nodal points in AIDS social networks shift the power relationships built on ambivalent and avoidant attachments that perpetuate and symbolically justify behaviors that condemn future generations to the economic and psychosocial chaos that AIDS ordains.

REFERENCE

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