Published in final edited form as:

J Black Sex Relatsh. 2015 ; 2(2): 1–38. doi:10.1353/bsr.2016.0005.

The Role of Resilience and Anti-Resilience Behaviors in the Romantic Lives of Black Same Gender Loving (SGL) Men

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Abstract

This study examines the role of resilience in the romantic lives of Black same gender loving romantic male couples in the NYC metropolitan area. Twenty in-depth interviews (N=40) were conducted, ranging in age from 18 to 67, and were predominately low income and moderately educated. Research questions were: 1) What strategies do Black sgl couples use to preserve and improve their relationships and (2) What are the potential problems or barriers your relationship experiences? The data from interviews were aggregated and three major themes emerged: direct communication strategies, relationship support, and intentional and thoughtful decision making. Additional themes identified as anti-resilient to Black sgl couples were relationship discord, hostile neighborhood climate, poor communication, and lack of support. Findings show that additional research Black gay couples is needed to identify the contextual factors that influence their romantic relationships and the resilient strategies that they uses to support their romantic relationships.

Keywords

Black; African-American; Men; MSM; Couples; Resilience; Partners; Romantic; Resilience; Phenomenology; Love; Same Gender Loving; Anti-Resilience; Defeatism; Nihilism; protective behaviors

Introduction

Romantic Relationship are an Essential Part of Contentment and happiness in human lives. Some of the earliest works by social scientists on romantic couples identify love as an important component to happiness and well-being (Battle and Bennett, 2006; Peplau, Cochran, and Mays, 2004). Additional empirical research shows that intimate relationships such as marriage and romantic coupling contribute to an individuals' overall happiness and is vital to our physical, mental, emotional health and overall well-being (King and Bartlett, 2006).

However, current research about romantic relationships focuses mostly on couples who are white or heterosexual. There is limited knowledge about romantic relationships of racial and

ethnic minorities, and especially Black gay romantic couples. The academe also struggles with the same idea of giving voice to Black single gender loving men (sgl) who are in loving relationships with Black sgl men which allows them to tell their own story. As previously stated, while a majority of the empirical evidence written on gay male couples focus solely on white couples or interracial couples (Wilson et al., 2009), there are few empirical studies that make the experiences of Black gay male couples central beyond the context of HIV or from a deficit perspective (Anzul, 2001). The deficit perspectives focuses on the negative aspect of a men's lives and removes any agency from his experiences (Anzul et al., 2001), and it reduces Black men to their sexual behaviors and considers their interpersonal, psycho-social, and romantic experiences as secondary. What's left is a narrow, myopic view of the lives of Black same gender loving men while multiple representations exist in popular culture and in academic studies of loving white gay male relationships (Bowleg, 2013; Newsome, Davis, & Dinac, 2014; Peplau, Cochran, and Mays, 2004). Mays contends that even in the face of large scale research of gay couples such as the American Couples study, by Blumenstein and Schwartz, of the 1930 gay men they surveyed, only 39 were black (Peplau, Cochran, and Mays, 2004; Blumenstein and Schwartz, 1983). Sadly, little has changed in our knowledge of the lived experiences of Black sgl men.

This study examines the romantic relationship experiences of Black sgl male couples, a population that is understudied and where empirical data is virtually non-existent (Bowleg, 2013; Newsome, Davis, & Dinac, 2014; Peplau, Cochran, and Mays, 2004). This research departs from prior research by exclusively focusing on Black sgl men beyond the scope of health and HIV. Specifically, this study examines the ways some Black sgl men establish, maintain, and preserve romantic relationships with other Black men by exploring the resilience the couples have and use within their relationships. In addition, this study examines the relationship dynamics and resilience of Black same gender loving (sgl) romantic male couples, based on their lived experiences in their own words. The goals of this study are to explore the positive and negative aspects of romantic relationships of Black sgl men and the strategies they use to maintain and improve their relationships, defined as resilient and ant-resilient strategies. The following research questions will be addressed: (1) to identify potential barriers to these relationships (anti-resilient strategies); and (2) to identify strategies the couples use to preserve and improve their relationships (resilient strategies).

In this study, Black men loving Black men are described as same gender loving (sgl) men and this project considers the way the structural, socio-cultural, and romantic dynamics impact their lives, and their relationship as a couple. Resilience is defined as the strategies people use to sustain their health and social, economic, psychological, physical well-being of their partners (Luthar, Cicchetti, and Becker, 2000). Success, happiness, good health, supportive families, etc. are all important markers of resilience. In addition, resilience comes from and exists within the context of adverse situations. However, it involves dealing with everyday stressors in combination with psycho-emotional-social barriers. Resilience allowed the couples to navigate the challenges of stigma, racism, homophobia, and in some cases, poverty and unemployment.

This study considers the lived experiences of Black gay men in loving relationships with other Black gay men as central to the development of a conceptual framework that will act as the building blocks for understanding Black gay men and their resilient strategies in the context of romantic relationships. This study can inform further research studies in the following ways: 1) it focuses exclusively on Black sgl couples; 2) it focuses on relationship dynamics, socio-cultural, and structural influences the romantic relationships of Black male couples; 3) it uses an assets based approach with exploring romantic relationships of Black sgl couple with their lived experiences as central; and 4) focuses on Black sgl couples, and the formation, maintenance, and how they sustain their relationships. Using a strength-based perspective, this research employs in-depth interviews with twenty Black sgl male couples using interdependency theory (Kenny, 1996) to highlight the resilience strategies and anti-resilient behaviors present among these couples in their relationship and provides insight towards future studies of Black sgl male couples in romantic relationships, both of which will benefit social sciences and public health research.

Literature Review

Over ten years ago, Peplau and her colleagues urged public health researchers to consider the importance of examining the interpersonal lives of Black sgl men in their HIV prevention research (Peplau et al., 2004). The researchers contend that in order to address the HIV crisis among Black sgl men, their whole lives needed to be considered, including their romantic relationships. Still, ten years later, there are few works written that addresses the romantic lives of Black sgl men outside of the work done in this research. To date, there is a scare amount of research that addresses the lived experiences of Black sgl male couples romantically beyond HIV. There is little or no empirical data that does so that has been published.

Contemporary works by Moore (2013; 2008), Peplau and Mays (2004), Cohen et al. (2003), and Battle (2003; 2006; 2010; 2013), shed light on the everyday and experiences lives of Black same gender loving men and women. Moore's (2013; 2008) work on LGBT families sheds light on the lived experiences of Black lesbian couples and their families, but does not address Black sgl men or male couples. Moore argues that the work on sgl LGBT families and relationships has grown considerably and covers a wide range of topics including family processes, relationship quality, and child rearing and development, however the research largely focuses on LGBT families overall with little samples that are representative of Black sgl male couples. Three books have been written since the turn of the century that addresses family processes of LGBT families using ethnographic data. Sullivan (2004), Steinbugler (2012), and Moore (2011) works primarily focuses lesbian couple families. Sullivan (2004, p. 8) explores the egalitarian nature of domestic labor in lesbian couple households with an emphasis on exploring the role of power in gender relations. Steinbugler (2012) study explore race in a post racial society and how it comes to play in interracial same sex and heterosexual couples. Moore (2011) explores black lesbian couples using an intersectionality perspective to analyze family formation. The three studies rely on qualitative data, that have limits in terms of generalizability, however the studies do unmask areas for future research on sgl couples to explore. Several other research studies that explore same sex couples are derived from countries that have little or no couples of African descent (Bowleg, 2013),

solely focus on raising children (Rosenfeld, 2010), have study samples comprised primarily of lesbians (Moore & Brainer, 2013) and examined the definition of family among same sex couples (Powell et al., 2010). Jespen et al. (2002) focus on the demographic characteristics of same sex couples, but the census data they use has limited data on Black sgl male couples. Rosenfeld and Kim (2005) focus on the rise in interracial and same sex couples, but fail to retrieve data on Black sgl male couples. To summarize, while there has been a wealth of research on same sex couples in the last 15 years, the research falls short in one of the following ways: 1) lacks racial or gender variability in regards to study Black sgl couples; 2) is largely qualitative; 3) focuses primarily on lesbians; or 4) is conducted in non-western cities. Virtually none of the literature focuses on Black sgl male couples.

Recent studies suggest that Black sgl men seek other sgl men for romantic, long-term relationships in the face of community and societal pressures that devalue such relationships among Black men (Reczek, et al., 2009). Recent literature suggest that Black sgl men may seek other Black sgl men who understand the difficulties of overcoming societal and structural pressures (i.e. homophobia; pressure to conform to hegemonic masculine socialization) and attempt to form successful, stable partnerships along racially concordant lines (Pepaul, 2004). Black sgl couples that receive support from their communities, are civically engaged, have familial support, and are financially stable display resilient strategies in the face of such structural, psychosocial, and relationship barriers (Battle, 2002). Recent work on Black sgl men focus on the negative consequences of racial concordance pairing and intra-racial sexual networks with regards to HIV and the potential for negative consequences among Black sgl men (Millett et al. 2007; Wilson, et. al. 2009), however there is a large gap in the HIV prevention research that examines the factors that influence the formation of long-term loving and healthy relationships among Black sgl men. Moreover, very few research studies have explored Black sgl male couples using qualitative methodology (Millett et al., 2007). Researchers argue that the potentially positive aspects of Black sgl male couples may facilitate healthier relationships, safer sex practices, increased condom use, and stability in relationships and has been understudied (Millett & Peterson, 2007; Malebranche, 2003). This is consistent with the body of literature that suggests that similar backgrounds in types of long-term partnering contributes to social, economic and health benefits to the individuals involved (King & Bartlett, 2006).

Few studies that explore Black sgl couples and their desire to partner with one another beyond a deficit model which reduces Black men experiences to being hypersexual, substance users, promiscuous, and diseased. This model is detrimental because it focuses on the problems that Black sgl couples experience such as poverty, addiction, limited opportunities and limited lives, but fails to determine or recognize the strengths of these men in their relationships. Again this view is limited, myopic, and makes the experiences of Black sgl couples virtually invisible. This narrative fails to explore Black sgl couples' relationships and factors that shape the formation, maintenance, and strength of their relationships, as well as the resilient strategies that these couples use to improve and protect their relationships.

In addition, the HIV prevention research that investigates Black sgl men do not come from a strength-based model, but a deficit one, do not make Black sgl men and couples a central

point of inquiry. Strength-based research and models seek evidence and examples that highlight the how these couples navigate poverty, racism, homophobia, lack of family and communal support, and support one another because of the love they share. Strength-based models are recognized as specific method of addressing and dealing with problems experienced by a person or couple (Borden, 2010). This approach attempts to address the problem from the person's perspective by using the resources and strengths available to them or to gain these resources as needed (Borden, 2010). Further, strength based models reflect the variety of experiences and types of Black sgl couples. This study uses a strength-based model to interpret, interrogate, and understand Black sgl couples and highlights varied Black sgl couples and their experiences.

Resilience: An Area for Growth for Research on Black SGL Couples

Scholars define resilience as a “dynamic process encompassing positive adaptation within the context of significant adversity” (Luthar, Cicchetti and Becker, 2000). Resilience involves “(1) exposure to significant threat or severe adversity; and (2) the achievement of positive adaptation” to adversity despite threats to one's development (Luthar, Cicchetti and Becker, 2000). For the purposes of this study, we define resilience as the things people do to sustain their health and social, economic, psychological, physical well-being of their partners. Success, happiness, good health, supportive families, etc. are all important markers of resilience. In addition, resilience comes from and exists within the context of adverse situations. However, it involves dealing with everyday stressors in combination with psycho-emotional-social barriers. The literature on resilience focuses on marginalized groups, families, HIV risk and infected individuals, and drug use, but do not focus on Black sgl couples. For Black sgl couples, we explore their use of resilience strategies in the face of everyday stressors coupled with secondary marginalization, or marginalization that is experienced as a result of factors such as racism, patriarchy, poverty, homophobia, etc. We recognize that individuals experience resilience on a variety of levels. However, as Black sgl men, resilience may be experienced along a spectrum, as these men deal with everyday stressors coupled with secondary marginalization experiences.

Resilience has been explored in a variety of health-related research areas including couples and family therapy, HIV infection among abandoned and orphaned children, HIV disclosure, and strategies to reduce health disparities (Luthar, Cicchetti and Becker, 2000). Thus, exploring resilience gives us more leverage on understanding the relationship and resilience strategies of Black sgl couples (Stall et al., 2008). Scholarship on LGBTQ populations contend that resilience is defined as a process of adaptation and readjustment that occurs despite multiple personal and social losses (Rabkin, Remien, Katoff, & Williams, 1993), and may involve adaptations in psychological, social and/or behavioral characteristics. In the lesbian, gay, bisexual and transgender (LGBT) literature, resilience has been largely operationalized by measures of coping skills or strategies (Siegel & Meyer, 1999), stress-related growth (Bonet, Wells, & Parsons, 2007) and social support (Gwadz et al., 2006). This study addresses resilience in a similar fashion in that it looks at the ways that resilience is utilized among Black sgl couples to navigate secondary marginalization (i.e., poverty, racism, homophobia, etc.) and explores the resilience strategies they use to preserve their relationships.

The resilience literature on gay men suggests that many gay men overall possess resilience (Herrick et al., 2011). This is demonstrated in the current literature on the drug use literature, studies that look at participation in gay right social movements, and the research on smoking cessation and recovery (Bonet, Wells, & Parsons, 2007; Herrick et al., 2011; Luthar, Cicchetti and Becker, 2000). Based on the variety of the resilience literature, it appears that this may be an area that demands additional empirical evidence as it relates to Black SGL couples and strategies used to preserve their relationships in the face of secondary marginalization. The researchers approached this study using **a dyadic framework using interdependency theory**. Interdependence theory is a dyad-level theory that explains how communication and influence affect behavior by taking into account the outcomes experienced by the couple (Kenny, 1996). The outcomes of the relationship are essentially shaped by the interaction between both members of the dyad, each capable of influencing the behavior of the other to create a dyadic-type interaction, which may be separate or unique to the individual behavior of dyad members. What results is a transformation of motivation, where the individual behaviors are transformed into a new set of behaviors that preserve and enhance the relationship, possibly at some cost to the individual(s).

Method

Participants

A total of 20 Black SGL male couples participated in the research study (n=40). Each participant self-identified as Black and male. One-third of the couples have been with their partner for a year or more, another third has been with their partners for six months to one year, about 25 percent have been with their partners for 3–6 months and only eight percent has been with their partners three months or less. The median age for the participants is 33.5 years. Forty-one percent of the participants had some college or an Associate's degree, while only seven percent had less than a high school diploma. More than a fifth of the participants (22%) possessed a bachelor's degree and seven percent possessed a graduate degree. More than half of the participants were employed (52%), while less than half were unemployed (48%). Roughly one third of the sample's couples were serodiscordant, where one of the partners is HIV positive and one HIV negative, seropositive, in which both partners are positive), and seronegative, where both partners are negative. Table 1 presents the demographics of the participants.

Procedures

A total of 20 couples responded to flyers that were advertised seeking Black male couples in romantic relationships to share their lived experiences as “a romantic Black sgl male couples.” The flyers that were distributed throughout New York City at local social venues and community-based organizations. Participants were recruited using a convenient sample, utilizing various techniques such as flyers and cards distributed at community-based organizations identified in the New York City metropolitan area, as well as referrals from the organizations that work with Black sgl men and word-of-mouth by participants. Additionally, study information was left at bars, lounges, and social gatherings frequented by Black sgl men. In addition, New York City was selected as a recruitment site because it is one of the largest, most diverse cities in the United States in terms of race/ethnicity and

socioeconomic status, and serves as a beacon for Black sgl men. Black sgl men from all over the country reside in NYC to escape the isolation and alienation they may face in smaller, less heterogeneous locales. Once a potential participant(s) called the dedicated research study line, they were screened by phone to determine eligibility for the study and invited into the office for a face-to-face interview with both members of the couple. All interviews were conducted by the first author in his office for confidentiality purposes. In order to participate in the research study, all participants met the following eligibility criteria: (a) eighteen years or older; (b) one or both residents live in the New York City metropolitan area; (c) identify as male and of African descent; (d) be in a romantic, committed relationship; and (e) have been sexually active in the last month. After successful screening, the couple was interviewed using audio and video recording that ranged in length from 60 minutes to 120 minutes. The institutional review board of the first author's institution approved all aspects of the study procedures.

Measures

The study utilized an interview guide approach in order to garner narratives about the lives experiences of Black sgl male couples. The interview guide approach allows the researcher to develop topics and issues in advance and accommodates the interviewers ability to be flexible in the order of questions, as well as the phrasing (Bowleg, 2013; Patton, 2002). Some examples of the interview guide questions are: "What are some barriers to your relationship? Can you describe them?"; "Despite all of the barriers that you identified as affecting your relationship, how do you manage to keep it going? Explain."; "Describe what it is like to live in your neighborhood and be in a same sex relationship. What about your family? How do they feel about your relationship? Share some examples"; and "What experiences have you had with homophobia? What about your relationship? Can you share some examples?"

Additionally, the interviews also addressed several specific questions related to resilience and anti-resilience: (1) Tell me about a difficult time you experienced in your relationship? (2) Tell me about a difficult time you experienced recently? (3) What are the barriers in your relationship? (4) How do these barriers arise? The following questions were asked related to resilience: (1) How did you deal with that difficult time in your relationship? (2) Who supports your relationship today and what do they do to support you? (3) How do you deal with difficult situations as a couple? (4) How do you handle barriers to your relationship? and (5) How do you manage to keep the relationship going despite all of the barriers you described? Before the interview, participants completed a brief questionnaire which included demographic questions and an identification number to link the questionnaires to interviews.

Data Analysis

Audiotaped interview data were transcribed verbatim and identifiers were removed by the first author and checked for accuracy and completeness. The research team read each transcript two times in order to become familiar with the data. The analysis team, consisting of first and second authors, independently read the transcripts and used a two-prong coding process assisted by Dedoose, an online qualitative management and analysis software package: 1) data were organized into smaller segments to develop topic codes; and 2) data

were inductively coded to identify major themes that emerged within the interview sessions. For example, the lead author labeled any text in which a participant identified aspects of what they believed were the qualities of being a man as *masculine socialization* (see Table 2 for a list of the topics and codes). In addition, the lead author conducted multiple rounds of coding in the same fashion and refined the codes in a hierarchical manner such that parent code was created (i.e., masculine socialization) and separate child codes were developed (i.e., “My manhood was shaped by my father.”). I also created notes called memos in Dedoose to summarize my ideas and interpretation of the data codes and the excerpts. These themes were summarized, refined and discrepancies resolved through discussion at the team meetings. All coding and themes were checked for consistency by the authors. Afterwards, the lead author reviewed the codes and conducted analytical coding. According to researchers, analytical coding derives from “coding that comes from interpretation and a reflection on meaning” (Richards, 2009). In the next section, the quotes are provided verbatim, however some quotes may have been edited for readability purposes. Again, pseudonyms were created to protect the confidentiality of the participants.

Results and Discussion

Research question 1: What strategies do Black sgl couples use to preserve and improve their relationships (resilient strategies)?—This research identified several themes which illustrate the way in which couples were able to use resilience to navigate the interior and exterior socio-demographic challenges they face. These strategies of resilience are *direct communication strategies*, *relationship support* and *intentional decision making*. *Direct communication strategies* are defined as intentional communication that contributes to the well-being of the relationship. Examples of direct communication strategies include discussing HIV status or ways to adhere to medication and discussing the quality of the relationship. *Relationship support* is defined as those family members, friends, and community organizations that provide resources and support towards the relationship. Examples of this include parents who of supportive of the relationship or organizations where the couple can receive resources or support for their relationship such as community-based LGBT organizations. *Intentional decision making* is defined as those decisions made by each member of the relationship to maintain and improve their relationship. Examples of intentional decision-making include: decisions by the couple about monogamy, healthcare decisions made by the couple, and decisions around finances.

Relationship Support

Many of the couples in this study had consistent support from family and friends, as well as organizational networks which included the church, an important organization in the Black community. Brock, married for two years at the time of this study to Lloyd, and together for over 30 years discussed their decision to adopt a child:

About ten years before we adopted. So we were truly involved within the, um, community and then, um, my, uh, joining one of the, uh, Black Baptist churches in the late 70's, about '78, '79, um, which seemed to not be an issue at the time.”

Brock and Lloyd describe how their support from the church as well as family members allowed them to adopt their son. Brock and Lloyd were inspired to adopt a child and when they decided the process of adoption, they had support from friends who'd gone through the institutional process before. They also had support from family members who had experience in taking care of small children. Lloyd asserted

But, so you know, we both were used to having children around, and so the idea of, of, uh, of adopting, um, sort of just came. There were examples of it, so it came, and we decided this was something we wanted to do, and friends, friends assisted us in being able to manage, to do that.

Lloyd goes on to describe the support they received when they adopted their son.

And, uh, Miss Jackson [Brock's mother] came to visit. She was there in, she came for Christmas of '82, um, and when she heard about the baby she flew back in and, uh, was there. She's very controlling too. [Laughs] To interview the housekeeper, the nanny who would be taking care of, uh, Alex, because we were both working. Right. But we, uh, we took, um, we had a schedule of what, who had to do what and when, but, uh, a lot of the, uh, a lot of it fell on the, um, Miss Jones, the first Miss Jones and the nanny.

Brock indicates, "Cause Mother was there for about a month and needless to say Aaron became her joy." [Laughs]

Brock and Lloyd share their experiences of having support from their family. The stressors that couples typically experience without familial, institutional and friendship support networks are somewhat alleviated for Brock and Lloyd. For this couple, support was very much developed through these relationships.

Colby is 47 and HIV-positive, Lincoln is 24 and HIV-negative, they've lived together for two years. While their connection to neighborhood organizations and acceptance within their neighborhood supports their resilience. It is undercut by anti-resilient behavior like domestic violence and poor communication. However, despite the problems the couple faces, they describe the support they receive from their family. Lincoln asserts

Well, we got a few good friends. A few. A few good friends that wish us well. He got this friend, his name is Sol. They grew up together for how many years? Yeah, a long time. As soon as he saw us together, it was nothing but love. He embraced me with love. He said, "Any time you need to talk, you or him, call me or text me, whatever." I've text him sometimes. Sometimes me and Sol, we talk and we discuss things. We have another friend named Tommy that we talk to. They tell us the truth. They honest with us. They don't take sides. That's what we like about them, unlike most of his frenemies that take sides and say, "Oh, you should do this," or, "You should do that," and have these influences and putting bugs in each of our ears, and try to divide or conquer.

Colby and Lincoln are surrounded by friends who offer them support and non-judgement, as well as friends who seem to cause discord. Despite their many challenges, they seem to have developed support mechanisms to manage conflict within their relationship. This seems to

be buttressed by the many institutional and organizational supports that they take advantage of (especially therapy). This particular form of resilience (support from the community, both institutionally and interpersonally) seems to have led to their relationship longevity.

Intentional and Thoughtful Decision Making

Another manifestation of resilience for couple's within the study was intentional and thoughtful decision making. Lloyd and Brock describe their decision making process:

So, um, and so we even, we'd sit down and plan, uh, you know, uh, we did that when we decided that we wanted to buy a house. Uh, and you know, uh, and that made, that helped it because, uh, the house that we bought, uh, turned out to be a marvelous house, but it needed a lot of work. He saw the value in it; I said "Oh my God, this is a mess!" [Laughs] He saw that you know, if you strip the wood how pretty it can be and that sort of thing. So we planned, uh, even before that we planned, and that was one of the things that came out of us sitting down and deciding to move together to begin with.

Brock and Lloyd stressed the importance of consistent planning and clear communication to the functioning of their relationship. From the beginning of their relationship, they have relied on their interpersonal skills to negotiate conflict and plan out the details of their future. As a result, they seemed to be less susceptible to the conflict or discord that that many couples fall victim to in everyday life. Brock describes the couples' experiences when HIV/AIDS hit their community including how they provided and received support from the LGBT community and how his relationship with Lloyd preserved their health and relationship:

And that's very hard because you end up with much less of a network of people that, than you would've had, had that not been the situation. Several of the people that we've talked about, uh, passed away. The guy who, uh, arranged the, uh, for me to have lunch with the head of the [adoption] agency is gone as a result of AIDS. Um, and a lot of other people. I think the first person that I knew personally with AIDS, uh, was, was Ray who was my tennis partner.... I was involved in the, uh, the AIDS treatment community. I was one of the founders in, um, on the board of the Minority Task Force for AIDS for a good little while, um, as well as, um, a little bit of, not—with the guy who was the previous director of, uh, Harlem United. And so, yeah, I think one of the things that, um, explains the reason that we're here, uh, is the fact that we were in a relationship.

As Brock and Lloyd make clear, the effects HIV/AIDS had on their interpersonal network was devastating. It was not simply being in a relationship that spared them from HIV/AIDS (as Lloyd noted, they had a married friend who died due to HIV/AIDS related complications). Instead, we argue that it was the resilience that was cultivated both within their relationship and community, that allowed them to not become exposed to HIV/AIDS. They were both monogamous during the height of the virus and neither seemed to be engaged in risky-behaviors like IV-drug intake. Again and again throughout their interview, they credited the support that the cultivated within their relationship to be the primary source of their stability.

Jerry and Rich are a married couple who have been married for a little bit over a year. They met and lived in Atlanta for awhile and they now live in Bensonhurst, New York, in New York they have managed to remain connected to supportive communities, primarily through organizations, as well as through various churches they have attended over the years. Despite being low-income, they have been able to produce and live in within a context of resilience because of their ability to navigate bureaucracy and social services. They were able to move to New York and gain access to community and interpersonal support systems similar to the couples in the prior section. They have familial and friendship support networks that educate and support them around finding resources for low income folks and/or folks with HIV/AIDS. Another important characteristic of their resilience strategies is also their ability to make thoughtful and intentional plans for their future as a couple in a clear and a transparent way. Jerry describes the couple's decision to remain monogamous:

It was just—well, part of it had to do with our spirituality, and then part of it had to do with just being monogamous. It was like, you know—that first night when he met me, he rattled off a whole lot of stuff, you know, that he was a homebody, that he go to church or whatever, and that he was looking for a lover, and that he was looking to only be with that one person and so forth and so forth. And I said the same thing, that I was gonna be with one person. But we knew it was gonna be monogamous, just the two of us. And we talked about condoms too. So we both were positive and whatever, and I told him I didn't want to use condoms, and he was fine with that. He didn't object to it, right? You didn't object to it. So I didn't even know he wasn't using condoms with his last partner. I thought he wasn't, but I guess he was.

At the outset of their relationship and throughout their marriage Jerry and Rich were very careful and deliberate about planning everything from the spiritual practice of their family, the organizations they would participate in, and the geographic location they would live in and their decisions to remain monogamous with one another. This particular form of resilience, has allowed them an important source of stability, that has buttressed their relationship in the face of severe challenges caused by poverty, health challenges and discrimination.

Direct Communication Strategies

Paul is HIV-positive. He has had issues with medication adherence. However it seems that Don doesn't mind encouraging Paul to be more consistent with his medication. It is their ability to clearly communicate around Paul's health that provides a level of resilience that has supported their relationship. Don said

'cause the whole thing with medication, it does—sometimes it does more damage than good, and there was a time, there was a time—this would be way before I met him—that I started to consider alternative medicine. And I started to look into that. 'Cause there was a point where I did not want to take the meds anymore, and it took me to a bad place. And this is, yeah, this is before I met him. But so far, yeah. Since I met him, I've started using my meds more and—there are days when I'm like—I'll forget to take my meds and whatever and all. But here is there to remind me. See, you're more like take it every day one day and one this such and such. I

mean, like, okay, I'll just pop it and keep it moving. It may be 10:00, maybe 11:00, it may be 12:00, but I'll take it because he talked to me about it and make sure I take it.

In terms of HIV status and romantic relationships and their resilience, whether or not the HIV-positive partner is adherent to their medication schedule is a major source (or lack thereof) of stability. Paul's ability to support Don, and to clearly communicate with Don about how to take better care of himself, provides stability and routine to their relationship that seems critical to the functioning of their partnership.

Marc and Dave are a relatively new couple who have dated for over six months, and has placed a major value on direct communication within their relationship. They are sexually active and both are HIV-negative. Currently, they live separately, but they are planning to live together in the future if everything continues to go well. Taking things slowly, and communicating clearly about their mutual expectations is to be major priorities, as well as a major source of resilience within their relationship. David explains

The most important thing is we have to talk. That's the most important thing in the relationship, that we have to communicate. Because if I don't know how he's feeling or he doesn't know how I'm feeling at the time, it's like we're basically not even partners. We're not even partners then if we're not even talking and we're just having sex and sex, sex, sex. I don't believe that's what a relationship is based on. I believe a relationship is you have to do somewhat with that, but it's more based on passion, communication, and trust, and things like that.

At the beginning of their relationship, they both were tested for STDs, including HIV and they had a clear and open conversation around their status, so much so that they were tested for HIV/AIDS together. The couple is monogamous. What has come up across so many interviews, is this idea that relationships have to be about more than sex. There were several couples within the study that talked about sex being a slippery slope, and that it is easy to get away from the emotional connection if they do not explicitly communicate about it. It is interesting because it seems to be an ongoing conversation within each couple, that if they aren't maintaining a certain level of communication, the relationship could easily fall apart. So for Marc and Dave, communicating about their relationship, where they are going, and how they are physically and emotionally intimate, has been a major priority and an important source of resilience and stability within their relationship.

Research question #2: What are the potential problems or barriers your relationship experiences?—The participants were asked several questions that we identified as related to anti-resilience behaviors or acts that worked against the participants' relationship. The author categorized these anti-resilient behaviors by themes. The following themes as outlined in Table 2 were the most identified based on the participants' responses.

Discord Within The Relationship

The theme discord within the relationship emerged as participants discussed the various conflicts that arose in their relationship. The discord ranged from dishonesty, feelings of instability within the relationship, lack of emotional support from partner, lack of support

from partner, community, or family, and substance abuse. Based on our study, dishonesty is defined as one or both partners are not truthful about their individual lives or lives as a couple. Feelings of instability is defined as situations or issues that disrupt the stability of the relationship experienced by one of both members of the couple. Instability can be structural or individual. Examples of instability include homelessness or being HIV positive and poor. Lack of support emerged as a major theme in our study. Lack of support is defined as a deficiency of resources that a couple experiences from family, friends, and organizations that may impede on their relationship.

Pendleton and Darryl, have been together for two years and HIV sero-discordant (one partner is positive; one negative). The couple lives apart. While each considered moving in with one another, they still struggle with sharing everything with one another, especially as it relates to health-related matters. Their struggle to share health-related matters is an example of discord within the relationship, and has the potential to end the relationship. Pendleton and Darryl discuss the issue of transparency by describing when Darryl contracted pinkeye. Pendleton said

And so I had planned all these things to be this really wonderful Valentine's weekend. And he works in health field, with people, and so that particular time, I didn't understand, I could not wrap my head around how, how would you come to the house knowing that you have pinkeye, and so our weekend was ruined that weekend. And so then that ended up in him going back home and being upset, with me, and not speaking to me and shutting down and not answering.

For Darryl, the notion that Pendleton would knowingly expose him to pinkeye reflected his belief that Pendleton was not being honest about his health issues, although Darryl was unaware of his contracting pinkeye, Pendleton continues talking about the affect that Darryl exposing him to pinkeye had on the rest of their weekend:

No, it didn't—no, it didn't—I—the question was okay, my thought, the question that I asked and like, okay, you acting this skeeved out over pinkeye. Well, say, for instance I had pneumonia or the flu or something. Would you—would you be skeeved off by that? Where okay, you got the cooties. Would you go or would you nurture me? Would you take care of me the way I would take care of you? That was the question. That's what I was concerned about. Because if pinkeye, just a little pinkeye—and yes, it is contagious, and it's going back. I'm like, even when you was a child, if you was sick and you came home with the pinkeye, mom took care of you regardless of how contagious it is. You know, I did it for my son as well, and I would like, I would want my partner to take care of me.

Darryl and Pendleton share an example of discord, which had the potential to end the relationship. We identify this discord in the relationship as anti-resilient for the couple. For Darryl, Pendleton's reaction made him wonder about how Pendleton would react if a serious matter, in this case a health matter such as pneumonia happened. The situation made Darryl think of the longevity of the relationship and whether Pendleton will be there in bad times as well as good.

Tre, a fortysomething transient substance user and Xavier, became partners while Tre was still on drugs one year ago. A year later, Tre discusses the ways his issues with substance abuse shaped his relationship with Xavier:

I met him [Xavier] about a year and change. We've been in a relationship for over a year. I met him when I was in a really dark place. I was struggling with substance abuse. And he kind of—struggled with this with me.

For Tre and Xavier, substance use played a prominent role in their relationship initially and that could have potentially derailed it.

Poor Communication

Several of our participants identified poor communication as a major barrier to the success and longevity of the relationship. Poor communication was identified by the researchers 33 times by the participants overall. Communication issues arose such as one partner failing to communicate at all, partners leaving out important information when communicating (i.e. illness), an inability to express oneself, a breakdown in communication when alcohol or drug use was involved, and failure to disclose sexuality to family as a hindrance to the relationship.

Colby is in his forties and has been living with HIV for several years. Colby is also a substance user and who has struggled to adhere with his HIV treatment regimen due to his drug use. Colby often sold his drugs in Washington Heights in order to support his drug habit. Colby met Lincoln at a local community based organization and became a couple. Colby and Lincoln have a significant age gap between them, with Lincoln in his early to mid-twenties. In this excerpt, Colby reluctantly discusses his interest in more sex from Lincoln and his inability to communicate this with his partner, “Okay. We have sex, but I feel like sometimes we don't have it as often as we should be having it.” Lincoln says

It's okay. I just feel like we could be having more, but I understand sometimes why we don't. Because one thing is his fear. He has a fear of somehow getting me infected. I tell him, long as we use condoms and we practice safe sex techniques and stuff like that, we'll be okay. But then he's a hypochondriac, like the—what was that?

Colby says, “Psoriasis.”

Lincoln responds, “Yeah, he afraid that I might catch it or something like that.”

Colby and Lincoln's inability to talk to one another reflects an unspoken issue in the relationships that they have been unable to resolve, namely dealing with Colby's health issues related to his HIV status. Further, the poor communication that Lincoln and Colby demonstrate prevents them from being more intimate with one another because of their inability to discuss both sex and health concerns.

Instability

Another major theme that emerged from the interviews is instability. Several of the couples in our study dealt with myriad of experiences that made their lives unstable, which at times,

carried over into the relationship. Participants shared their personal stories of unemployment, poverty, illness, homelessness, and substance use. In many instances, the event that caused instability in one of the partner's lives affected the other. Tre discusses how unemployment and drug affects his relationship with Xavier:

Yeah, because right now I'm working. He's not. So, now I kind of have the upper hand. But there was a point in time when I wasn't working and I was struggling with drugs. And I would blow all my money and he would pick up the slack. And sometimes I don't have money and he'll get money from God knows where and he'll treat me.

Xavier says, "Finances is the last thing that's a factor in our relationship. If that was a factor, I don't think we would be together."

Tre responded, "No, we wouldn't."

Tre and Xavier express the difficulties that they have in their relationship. While these difficulties reflect the individual issues each of them bring to the relationship whether it is drug use or unemployment, these issues cause instability in their lives and within the relationship, which we identify as anti-resilient behavior.

Peter and Barry's instability affects their relationship as well. While Barry is HIV positive, both men have dealt with homelessness throughout their lives and have been involved in drug use at various points in their lives. Barry has not disclosed his HIV status with his family, which makes it extremely difficult for him to seek help when he becomes ill. Oftentimes, Barry relies on Peter to help him through the difficult times, but it does mean that there is instability in his personal life, and in turn, their romantic relationship. In this excerpt, Peter describes the frustration of dealing with Barry's arrest:

Well, what happened—when he got busted for whatever he was calling me and calling me? He wanted me to—I kept telling him I'm going to send you—but I was like really, really pissed and what I did was I had to take off the acceptance calls and stuff like that. And then after I thought about it I had figured that he's calling me, like he really needs me now. But I was like so pissed, but one hand washes the other and as it turned out he was coming home and I got busted for boosting and I thought he was going to do the same thing to me, with you know like he didn't. I asked him and I really felt like shit like for treating him, because I could have sent him a couple of dollars. And but he's like kind of hard headed and he figures that he's his own man and he does basically like if I really, really get mad then he'll just fuck it like I'm not going to go. I don't feel like going to this with you. Like let's sit down and then he'll start playing, "Oh baby."

For Peter, Barry's drug use, coupled with his HIV, and stealing makes being in a relationship with Barry difficult and unstable. Peter often questioned throughout the interviews whether their relationship will prevail.

Like Peter and Barry, Tre and Xavier also experienced instability in their own lives that has carried over into their relationship. Xavier discusses their journey as a couple and instability:

We moved, we separated. We got back together. We always kept in contact. He's been incarcerated. I've been incarcerated. It's been like uphill journey and we still now it's a little bitter than it has been, because he has his own place and I'm getting ready to move into my own place. And he comes over and spends a couple of nights with me. I go over to his house, as a matter of fact we just left his.

Another couple, Jose and Rob also struggle with poor communication. Jose and Rob met while in a homeless shelter. They have been involved on and off as a couple of years primarily due to the difficulties of being in a relationship while in a shelter. Both have recently found a permanent place to live. However, Rob believes that his partner should help him financially moving forward and that if he can't help financially, then he might as well be single. Rob describes how they handle a difficult situation as a couple when it comes up: "I just leave it alone and don't talk about it. I need someone to help me with my bills. If he can't help me with these, I can do bad by myself."

For the couples in this study, a pattern of instability in the participants' personal lives often spilled over into the romantic relationships. These instances of instability are anti-resilient because at times they undermine the relationship and in some cases, it can lend itself to the dissolution of the relationship.

Lack of Support

One theme that was consistently identified by the participants in the research study was the lack of support from their partner, family, friends, and community. Lack of support was identified *sixty-seven* times by participants. Lack of support ranged from family not acknowledging ones sexuality or their relationship with their partner, to receiving negative remarks or harassment in the communities where the couples reside. For some of the couples, lack of support came from friends of one of the partners. Some friends did not support the relationship and at times, one or both of the partners believed that the friendship caused a tremendous strain on the relationship overall. While for some of the couples, the lack of support came directly from family members, causing tremendous strife within the relationship. James describes an incident that caused tension between him and his partner Gayle, in which he was locked out of their apartment while Gary was out with one of his friends:

But we didn't have the keys copied, but there's this one key that, you know, basically he took with—well, he had it with him so he left it in the front but I couldn't find it, so bottom line was I was calling him, his phone died and I realized it died but he was with one of his really good friends. And this person, you know, basically let the phone rang, rang, rang, you know? So I'm like, why isn't this person picking up their phone. So the phone went to voicemail and then I called back, back, back, and then finally the number is calling me back so I figure, okay, his friend is finally calling me back to figure out what's going on. It's him on the other line, so I immediately get upset because I'm like so what is it, like, is it that I'm such a terrible person that this person doesn't want to talk to me, like, you know, 'cause he already expressed before that he took me off his Facebook or whatever and he said that he's friends with George but not with me.

For several of the couples in the study, lack of support came from friends and at times, had the potential for causing a major rift within the relationship. Lack of support from family was also a point of contention that emerged as a theme for several of the couples in the study. At times, the lack of support derived from one partner's perception of the support they received from their partner. Barry, discusses the problems he faces with his family regarding his sexuality:

As far as families are concerned he's talked to my mother. And my mother, his mother live in the same area. And but kind of close to my family, but my family is like old time church going people. And they can't get ready for to them you're not gay, you're a faggot. They use those harsh. Do you know so and so is a faggot. So and I'm quite sure they know about me, but my family is like we can talk about it, but you can't. So they're not going to—and but we don't have no too much problems.

For Peter and Barry, receiving little support for their relationship from their families had a negative impact on their relationship and particularly on Peter's health. Because of the lack of support, Barry is often reluctant to go to his family to discuss his health issues as they relate to being HIV positive, although they have been quite serious in the past. Peter has to hold onto Barry's decision to keep his HIV status from his family, which Peter describes as “problematic”.

Tre and Xavier share similar experiences as that of Peter and Barry. While Tre is out to his family, it is something that cannot be discussed. Further, the topic of Tre's partner Xavier is one that is off limits to Tre's family. Xavier explains:

Well, in terms of family, he's so not into meeting. Forget about it. My mom, I call on his phone or something like that. “Is he with you?” And he'll keep it very short. But anybody else, he ain't trying to meet them. In terms of his family, a lot of them are deceased. He grew up in foster care. There's really no one left but his roommate. He's really close with his roommate. I know him. And we have our families of choice. They're not necessarily biological family but there are people in our lives that know us, we know them.

The interviewer questioned:

If you guys are having some type of conflict, do you have a support system where you say, “Tre's acting up.” How do ya'll handle that? Do ya'll have anybody like that?

Xavier responded, “I got a sponsor.”

To summarize, several of the couples in our study, the notion of discussing their sexuality, as well as their romantic relationships with their families is not an option for them. Some of the couples identified their friends and families as unsupportive. In some cases members of couples described their partners as unsupportive. Support is an important facilitator to healthy relationships. The lack of support in a romantic relationship, whether it is from family, friends, or even a partner can result in negative consequences for Black sgl couples.

This barrier may also prevent these couples from sustaining a healthy, stable relationship in the future..

Discussion

The purpose of this research was to explore the resilient strategies that Black sgl male couples employ to form, maintain, and sustain their relationships using interdependent theory and to illuminate the lived experiences of Black same gender loving men with other Black same gender loving men from their point of view. Through the analysis of the data, several themes emerged as resilience and anti-resilient strategies that were found in the relationships of the participants. The authors identified four major themes we define as **anti-resilient** (*discord with relationship, poor communication, instability and lack of support*) and three major themes that we identify as **resilient behaviors and strategies** (*community support, intentional and thoughtful decision making, direct communication strategies*).

In the cases of our couples, **anti-resilient behaviors** were present. The couples that struggled the most faced issues with discord in their relationship that was internal (i.e., drug use, committing crimes) and external such as living in a hostile community and dealing with homophobia, to lack of support from family and friends due to religious beliefs and homophobia. In some instances, some participants did not want to disclose their relationship to their families and in the cases when one of the partners was HIV-positive, non-disclosure of HIV status impacted the health of one of the partners, and in turn the health of the relationship. This is consistent with the relationship literature that shows that lack of support in different relationship configurations (i.e., interracial, interfaith) can cause strife in the relationship that can lead to its dissolution (Lehmiller & Agnew, 2006; Bratter & King, 2008; Troy et al., 2006). In other study, participants failed to communicate their health problems (i.e., pink eye, other illnesses) or their needs (i.e., sexual, financial) and this lead to potential problems down the road that we classify as anti-resilient behaviors. There is a wide body of literature that emphasizes the importance of direct communication in romantic relationships. Domingue and Mollen (2009) suggest that relationships are most successful when both members of the couples mutually communicate in a construct and direct manner. Our participants who did not communicate with each other in a direct manner often faced problems in their relationships.

Instability was identified as a major theme in our study and as anti-resilient. Instability played a large part in the romantic lives of the couples in our study largely in part because several of our participants were low income, homeless in some cases, and were facing HIV infection. While conflict has been studied among heterosexual and same sex couples, including conflict based on relationship dynamics (i.e., trust, intimacy, satisfaction), finances, substance use and division of labor, or conflict based on family, perception of others such as friends, to date the author has been unable to find substantive literature on same sex couples that experience instability in multiple ways like some of the participants in our study. This is consistent with the current body of literature on same sex couples, which rarely includes low income participants. While about one-third of the participants in our study could be considered low-income, several of the participants experience being low

income along with facing drug abuse and HIV infection. Future research on Black sgl couples should include samples with couples who are low income.

Another important theme that emerged from our study was lack of support, which we identify as anti-resilient to the relationships. Some of the couples in our study discussed the ways that lack of support, both externally from others and internally by their romantic partner, worked against the relationship. Lack of support ranged in issues from inability to disclose one's HIV status to family members, no support regarding an illness, to financial struggles. What remains clear is that support is necessary for the maintenance and growth of romantic relationships among Black sgl men. Several authors discuss the role support, from family, friends, and community, plays in the lives of same sex couples (Balsam et al., 2008; Mohr & Fassinger, 2006). Family support (Rostosky et al., 2004), support from friends (Kurdek, 1981) and community support (Fergus et al., 2009; Rostosky et al., 2007) is necessary for same sex couples to continue and thrive. Our study shows that the same can be said for Black sgl couples. Lack of support among the couples in our study led to discord and was considered anti-resilient.

We know that all couples face hardships and difficulties during some point in their relationships similar to heterosexual couples such as financial difficulties, infidelity, lack of support from family and friends, and health concerns. However, the couples in this study faced specific hardships associated with their identities, both singular and as a couple and were able to navigate their difficult situations by using resilient strategies such as *relationship support, intentional and thoughtful decision making, direct communication strategies*.

Several of the participants discussed receiving support from family and friends as a primary resilient strategy in their relationships. In cases where family was unsupportive, their resilient strategies enabled them to rely on one another through difficult times. For example, Gayle and James, a twenty-something couple who has dated for one year supported each other during a difficult family occasion. James' cousin was getting married and while she wanted James to attend her wedding, she refused to allow his partner Gayle to attend. For James, an openly sgl identified Jamaican man with strong cultural and familial ties, rejection of his partner by his cousin was unacceptable. He refused to attend the wedding to support his partner. His decision showed his partner Gayle that he was invested in the relationship and sustaining it. James and Gayle's example shows how resilient strategies work towards preserving romantic relationships between Black sgl couples by using direct communication, as in the case with James deciding with his partner Gayle that he would not attend his cousin's wedding. Our findings regarding direct communication is consistent with the wide body of literature on communication and romantic relationships that suggests that avoiding or withholding communication within a romantic relationship are key components to their dissolution (Domingue & Mollin, 2009; Canary & Dainton, 2003). James showed that by using direct communication with his family as well, was a resilient strategy to preserve his own feelings and those of his partner Gayle by telling his family that he would not attend the wedding unless Gayle would be able to do so too. Further, James' immediate family decided not to attend the wedding in support of James, and in turn of Gayle. This is a key example of how resilient strategies work to buffer couples from structural forces such as homophobia:

through the support of each other and family. While this seems like a minor issue, familial conflict can lead to the dissolution of a relationship.

Interdependency theory contends that as individuals, our decision processes are based on ones basic needs and desires and take little consideration of others. While these behaviors and actions are shaped by our social norms and social institutions, individuals' decision processes solely focus on the individual. It is through the formation of a romantic couple, that the individual is transformed. His/her motivation for behavior and action is transformed to include their significant other. Ones' decision making is no longer individually-based, but must include the significant other in order to being about a change in action and behavior. Our participants demonstrated that their decision-making is shaped by the partners in several instances. For example, two of our participants made conscious decisions to adhere to their HIV medications to satisfy their romantic partners. While individually, each of them struggled to adhere to their medications for personal reasons (i.e., drug use), both men were motivated to change their actions based on the love and support they received from their partners. Jerry and Rich, one of two married couples in our study, decided to get married to support one another, financially, spiritually, and health wise. Reggie suffers from a heart arrhythmia that he discovered during one of his routine visits to the doctor with his partner. Jerry, HIV positive for several years now, receives the support from Rich to continue his treatments and go to the doctor on a routine basis. Both participants describe their lives as “chaotic” before meeting one another. Both met in church in Atlanta, Rich experienced domestic violence issues with his previous partners, and Jerry was HIV infected and bi-polar, and lacked resources. This couple made thoughtful and intentional decisions together about their health in their decision to move to New York City and by going to the doctors together to address their health issues. This finding is consistent with the current literature on decision making and couples that shows that romantic relationships fail when there is a lack of decision making by one of the relationship members (Femlee, 1994). Further, their union both transformed their individual lives, which is a key component of interdependence theory. Each of the couples in our study face obstacles, but it is the interdependence that forms through coupling that allow them to develop resilient strategies to sustain the relationship. Many of the couples were able to fully communicate about their relationship as a result of our interviews. The interviews allowed the participants to voice their concerns, needs, and aspirations for their relationship, because issues emerged through the dyadic process of the interviews. Again, we believe that interdependence theory is at work in these instances. Participants were motivated to discuss issues that they may have been weary of discussing with their partners individually. For example, during one of our interviews with one of the couples, James and Gayle, the interviews created an opportunity for the couple to discuss their views on monogamy and open relationships, parenting, and, couples-based HIV counseling, testing, and treatment.

We have one final note regarding the couples in our study. The original intent of this study was to explore the romantic relationships of Black sgl men and to examine the facilitators and resilient behaviors related to HIV risk. We discovered that our participants are self-identifying Black sgl men who intentionally selected the partners they chose regardless of their partner's HIV status. The participants also represent Black sgl men with various HIV statuses. These two points are important considerations for future research because in the

face of statistics that show almost half of Black sgl men aged 18–29 are HIV positive, the participants in the study deliberately chose the partners regardless of their status. This indicates that Black men are making conscious, deliberate efforts to partner with other Black sgl men. Current literature on Black sgl men suggests that they choose racially concordant relationships because they are not desired by other racial/ethnic groups (Wilson, pa, et al., 2009). HIV prevention literature argues that Black men's engagement in sexual networks place them at increased risk for HIV due to the levels of HIV rates within these sexual networks. Our study challenges the previous studies by showing that Black sgl men selectively choose each other as a preference and not by default. Furthermore, their selection is not hindered by sexual networks where there is a potential for HIV infection. The participants in our study chose other Black sgl men despite these barriers in their sexual networks and dating pools. This is another example of the resilience that Black sgl couples possess. In the face of the scourge of HIV risk, compounded with the syndernic effects of being Black, same gender loving, and poor, Black sgl men choose each other to couple. Future research on Black sgl men and HIV prevention should consider these implication in future intervention and prevention studies in terms of identifying contextual factors that put Black sgl men at risk for HIV beyond sexual networks. Our findings suggest that Black sgl men are motivated to find love beyond the spectre of HIV risk.

Conclusion

No relationship comes without some difficulties, however the couples in our study actively used their resilient strategies to overcome relationship problems we identified as anti-resilient behaviors. Future research should address the resilient behaviors and strategies that shape, maintain, and sustain romantic relationships between Black sgl male couples from a holistic perspective rather than a myopic one. Our research suggests that some Black sgl male couples are impacted by a myriad of issues such as poverty, substance use, domestic violence, health problems, and yet, despite their various struggles, they are able to understand the forces that shape their relationships and are still able to sustain them. In circumstances where one or both couples were HIV positive, had little support from family, lived in hostile neighborhoods, a majority of the couples were able to navigate the various difficulties. To date, 16 out of the 20 couples are intact. In instances where one or both members of a couple were HIV-negative, resilient strategies were used to help the individual or couple remain negative and to openly discuss strategies and behaviors to remain so through direct communication.

Our research study has limitations. First, we used a convenient sample of Black sgl couples. Thus, while our findings are not generalizable to all Black sgl couples or individuals, it does offer insight into the lived experiences of Black sgl men and couples in ways that previous research has not. In addition, due to the nature of convenience samples, the sample does not speak to the variability of experiences among Black sgl male couples for example finding participants from high income backgrounds. Secondly, the size of our sample was small. Future research should employ larger sample sizes to address the variability of experiences among Black sgl men and couples. However, one of the unique contributions this study makes to the literature is that it recruited participants from a historically hard to reach

population: Black sgl male couples. Future research should examine Black sgl male couples as central to research inquiry through the use of quantitative research a using larger sample.

We believe that the dyadic interviewing process as a methodology can be useful in future research on couples and may be used as a therapeutic process to reveal underlying issues in the relationship or anti-resilient behaviors and to provide resilient strategies that sustain the relationships in the future. Moreover, future research and interventions could utilize a dyadic approach in order to encourage couples to seek routine doctor visits, for counseling purposes, and as a catalyst to receive couples-based HIV counseling, testing, and treatment for couples who are unaware of their HIV status. One interesting outcome of our research is that by conducting in-depth interviews as a couple and then interviewing each member of the couple individually created a triangulation process, where we could verify and substantiate information that was collected during the phase one-the dyadic in-depth interview process. It allowed the researchers to follow-up on statements made during the couples interview during the individual interviews and to question the veracity of statements made during the couples interview. It also allowed for researchers to probe further around issues that emerged during the dyadic interview process. This methodology should be used in future studies of romantic couples and can be employed with different types of couples (i.e., interracial, interfaith) to gain access to issues that participants may be weary of sharing in the couple interviewing setting.

Finally, we would be remiss if we did not acknowledge the syndemic factors that influence the lives of the participants and their romantic relationships. Several of the couples in our sample are low-income, face health concerns such as HIV, etc. and their experiences have been shaped by structural factors such as racism, poverty, and homophobia, and are stigmatized by their status in our society which impact their lives in deleterious ways. Recent work on syndemic factors contend that these processes negatively affect the physical, mental, emotional, and spiritual health of Black men (Who, B.M., 2014). What then, becomes of Black sgl male couples when their experiences are compounded with syndemic processes? Future research should address this question.

As we write this paper, the Supreme Court of the United States ruled same sex marriage as constitutional in all 50 states. What implications will this have on Black sgl couples? Only time will tell, but researchers should conduct additional research on the lived experiences of Black sgl couples to examine how their lives will be impacted through the sweeping societal changes that are about to take shape in American society. Previous research is replete with the social, economic, political, and health benefits of marriage for heterosexuals (King & Bartlett, 2006). Will these benefits have a comparable effect on the lives of Black sgl couples, in the face of the syndemic factors that shape their lives and relationships? Future research will shed light on this question and perhaps provide a roadmap for resilient strategies these Black sgl couples can use to form, maintain and sustain their relationships in the future.

Acknowledgments

The authors would like to thank all the participants of the study and the following individuals who assisted with data collection, analysis and support: Dr. Diane Binson, Dr. Torsten Neilands, Sonya Arreola, and all of the faculty

from The Center for aids Prevention Studies, Emily Anderson, Christina Greer, David Malebranche, Juan Battle, Veerle Arts, Ric Orias, Maya Rose, Mabel Chee, Helen Wu, and Chirstopher Johnson and Gay Men of African Descent. This research was supported by grant R25 MH067127 from the National Institute of Mental Health and the Borough of Manhattan Community College's Presidential Scholars Grant. A special thanks to the City University of New York Faculty Fellowship Publication Program.

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Biographies

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Table 1
Couple Demographic Characteristics

Length of primary relationship	
3 months	8%
3–6 months	26%
6 months	33%
Age	
Mean:	35.6 years
Median:	35.5 years
HIV Status	
35% (concordant - negative)	
35% (discordant – positive+negative)	
30% (concordant–positive)	
Education	
- Did not complete HS	7%
- HS/GED completed	23%
- Some College/AA	41%
- Bachelor's Degree	22%
- Graduate Degree	7%
Employment	
-Yes	52%
-No	48%

N=20 Black couples (all racial concordant)

Table 2

Themes from Interviews

Individual level variables (I1-I7)	
	Family characteristics (I1)
	Culture (I2)
	Religiosity (I3)
	Sexual identity (I4)
	Coping (I5)
	Masculine socialization (I6)
	Control (I7)
	Social support (I8)
Structural Factors (S1-S5)	
	Economics, S1
	Neighborhood, S2
	Family support/acceptance, S3
	Homophobia, S4
	Racism, S5
Relationship factors (characteristics) (R1-R10)	
	Sexual agreements, R1
	Trust, R2
	Commitment, R3
	Communication, R4
	Barriers, R5
	Resilience, R6
	HIV Resilience, R7
	Power, R8
	Satisfaction, R9
	Intimacy, R10