

MOVING BEYOND RESISTANCE AND MEDICALIZATION:
Challenging Common Representations of
Bareback Sex and HIV through Ethnography

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ABSTRACT

Condomless sex between gay men, also known as bareback sex, has been a popular object of research since the beginning of the AIDS epidemic. One of the most common perspectives on studying bareback sex has been through a medicalization approach, as it may be observed notably with public health and psychology. In other instances, the abandonment of condom use is framed as an intentional act of resistance to public health. Through the methodological approach of ethnography, I studied how young gay men in their twenties from Toronto understand bareback sex in relations to popular discourses of the sexual practice. While my informants initially had a certain way of talking of bareback sex, their narratives on the sexual practice changed with time and challenged the common representations of bareback sex as either a site of resistance or medicalization, which I argue was possible because of the methodological approach of ethnography. During fieldwork, other themes also emerged in regards to shaping understandings of bareback sex and HIV as it relates to young gay men, such as the traumatic memories of an older generation who witnessed the earlier days of the AIDS epidemic. From this anthropological research, I seek to invite the opportunity to rethink the relationship between sex, biomedical science and HIV.

RÉSUMÉ

Les pratiques sexuelles sans condoms entre hommes gais, aussi connus sous l'expression du « barebacking », ont été un objet de recherche populaire depuis le début de l'épidémie du SIDA. L'une des perspectives communes pour étudier le barebacking est sous une approche de la médicalisation, telle qu'observée notamment en santé publique et psychologie. Dans d'autres cas, la même pratique sexuelle est comprise comme étant un acte de résistance intentionnelle contre la santé publique. À partir de l'approche méthodologique de l'ethnographie, j'ai étudié comment de jeunes hommes gais dans la vingtaine vivant à Toronto, comprennent le barebacking en lien aux messages populaires de la pratique sexuelle. Initialement, mes informateurs parlaient du barebacking d'une certaine manière, néanmoins leurs récits sur la pratique sexuelle ont changés avec le temps et ne correspondaient pas avec les représentations communes du barebacking comme étant lieu de médicalisation ou de résistance. Lors de mon terrain, d'autres thèmes se sont avérés être importants par rapport à la compréhension du barebacking et du VIH en relation aux jeunes hommes gais, dont les souvenirs traumatiques d'une génération antérieure qui a vécu les débuts de l'épidémie du SIDA. À partir de cette recherche anthropologique, je souhaite offrir l'opportunité de repenser la relation entre le sexe, la science biomédicale et le VIH.

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INTRODUCTION

Whether contagious or not, an epidemic has a sort of historical individuality, hence the need to employ a complex method of observation when dealing with it.
(Foucault 1973:25)

A few years ago at a friend's birthday party where the vast majority of those present were gay men, I was asked straightforwardly by two men to share the names of the gay people I knew who were HIV-positive and living in the city. They followed by specifying that since I was involved with issues connected to HIV/AIDS, it would be in their best interest to inform them as to whom they might know that is living with the virus. With that knowledge, they could refrain from dating or having sexual relations with those individuals. They believed this would constitute an HIV prevention measure. I explained that it was not for me to disclose other people's serostatus and that they could still date or engage in sexual contact with HIV-positive people and remain HIV-negative through various preventative measures such as using condoms. Annoyed with my answer that did not *out* HIV-positive men, I was asked if I would *warn* them if ever they left a bar to have sex with someone who "wasn't clean." Repeating my previous reply, they, in a sarcastic tone and only half-jokingly, accused me of being a willing accomplice to murder. In this context, an HIV-positive status is perceived as dangerous, even murderous, and described as "dirty" by the two men questioning me at the party.

From this anecdote, it is possible to understand how such comments may be insulting towards HIV-positive individuals – especially if HIV/AIDS is understood within a human rights framework, which recognizes the rights of people living with the virus by eliminating discrimination towards them (Amon 2013). The thought of describing an HIV-positive person as unclean is disrespectful and a form of stigmatization. However, the men speaking with me at the

party, who are fearful of inadvertently interacting with HIV-positive individuals, would not necessarily be considered completely problematic from a public health perspective, as they do not wish to become HIV-positive – which is understood as a *good* thing. Rather, it is the gay men who have condomless sex, which involves a risk of HIV transmission, that are considered troublesome (Halperin 2007). When dealing with epidemics, as in the case of HIV/AIDS, a militarized discourse of warfare metaphors is often used in connection with viruses (Waldby 1996: 2). In terms of HIV transmission prevention, any individual willing to engage in behavior potentially exposing them to the virus could be seen as threatening. Furthermore, to some extent, someone who becomes HIV-positive may be considered as a failure for not protecting themselves from the enemy virus (Tomso 2004: 88).

In such a way, HIV is principally understood within a framework of prevention. HIV notably affects gay men as a group, which construct their sexuality as an important object of research (see for example Carballo-Diéguez et al. 2011). Such research primarily situated within biomedical disciplines, like epidemiology and public health, typically utilize tools based on statistical data to assess risks associated with HIV transmission (see for example Kegeles et al. 1996: 1129). Using this information, various messages are presented to the general population that are focused on preventive methods – i.e., safe sex advertising campaigns promoting condom use with the objective of reducing rates of transmissions (see for example Darden 2006). While these prevention measures are indeed important, it is worth reflecting upon the wider picture related to gay men’s sexuality and HIV risk that would step outside of the common public health framework. What about individuals who do not follow the guidelines of HIV prevention and engage in what is considered to be “at-risk” behaviors, such as gay men engaging in condomless sex, thereby increasing their chances of being infected with the HIV?

At this point, one might ask oneself: “what original contribution can research on gay men, condomless sex, and HIV possibly make in 2015?” Research has already shown that gay men who engage in condomless sex do so out of poor self-esteem, suffer from depression, have been abused during childhood, are sexually compulsive, feel lonely, are angry, experience internalized homophobia, have substance abuse problems, experience condom fatigue, need to prove their masculinity, are ignorant, or are otherwise irrational, etc. (Adam et al. 2005; Benotsch, Kalichman & Kelly 1999; Dean 2009; Dodge et al. 2008; Downing-Matibag et al. 2009; Drumright et al. 2006; Elam et al. 2008; Halperin 2007; Halkitis et al. 2008; Halkitis & Parsons 2003; Houston et al. 2012; Parsons & Bimbi 2007; Rawstone et al. 2007; Ridge 2004; Rosario et al. 2006; Suarez & Miller 2001; Thomas et al. 2014; Yep, Karen & Pagonis 2002). In other words, present research reveals significant reasons, mostly stemming from psychological and social factors, to explain why a gay man engages in condomless sex.

Yet, is it possible to ask a taboo question and wonder whether there is necessarily something *wrong* with a gay man who engages in condomless sex – sex that does not follow established guidelines of what is perceived as proper behavior? Should this behavior be interpreted as pathological, deviant, an act of transgression or even some form of intentional resistance? Or is it perhaps just *normal* sex? Despite the fact that condoms and antiretroviral medication have proven to be highly effective at reducing transmissions of HIV, are individuals who reject someone living with HIV as sexual partners somehow more responsible and rational for not exposing themselves to the virus? To whom must the sexual practices of gay men in connection to HIV be justified or explained? And for what purpose must it be studied and explored?

Researchers are justifiably concerned with the wellbeing of the population. This does not automatically initiate an invitation for criticism, particularly as it relates to one of the leading practices for transmitting HIV. When put in perspective, it is recognized that the primary motivations of public health are related to prevention of transmission of diseases that will be supported by rich statistical data along with the construction of vulnerable groups and categories of “at-risk” behaviours to measure and calculate the amount of sexual partners, the frequency of sexual contacts, the incidence of condom usage and so on (Junge 2002). While public health’s role is understandable, it is necessary to explore beyond this position, notably by allowing the individuals that are considered “at-risk” the opportunity to share their thoughts, beliefs and experiences as subjects constructed in need of intervention.

The absence of the experiences and understandings of the young gay man as a constructed subject on the theme of bareback sex prompted me to undertake ethnographic research in Toronto throughout the spring and summer of 2014. During my fieldwork I kept in mind the following research question: *how do young men from Toronto who have bareback sex conceptualize their experiences in relations to HIV and public health?* The goal of this ethnographic research was to understand how bareback sex and HIV are shaped and experienced by young gay men within a scientifically oriented regime of representations and knowledge, predominantly rooted in public health jargon. In other words, I wanted to explore how young gay men conceptualized their barebacking experiences in respect to what research says on the sexual practice. Would the young gay men recognize having bareback sex because they are feeling depressed or have low self-esteem? Would they comprehend their condomless sexual practices as a political act of resistance to public health? Or perhaps would they lack any scientific knowledge related to their sexual practices? I hence approached the exploration of bareback sex

as an anthropological problem that represents “an interest in the constitution of the social and biological existence of human beings as an object of knowledge, technical intervention, politics, and ethical discussion” (Ong & Collier 2004: 6).

Before exploring the voices and experiences of young gay men themselves, a review of literature on the subject of barebacking, HIV/AIDS and gay men’ sexuality will be presented along with the problematic, touching upon theoretical and methodological frameworks that differ than the common biomedical approach to this particular research subject. For the first part of data analysis, the focus will be placed on exploring the voices of the young gay men as it connects to their subjectivities relating to HIV and bareback sex while touching upon the themes of risk, trust, consent and HIV status disclosure. In the second part, HIV and barebacking will be analyzed in its larger context, touching upon topics such as pre-exposure prophylaxis, traumatic memory and shame related to barebacking. Finally, in the conclusion, following this anthropological exploration of bareback sex, it will be made evident how it is now possible to talk of “post-barebacking” to make better sense of the contemporary reality of condomless sex between gay men.

What originally pushed me to undertake this research project from such a perspective were the contradictory representations and discourses around bareback sex and the men who engage in that practice. On one hand, it is possible to find research committed to describe barebacking under an umbrella of ‘normality’ by painting it as sexual intimacy within serodiscordant couples (Starks et al. 2014: 145). While on the other hand, there’s a push for criminalization of HIV-positive individuals who fail to disclose their serostatus prior to engage

in intercourse, hence creating a strong sense of fear around people living with HIV. It could thus be argued that there are simultaneous efforts to normalize HIV-positivity as well as ostracize these individuals to the point where their body fluids become painted as “a harmful substance [that can cause] permanent disability” (French Penal Code, Articles 222-15 and 223-1) or a “harmful biological substance” as seen with Michigan’s bioterrorism law. HIV-positive people are framed both as life threatening biomedical weapons and in the case of “at-risk” groups, like men who have bareback sex, portrayed in terms of vulnerability and victimhood in need of help and empowerment through HIV prevention.

In this fourth decade of the AIDS epidemic, some significant advancements have been made in respect to advocacy in human rights for HIV-positive people and the development of pharmaceutical drugs to ameliorate quality of life for HIV-positive individuals. Living with HIV is no longer a death sentence and is now framed as a chronic illness comparable to diabetes and asthma (Davis 2015: 123; Hardon & Moyer 2014: 255). In other words, quality of life has drastically improved for individuals who are HIV-positive within the Canadian context, thus bringing different understandings rather than perceiving HIV as a death sentence as it once was.

However, throughout this research, some informants expressed their wish to never date or have sexual contact with someone HIV-positive, despite the fact that condoms have been scientifically proven to be an extremely effective way of preventing HIV transmission. Ahmed is such a person. Although he claimed to not have bareback sex since he has a certain dislike towards the sexual practice by associating it with immoral values, I believed it pertinent to invite him for an interview to offer his perspective on young gay men who do engage in bareback sex. He is a young gay federal government worker in his twenties from a Middle Eastern family I had met in Ottawa the year before through some common friends. During our interview, he said the

following in regards to being in a relationship with someone HIV-positive: “Personally I wouldn’t. If I’m dating someone and I know they have HIV, within a couple of weeks I’ll end the relationship.”

On the other hand, informants who did not fear engaging in sexual contact with HIV-positive individuals, even if that may be sex with or without a condom, held far greater scientific knowledge on HIV. That was the case with Wayne, a 25-year-old part time student working in retail, who explained: “From what I have learned from my friends, from what I have read, and from people who have HIV, I know the transmission rates with bareback sex is very low, especially given my preference when having sex [being the insertive partner¹].” He then continued explaining his knowledge of HIV transmission by stating: “I also know that even just precumming a lot and teasing their hole with your cock, even if it doesn’t go all the way in, it’s technically barebacking since the anus has two sphincters and the viral load is often higher in precum than in cum. Also, even jerking off with each other’s cum is a potential risk of transmission, like rubbing cum all over each other’s dick, when thinking in terms of the mucus membrane for example if you have an STI.” Thus, Wayne possesses very developed knowledge of HIV transmission, yet still engages in bareback sex.

That being said, the pertinence of this anthropological research takes place at a very particular time in connection to the concept of relativity in science. Anthropologist Latour (2013) has brought up the question by highlighting how some individuals claim global warming to be a myth by using the argument of relativism and lack of trust in the institution of science, despite

¹ In epidemiological jargon, for unprotected anal sex, there is “an inherent risk of HIV transmission, particularly if the HIV-negative partner is in the receptive role” (Starks et al. 2014: 140). More precisely, “the risk of transmission per sexual act for men adopting the insertive role during anal sex is 0.06, whereas the risk for men adopting the receptive role is 1.11 and this is further elevated if internal ejaculation occurs” (Benn et al. 2011 in Grundy-Bower, Hardy & McKeown 2015: 177). In other words, there is a higher risk of transmitting HIV from the insertive partner to the receptive partner, as opposed to vice versa since seminal fluids have a higher concentration of the virus (Junge 2002: 195; McFarland et al. 2011: 263).

global warming being a scientifically accepted real phenomenon with devastating consequences. Since anthropology of all disciplines is renowned for its *cultural relativism*, which is especially the case for research in the field of medicine, this invites a critical reflection on contemporary issues related to public health, such as the phenomenon of parents refusing to vaccinate their children. This anthropological research on one of the gravest epidemics in human history and on a group that has been greatly impacted by this virus aims to bring a different understanding to HIV and bareback sex and to explore from a different angle how science works by challenging common narratives and representations of HIV and bareback sex.

It might be easy to problematize bareback sex by using an argument based on scientific language and the simple fact that AIDS has been one of the most destructive epidemics known to humans. It might not be as easy to criticize individuals who will not engage in sexual practices with HIV-positive people, despite that the same biomedical wisdom shows there is no significant risk of transmission due to the effectiveness of condoms and even more so when combined with antiretroviral medications. While biomedicine and HIV prevention have played tremendously crucial roles in helping reduce HIV transmissions and ameliorate the quality of life of people living with HIV, they are not value free, but grounded in historical processes that shape current realities of bareback sex and HIV. The readers of this ethnographic research are therefore invited to think of bareback sex and HIV through a different approach than the common sentiment of automatically depicting barebacking as “being bad.”

Chapter 1 – Problematic: thou shalt obliterate the condom

History of a virus

The sexual revolution and gay liberation movement of the 1960s and 1970s instigated a series of important social transformation concerning the subject of sexuality in Western societies. An “era of political mobilizations around the rights of sexual minorities” aided lesbians and gays in establishing new public identities (Mottier 2008: 76). The subject of sexuality was transformed from the Victorian era that attempted to regulate and control sexuality (Foucault 1976: 9-10), to something symbolized as liberating and focused on the principle of pleasure, greatly promoted by the political Left (Mottier 2008: 77).

However, this movement pushing for a more open and positive outlook toward sexuality was curtailed at the beginning of the 1980s. In June 1981, the Centers for Disease Control in the United States published an article in the *Mortality and Morbidity Weekly Report* about the deaths of five men who had died of illnesses resulting from very low immune systems. In this report it was specified that they were all gay and between 29 to 35 years old. The following months saw more young gay men from big cities, such as San Francisco and New York City, die due to diseases resulting from low immune systems, such as Kaposi’s sarcoma (Amon 2013: 93-4; Marieb 2008: 458; Pépin 2011: 1; Timberg et al. 2012: 78; Thiaudière 2002: 8; Whelehan 2009: 254; Whiteside 2008: 1). As it was only gay men dying, their deaths were understood to have been caused by an unknown disease, thus a virus was given the name, *gay-related immune deficiency syndrome*, or GRID for short (Timberg et al. 2012: 79; Thiaudière 2002: 10; Whelehan 2009: 207).

Today it is known that the virus in question was the *human immunodeficiency virus* (HIV) that causes *acquired immunodeficiency syndrome* (AIDS). With scientific advancement, it

is also accepted as fact that anyone can become infected, regardless of sexual identity. Principally a sexually transmitted virus, anyone may be vulnerable at contracting HIV when engaging in condomless penetrative sexual intercourse (Boyce et al. 2007: 2; Whelehan 2009: 4). Over thirty years have passed since the beginning of the HIV/AIDS epidemic and “almost 78 million people have been infected with the HIV virus and about 39 million people have died of AIDS. Globally, 35 million people were living with HIV at the end of 2013” (WHO 2015). Putting HIV in the socio-historical context presented above, sexuality lost the positive vision of the 1960s and 1970s and was moved back into a regime of fear and anxiety by associating sex with risk, danger, vice and death (Mottier 2008: 76; Rubin 2011: 138, 148).

However, while anyone can become HIV-positive, some groups of individuals are considered to be more at risk than others. Biomedical disciplines have played an important role in constructing these “at-risk” groups to better monitor epidemics (Brown 2000: 1274; Junge 2002: 194). Looking back at the beginning of the AIDS epidemic in the 1980s, the prevalence and high rate of infection among men who have sex with men led to young homosexual men becoming increasingly considered as a narrowly defined high-risk group for infection (Thiaudière 2002: 12-13; Whiteside 2008: 1). At the time, HIV/AIDS was considered a gay man’s disease and was also known as a “gay plague” (Ridge 2004: 262; Usdin 2003: 18) or also labeled as a “gay cancer” (Harvey 2011: 164), because the death rates and prevalence of infection for gay men were higher than the rest of the population (Whelehan 2009: 11; Whiteside 2008: 3). Since then, gay men are still constructed as a risk group for infection to HIV, notably in epidemiology and public health discourses (see for example Public Health Agency Canada 2011a).

It is in this context, that gay men came to play a central role in the history of the AIDS epidemic. As individuals witnessing the suffering and deaths of their partners and friends, while also vulnerable to infection, gay men turned to activism to fight AIDS. They created, for example, “ACT UP” (the AIDS Coalition to Unleash Power), the Gay Men’s Health Crisis in New York City, and the Terrence Higgins Trust in London. Those organisations created by gay activists and their allies had as their goal supporting people living with AIDS and promoting safe sex education (Mottier 2008: 78-9; Thiaudière 2002: 23; Whiteside 2008: 105). As highlighted by Halperin, “safe sex” was from its origin a gay grassroots invention that had the purpose to stop spreading the virus by encouraging condom use (2007: 18). Gay AIDS activists also advocated for access to medication, education and healthcare services, along with participation in research on the virus by testing for new antiretroviral medications (Fisher & Ronald 2008: 31; Kippax & Race 2003: 2; Whiteside 2008: 105).

With no cures or vaccines (Marieb 2008: 459; Whelehan 2009: 16), the use of condoms was, and continues to be, considered the safest practice for protecting oneself from becoming infected with HIV when engaging in sexual relations². Condom use became the accepted norm when engaging in sexual practices, specifically for gay men, in the 1980s and 1990s (Junge 2002: 191; Ridge 2004: 259). As noted by epidemiologists, the change in gay men’s sexual behavior through the use of condoms remains one of “the most profound modifications of personal health-related behaviors ever recorded” (Halperin 2007: 18; see also Tomso 2010: 444; Vance 1991: 881). This explains, for example, why a constant use of condoms was noticed in gay pornography during this period (Mowlabocus, Harbottle & Witzel 2013: 524). One of the

² Although the pre-exposure prophylaxis drug Truvada is slowly gaining more popularity and is also creating some debates, at the time of developing this research the pill was not considered as safe as condoms, although latest researches are now showing it may be. The theme of Truvada as it relates to bareback sex will be explored later on in other sections.

primary messages communicated to sexually active individuals at the time was to take on a personal ethic of “a condom every time” (Race 2003: 371).

Antiretroviral therapy (ART) or protease inhibitors medication appeared in the mid-1990s, which showed an improvement to the health of HIV-positive individuals (Tomso 2013: 182). It is important to note that ART is not a cure; however, the life expectancy of people living with HIV has increased, health and quality of life have also significantly improved. For example, today “a 20-year-old HIV-positive adult on ART in the U.S. or Canada is expected to live into their early 70s, a life expectancy approaching that of the general population” (Samji et al. 2013: 1). The representation of the virus then shifted from it being seen as a death sentence to a chronic, but medically manageable, disease comparable to diabetes (Kippax & Race 2003: 6; Junge 2002: 192; Person et al. 2003: 399; Whelehan 2009: 136; Whiteside 2008: 99). Antiretroviral drug therapy has also been described as having a “Lazarus effect” where HIV infected cells are reduced; making HIV-positive people undetectable with the virus which also considerably reduces the chance of HIV transmission from one partner to the other (Chequer 2002: S50; Giami & Perrey 2012: 357; Moyer & Hardon 2014: 264).

Barebacking: a new kind of sex

In the early 2000s, a “new” phenomenon for gay men emerged in San Francisco, which has become known as “bareback sex” or “barebacking” (Dean 2009: xi). The practice of barebacking consists of gay men engaging in condomless anal sex with awareness of potential risk of exposure to HIV transmission (Carballo-Diéguez 2011: S57; Davis 2002: 282; Dean 2009: xi; Halperin 2007). Adam (2005) argues that barebacking as a phenomenon emerged in large cities where there was a concentration high enough of HIV-positive men. Clearly,

condomless anal sex between gay men has always existed, however, the novel element is the awareness and potentiality of exposure to HIV. Evidently, it is easily arguable from biomedical perspectives that barebacking should be completely avoided. As discussed earlier, for gay men, it was understood that using condoms while engaging in sex is the required practice in order to protect oneself from becoming infected with HIV. Therefore, *consciously* avoiding condom use in sexual intercourse was perceived as something irrational and deviant since it entailed a significant risk of exposure to HIV.

This idea and approach of contextualizing risky sexual behavior in terms of rationality comes from a psycho-biomedical context where this behavior is framed as needing intervention (see Shernoff 2005 for example). Yet, in the case of barebacking, it extends to other fields as it is also interpreted as dangerous behavior on a population level from a public policy perspective, which brings a criminal outlook on barebacking. This is especially the case when looking at Canada, a country that criminalizes HIV-positive people for not disclosing their HIV status prior to having sexual contact (Dej & Kilty 2012). With this in mind, it is easily recognizable how bareback sex and HIV-positive individuals are framed as hazardous, thus the idea of seeking intervention in a particular group by changing their behaviour (Mykhalovskiy et al. 2009: 189; Vance 1991).

From the psychological approach used by public health, the goals are to understand the logic of the men who engage in sexual practices that put them at risk of becoming infected with HIV (Erickson 2011: 278). As “the notion of rational action underpins much contemporary HIV-prevention” (Davis 2002: 281) it seeks to comprehend the motivations for individuals to engage in different behaviours. In the case of barebacking, it is believed that finding out why individuals would expose themselves to danger will lead to more efficient prevention (see for example

Halkitis et al. 2013: e2). An important assumption of such research was the idea that gay men “should know better” than to engage in bareback sex (Halperin 2007: 159). Barebacking was then transformed into pathology since it is believed there must be something “wrong” with those men engaging in behaviour that could potentially expose them to HIV (Dean 2009: 4). As put forward by Vance, HIV/AIDS is framed within a biomedical approach to sexuality and is associated with disease, which creates a medicalization of sexuality, more specifically in this context, a medicalization of the sexuality of gay men (1991: 880).

Barebacking is hence inserted into a preventative discourse where the primary focus is placed on the risk of HIV transmission (Gastalo et al. 2009). Contemporary epidemiology explains patterns of diseases like HIV through an approach based upon the individual’s lifestyle and risk factors (White 2009: 78). This perspective is articulated around the political and economic discourse of neoliberalism, which puts “emphasis on the individual as responsible for their own health” (ibidem: 55). In this framework, public health as a discipline constructs different types of subjects, where the compliant individual is perceived as rational and civilized as opposed to the individual that does not follow their guidelines (Lupton 1995: 131). Within this psychological approach to study HIV, an important focus is put on the question of “risk” and the individual’s behavior and how to change it (Altman 2003: 186; Dowsett 2009: 221).

When looking back at the beginning of the epidemic as shown above, all gay men felt a certain vulnerability to becoming infected with HIV. Once the ELISA (enzyme-linked immunosorbent assay) or Western blot test, which looks for antibodies in blood, was accessible and knowledge on the transmission of the virus was known, “prevention ceased in this way to be a matter of collective, communal responsibility and became a matter of duty (or its dereliction) on the part of individuals” (Halperin 2007: 32; Harvey 2011: 160). In this way, the management

of sexual risk becomes individualized. As it relates to promoting health for the general population, public health creates tactics that reinforce “the boundaries between ‘good’ and ‘bad’, ‘normal’ and ‘abnormal’ health related behaviors” (Brown 2000: 1274) where it is the individual’s responsibility to minimize risks to which they are exposed. “This emphasis on self-regulation is strongly evident in discourse on health and risk emerging from public health institutions” (Lupton 1999a: 61-62). In relations to bareback sex, Rofes argues similarly to Halperin, that health promotion efforts contribute in creating “good” and “bad” gay citizens (2002: 125), the “good” one, being the “responsible” gay who is “governed by the safe sex ethic” (Adam 2005: 334), in opposition to the constructed “bad” gay who barebacks.

Chapter 2 –Theory & Methodology

Approaching bareback sex

The literature on barebacking is predominantly approached through preventative and biomedical discourses, where the sexual practice is understood in terms of a sociocultural phenomenon (see for example Adam 2005; Adam et al. 2008; Ashfort 2015: 196; Goodroads, Kirksey & Butensky 2000: 35; Reisner et al. 2008: 251; Shernoff 2005: xiv) or even as a “queer lifestyle” (Greteman 2013: S25). Men who engage in bareback sex are framed as needing intervention with their problematic sexual behaviour often painted as a form of sexual deviance (Gauthier & Forsyth 1999: 87). This interventionist approach to sex can explain the quantity of research on this sexual practice as attempting to understand it better and subsequently to then try to change the practice as it may lead to transmissions of HIV (see for example Halkitis et al. 2013 and Starks et al. 2014).

In Shernoff’s book, *Without Condoms: Unprotected Sex, Gay Men and Barebacking* (2005), the psychotherapist presents different case studies based on various therapy sessions with men who have bareback sex and offers the reader instructions on how to possibly change this behavior. This may be observed when Shernoff explains: “if barebackers are not reporting being upset, frightened, or worried about their sexual risk-taking, it is problematic for therapists and other health care professionals to engage with these men and help them” (2005: 248). Thus the book tailored more towards giving advice to health care providers and mental health professionals (ibidem. xx), suggests as an example to invite gay men who bareback into “trying to only bareback with men who are negative” (ibidem. 163) to diminish the risk of HIV transmission. This parallels for example with Goodroads, Kirksey and Butensky who conceive of bareback sex as an HIV prevention failure and argue that nurses should intervene in

nonjudgmental and nonthreatening ways to support “healthier sexual activities” (2000: 33). While this may be within a psychological context, a sociological approach to diminish rates of bareback sex, such as in the case of the German model of structural prevention, would argue that the success for long-term HIV prevention is dependant in building solidarity between gay men, community and self-determination (Etgeton 2000). This resonates with Yep, Lovaas and Pagonis who argue that “embracing gay sexual identities, building self-respect and raising self-esteem are all critical ingredients in HIV education programs within the context of a homophobic and heterosexist society” (2002: 11).

Dean (2009) and Halperin (2007) are two of the main authorities on the subject of bareback sex that have positioned themselves in opposition to the medicalization and pathologization of barebacking as it is approached by Shernoff for example. Halperin argues that the focus on gay men’s sexual risk-taking has brought “a revival of medical thinking about homosexuality: a style of reasoning that distinguishes ‘healthy’ from ‘unhealthy’ behavior” (2007: 11). Dean, meanwhile, explains how bareback sex is something very complex and meaningful behavior that “cannot be dismissed simply as pathology” (2009: x).

While both authors agree on the same argument, they have different understandings on how to approach the subject. Dean contextualizes barebacking as a subculture that should be approached anthropologically (2009: x). He himself uses psychoanalysis to explore barebacking, since as he argues, it “offers a methodological approach consistent with that of cultural ethnography – an approach that refuses to censor bareback subculture’s own accounts of itself in the service of more familiar personal or political positions” (ibidem: 30-31). However, it is important to note that in his analysis of barebacking he includes “bugchasing,” which Halperin does not. Bugchasing is the practice of an individual who intentionally seeks to become infected

with HIV (Gonzalez 2010: 84), in comparison to a man engaging in bareback sex that is aware of the risk of becoming HIV-positive but does not wish to be infected.

For Halperin, the central thesis of his argument is to approach bareback sex through a non-disciplinary model of subjectivity (2007: 108). He explains that “only such a non-disciplinary model of gay subjectivity – that is, a subjectivity which is not a subjectivity of risk, an object of social hygiene, or target of therapeutic intervention – can provide the basis for the imaginative, resourceful, non-psychological, and non-moralistic strategy that HIV/AIDS prevention requires, both in the realm of personal practice and in the realm of public policy” (ibidem: 110). Such an approach is useful as it allows (re)imagining bareback sex, and more precisely the men who engage in the sexual act, outside of the common representations from a biomedical approach. As demonstrated by White et al., a biomedical gaze in sexuality excludes subjective experiences (2013: 189) as sex becomes understood principally in biological terms. While Dean uses psychoanalysis to explore barebacking desire, “Halperin distrusts psychological models of sexual subjectivity, especially psychoanalytic ones, both because of their normalizing tendencies and because they limit our ability to think about things like desire, pleasure, risk and abjection” (Tomso 2010: 449).

Nonetheless, both Dean and Halperin, while not explicitly stated, use what could be defined as a queer theoretical approach when looking at barebacking, as queer theory puts focus on the deviant sexual practices that disrupt what is deemed to be normal (Valocchi 2005: 753). Halperin shows how the barebacker is the opposite of what is considered to be the autonomous, self-regulated, responsible and rational gay man (2007: 33). Whereas Dean argues that the subculture of barebacking emerged directly as a reaction against the same-sex marriage campaign in the U.S. (2009: ix). As gay marriage is an attempt to mirror heteronormativity,

mostly for the value of monogamy, Dean explains that the man who barebacks with various partners would be doing the opposite of what would be deemed “respectable” for a gay man. Thus an element of “intentional resistance” by having bareback sex is observed by embracing transgressiveness.

This idea of understanding bareback sex in terms of resistance, as it relates to the concept of power, stems from the theoretical influence of post-structuralism with the works of Foucault as central figure. While the pathologization of bareback sex will frame the gay man who engages in the sexual practice as a victim of socio-psychological factors, a certain accountability will be removed from his action where the blame will be bestowed upon larger social issues like homophobia to explain why he engages in that sexual practice. In the context of bareback sex as resistance, the actor then has full consciousness of his actions and may share this value with other “members.” This frames barebacking as “culture,” in keeping with Numer and Gahagan (2009) who also understand barebacking as a “sexual subculture,” or Harvey (2011) who labels barebacking as a “homosexual subculture” or Adam et al. (2008) using the expression “microculture” of barebacking. It is then possible to notice a shift from a pathologization of bareback sex to what may be termed as a “post-structuralisation” of barebacking where post-structural authors will be used to explain bareback sex – often as a site of resistance.

Such is the case with Gastaldo et al. (2009) and Holmes et al. (2006; 2007) who conceive of bareback sex as an intentional political act in connection to public health. To illustrate this approach more concretely, barebacking is understood as “*limit experiences* [which] are part of an ethical and a political process capable, according to Foucault, of accounting for a sensual uprising against the platitudes of disciplinary societies [...] *barebackers* are engaged in a revolution against the constraints of everyday life” (Holmes et al. 2006: 332). This portrays the

man who has condomless sex as bored with everyday life and intentionally attempting to “transgress the limits of human experience” (Holmes et al. 2006 in Berg 2009: 760). As another example of the post-structuralisation of bareback sex, O’Byrne (2012) employs the concept of “nomadism” from a Deleuzian approach in a case study to explain to sexual health nurses why a gay man would engage in bareback sex. Similarly, Martin (2006) uses the concept of “transcendence” to talk of bareback sex in terms of HIV prevention. This post-structuralisation of bareback sex still sets as its goal to “propose some changes in light of certain health issues” (Holmes et al. 2007: 273) as can be observed with the researchers’ work on Canadian bathhouses. Their approach lacks a sustained self-reflection on the need to monitor gay men’s sexual behavior while also finding reasons to explain and thus rationalize bareback sex outside of the common public health approach.

Hence the purpose of such a perspective is still found within a therapeutic context, such as finding a need to explain bareback sex to other health professionals. It is agreed that these researchers are working to improve the wellbeing of the population, which precludes room for criticism. However, there remains a lack of space allowing the man who barebacks to express himself as a constructed and problematized subject, and more importantly to explore if gay men themselves position themselves in connection to such scientific literature on the theme of bareback sex. As highlighted by Davis, “behavioural research [such as public health] does not provide information about how gay men themselves account for [their] experiences” (2002: 286).

For my research, barebacking was neither perceived nor approached as a practice needing intervention, but rather as a practice to be understood from an anthropological perspective. Anthropology offers a holistic approach and allowed me to pay close attention to the various meanings and representations attached to bareback sex. Yet, in order to study barebacking, an

understanding of HIV is required, since bareback sex is one of the most common ways of transmitting and becoming infected with the virus. On the one hand, a biomedical definition of the virus could be given that would offer insight into how the virus affects the immune system and how it may be transmitted from one individual to another through bodily fluids. However, a biomedical approach lacks the subjective understandings of the virus along with the choice of practices that expose oneself to HIV, as in the case of bareback sex. Through this ethnographic fieldwork in Toronto with gay men in their twenties who engage in bareback sex, I aim to explore the subjective meanings attached to HIV and barebacking through an anthropological approach of subjectivity.

Within this context, subjectivity is framed as “a strategy of existence and a material and means of governance [which] recast[s] assumptions about the workings of collectivities and institutions” (Biehl, Good & Kleinman 2007: 5). The term of subjectivity “is used by anthropologists to refer to the shared inner life of the subject, to the way subjects feel, respond, experience” (Luhmann 2006: 345). Additionally, Ortner explains the concept of subjectivity as “the ensemble of modes of perception, affect, thought, desire, fear, and so forth that animate acting subjects [and] the cultural and social formation that shape, organize, and provoke those modes of affect” (2005: 31). Halperin ties the conceptual tool back into the present research arguing “barebacking must be approach through a non-disciplinary model of subjectivity – that is, a subjectivity which is not a subjectivity of risk, an object of social hygiene, or target of therapeutic intervention” (2007: 110).

Bareback sex in the context of this research was conceptualized with the help of a queer theoretical approach based upon anthropologist Gayle Rubin’s famous argument in *Thinking Sex: Notes for a Radical Theory of the Politics of Sexuality* (1984). In her text, Rubin shows how

there is a process of categorization of sexualities, where some sexual practices are considered good and others bad. However, she argues that when consent is involved all sexualities should be understood as equal and cannot be hierarchized from better to worst. Using Rubin as a starting point, it is possible to expand from this idea in relation to barebacking and return to Halperin and Dean to deconstruct the perception of the gay man that engages in condomless sex as a bad sexual practice³.

The theoretical approach of queer theory has as one of its core foundation the work of Michel Foucault. In his *History of Sexuality volume I*, Foucault demonstrates how the homosexual as an identity was invented in the 19th century (1976: 59). As such, homosexuality was inserted into a criminal discourse before being transformed into a medical subject. Halperin and Dean build their approach from Foucault's ideas and they argue that the pathologization of the gay man who engages in bareback sex is a continuity of the medicalization of homosexuality and is relatable to processes of surveillance.

This approach, framed in terms of biopolitics can be described as an intervention in the daily lives of individuals, relates to questions of governmentality, technologies, meaning and values (Fassin 2009). From this idea, biopower as a technology of power attempts to regulate barebacking as a behavior, as it relates to notions of biological life and population (Andrieu 2004: 3). Sex is a theme that is subject to policing and as argued by Foucault, the sexual revolution of the 1970s “has less to do with permissive behavior than it does with a widening discussion of sexuality” (Hutton 1988: 130). Furthermore, the author adds that the sexual

³ Throughout fieldwork and afterwards during the writing process, there is a strong tendency to make parallels between bugchasers and men who engage in bareback sex, where an attempt will be made to portray the former as “worst” with the goal of justifying or rationalizing the latter – or in other words, making a hierarchisation of sexual practices. In the context of this research, bugchasing is framed as a different practice than a man who engages in condomless sex but does not want to become HIV-positive. It is important to add that the practice of bugchasing in the context of this research will not be othered in attempt to normalize, justify or rationalize men who engage in bareback sex.

revolution was not really about liberation but more about “publicly defining codes of legitimate and illegitimate sexual behavior” (ibid.), which relates back to Rubin’s argument and may be applied to the practice of barebacking.

Studying something you don’t see

For this anthropological research, the goal was to explore and understand the meanings, discourses, representations and narratives attached to bareback sex and how it is articulated around scientific language in connection to the lived experiences of young gay men who have condomless sex. I attended conferences on HIV/AIDS, where bareback sex was often if not always present as a scientific object of research, and I wanted to understand how young gay men experienced themselves bareback sex in connection to such scientific knowledge, predominantly rooted in public health jargon. I used a similar approach to Foucault’s history of sexuality, where he did not attempt to *know* sexuality the way a psychoanalyst might through disciplinary and normalizing regimes (Kane 2009: xii). My objective was not to “discover” the rationality for a man to engage in bareback sex like a psychologist might do, but explore rather how bareback sex is constructed as an experience lived by the participant while simultaneously being a constructed scientific object of research and explore how the two interact with one another. “As we know, the point of [Foucault’s] histories of sexuality [...] was not to study discourses of sexuality, for example, for the sake of knowing sexuality but for the sake of investigating power and the discursive matrixes that underpinned it” (Povinelli 2006: 10).

To illustrate concretely this idea, one afternoon at a conference, the panel I attended was more interactive than the usual format of a speaker in front of the room with the audience listening. The presenter had written various case scenarios on pieces of paper and distributed

them on each table in the room. The groups at each table then had to develop some counseling strategies based on the scenario that was presented to them as it related to HIV prevention. My table was presented with the following scenario:

Scenario 2

Tom likes to meet partners online and at the bathhouse. Based on his latest HIV-test two months ago, he is HIV-negative. Tom generally doesn't use condoms and reduces his risk by only having sex with other guys who are HIV-negative. He isn't comfortable having sex with HIV-positive guys, even with condoms. However, he recently met an HIV-positive guy at a bathhouse who claimed that it would be less risky for Tom to have condomless sex with HIV-positive guys who are undetectable than guys who say they are HIV-negative. Based on this new knowledge, Tom is considering changing his HIV prevention strategy.

At the table I was at, the nurses, epidemiologists and volunteer workers from various organizations shared different therapeutic points as to how it would be possible to “help” Tom in this case scenario. Afterwards, when every group presented their scenarios and the different counseling and therapeutic advices they would give to men who have condomless sex, it was possible to get a clear picture of how bareback sex is imagined and represented in this specific context. While in a different setting, by spending time during fieldwork with young gay men who have bareback sex themselves, it became evident by conversing with them that they do not understand and experience their own condomless sexual experiences in correlation with what the “experts” might say – such as feeling a need to be helped with their sexual practices.

Ethnography as a methodological approach allowed for participant observation at various locations in Toronto as it connected to the theme of bareback sex. The fieldwork for this research consisted of going at AIDS conferences where scientists and specialists on the subjects were presenting discussions on the topic, such as at the AIDS Research Day organised by the AIDS Committee of Toronto. During my stay in the city, it was also the World Pride Week from June 20th to June 29th, where I participated at various events celebrating LGBTQ+ people, where the

subject of safe sex and HIV/AIDS were often present. I also attended theatre performances on the theme, such as *Angels in America*, a play on gay men in New York and AIDS in the mid-eighties. I assisted at the weeklong gay film festival *Inside Out*, where movies and documentaries were presented on the subject of AIDS, such as *The Normal Heart* (2014) and *The Last One* (2014). Moreover, I went as well to different AIDS charity events, such as the AIDS candlelight vigil where people gathered at night with candles to commemorate the passing away of people with AIDS. Additionally, I went to a clinic mentioned by a few participants to get tested for HIV and sexually transmitted infections. Being present at those different events allowed me to understand how bareback sex is understood, imagined and represented under different lights – more precisely, talked about publicly – which offers insight in comparison to talking in a one-on-one private setting with young gay men.

With the AIDS Research Day taking place at the beginning of fieldwork, I originally anticipated this event to be a good initial point of contact for meeting key individuals, such as epidemiologists and workers from AIDS-related organizations, in talking about my project on bareback sex. I naively believed that they would be interested in helping me with my research, such as allowing me to display at their work place some posters asking for young gay men who engage in bareback sex to participate in an interview. It was however not the case. A significant lack of interest was shown in regards to my research, since my goal was not to push condom use, a value that does not resonate with those individuals and their organizations' beliefs. Although contact names and emails were given to me, there were either no reply or people were uninterested in talking to me. While I felt discouraged by this lack of interest and hoped it would not be a reflection of the overall worth of my research, I knew I would still display recruitment

posters around Toronto's gay village to find participants, such as in coffee shops and bus stops. Nonetheless, only one man answered to the poster wishing to participate.

At the time I believed that perhaps it was my whole approach to this research that was wrong and considered that I potentially had to develop a new research question and approach in order to find participants. Yet, I did not have to. This absence of initial participation proved itself to offer insight into the research question, more precisely because young gay men do not recognize themselves having bareback sex even when engaging in what would unambiguously be termed bareback sex. While this idea might bring confusion, the following example from fieldwork will shed clarity.

As closer relationships were developed during fieldwork with young gay men, I would go with them to the gym or see movies at the cinema, visit art exhibits, meet up at gay pubs and coffee shops on the weekend or go with them grocery shopping at the "gay" Loblaws on the corner of Church and Carlton. Key informants were the two gay men with whom I was living in an apartment in the gay village of Toronto, one of which who is in his early thirties with whom I had been friends for many years prior. Hence, I was also invited to various get-togethers and house parties with a lot of gay men present, where my presence as someone doing research on bareback sex created many diverse and fascinating discussions and reactions. It became clear that most had extensive knowledge on HIV, its mode of transmission and prevention methods. For example, when I first met Wayne at a party, he said with a tone of pride that he always used condoms, with the other few gay men around nodding their heads as a sign of approval, with some adding "yeah me too" in an affirmative way. Yet his answer changed later on once Wayne volunteered to do an interview with me where he shared stories of having bareback sex: "So yeah like, you know, I do get tested regularly and I'm aware of the transmission risks of HIV, and I'm

not aware of the exact numbers but I know, even if the person is HIV-positive and I'm the top, which I generally am, the risk is very low for me to become HIV-positive.”

Finding this kind of information took however some time. For young gay men to share openly that they engage in condomless sex was not done so readily. By befriending young gay men, I was able to get some of them to volunteer for interviews⁴. I would argue more specifically that they eventually offered to participate in an interview with me after spending time with them and by explicitly stating I did not believe bareback sex to be bad or reckless behaviour. It is easily recognizable that there are such strong negative representations labeled on bareback sex and young gay men are aware of the pessimistic discourses attached to barebacking that despite the fact that they might engage in condomless sex, they reject negative connotations for their sexual practices. This explains why young gay men did not reply to my posters.

Within this line of thought, most if not all of the participants did not believe themselves to be good candidates for doing an interview, or more precisely did not think the research directly concerned them, which would additionally explain the lack of participation at first. As it has been mentioned, there are negative associations attached to the idea of bareback sex, where it became clear from the start that young gay men seem to all know someone who became HIV-positive through bareback sex due to unfortunate situations. “Oh I know this one guy, it’s a really sad story, I went to high school with him and he used to get bullied because he was fat and not very good-looking. So to make himself feel better he would sleep around with everyone, to boost his self-esteem you know, and then he became HIV-positive. If I see him I’ll tell him to contact you for an interview.” Or as another example, it was shared to me: “I used to be friends with this one guy a long time ago, but then he became addicted to meth and lost his job and his place and

⁴ See appendix for interview guide questionnaire

became a prostitute to pay for his drugs and would go all the time to the bathhouse and now I heard he's HIV-positive. He'd be a really cool person for you to interview for your research."

Although I would have not refused to interview those men if they had volunteered, my research question did not require any specific characteristics for participants, other than they be young gay men living in Toronto and engage in bareback sex. Bareback sex is popularly and commonly imagined in negative terms, where becoming HIV-positive is due to unfortunate circumstances, hence why young gay men did not originally volunteer to participate as they do not believe or conceptualize themselves as being in undesirable situations in need of help. Thus, with the methodological approach of ethnography, I did not have a specific hypothesis to prove, which allowed a different dynamic with participants and permitted me to witness this change of answer where everyone claimed at first not to have bareback sex to then sharing their experiences of condomless sex.

While it might seem contradictory, I did interview two men who do not engage in bareback sex. Since they highly disapproved of the practice, I thought it pertinent for them to share their opinions, as it would bring insight upon the sexual practice from those having different views. Thus, all interview participants were gay men in their twenties living in Toronto. Most of them had university degrees, two were in open relationships (one of them married), while another one was divorced, and the rest were single. By coincidence, eight out of the ten interviewees were immigrants born outside of Canada, yet had lived in Canada, mostly the Toronto area since childhood or early adolescence. Also, while I had not asked, all the participants self-disclosed that they were HIV-negative at the time of the interview.

Ethical and Epistemological Reflections: Collecting data in a hair salon, not in hospitals

Although I did ten recorded interviews with young gay men, my interactions during fieldwork were not limited to these. Other informants also proved themselves to be important in procuring data and insight during my stay in Toronto. That was the case with Gerald, a gay university professor in his sixties whom I met for the first time in downtown Toronto at an AIDS charity event taking place in the context of the premier for the gay film festival *Inside Out*. Being an active supporter of this film festival for many years, he receives extra tickets, which is why Gerald invited me to go with him to see other movies during the weeklong festival, such a documentary on the AIDS quilt memorial.

Gerald has lived around the gay village of Toronto for many years and happily shared with me a lot of the history of the city's gay community. While I was in Toronto, *Fly* – the last gay dance club in the city closed. Gerald shared to me nostalgically how it was the end of an era for Toronto's gay community as now there are only gay bars and pubs, which creates different interactions as opposed to dance clubs. He explained that gay dance clubs used to be very popular and always full in the 1990s and early 2000s since it was one of the best ways for gay men to find partners to have sex. With the rising popularity of the Internet, Gerald described how gay men no longer had to go out to find sex but could stay at home. "That would be very interesting for you to look at for your research with the Internet influencing bareback sex" he commented.

Similarly, on the train on my way to Toronto from Ottawa, I sat next to a self-identified "old-dyke-who-has-seen-it-all" in her seventies whom upon hearing that I was doing research on HIV and young gay men talked about how difficult it was "to lose many great soldiers to AIDS back in the day." She explained to me that all the homophobia and discrimination that young gay

men experience was at the root of them having condomless sex. She was arguing that a stronger gay community is what is needed to stop new HIV transmissions. But, she did believe that new HIV transmission rates probably went down, since according to her beliefs, with the appearance of gay marriage and the popularity of gays adopting children, this “progress” would give hope to gay youth for a brighter future, thus a correlation for wanting to use condoms. “That’s something you should look into for your research,” she added.

It thus became clear during fieldwork that people had various ideas and beliefs as to what would be good directions and data for my research on bareback sex, which highlights the common representations attached to barebacking. It might have been much easier for me to challenge and engage in conversations with younger gay men who said automatically without hesitation “bareback sex is bad” by asking them to elaborate on that thought. However, in other spaces and contexts, such as with older people or at AIDS charity events, HIV/AIDS as it is easily connected to bareback sex, is talked about with much pain and would have not been appropriate to do the same. Ethically speaking, it was therefore challenging at times to decide what to say on those delicate subjects, as a lot of people tend to have stories where they remember the painful suffering of a dying uncle or of a friend with AIDS. It was often appropriate to just listen.

This was the case when I was waiting in the main entrance of a theatre to go see a humorous performance art piece of a mixture of dance and acting based on real-life messages and interactions of gay men on the mobile application Grindr. As I was waiting with a new friend in the main lobby, he introduced me to one of his work colleague who happened to also be there. His colleague was an older gay man who had lost many good friends to AIDS and had helped organize and support many AIDS fundraising event. After my friend explained to him about my

research – believing it would be of interest to him as it relates to HIV – this man became angry at me, was offended and outraged that I had even been allowed to pursue a research on bareback sex that did not promote condom use. He was arguing principally this because he had witnessed the death of many friends and partners due to AIDS. He continued explaining that with all the homophobia and other discrimination that vulnerable groups in society face with regard to HIV, it is important to promote self-love and respect for the larger community by using condoms. The lights then started to flicker in the lobby inviting us to go take our seats, which didn't allow us to continue our conversation.

Evidently, I felt terrible at that moment, especially in terms of ethics, for my research to have unintentionally provoked such strong emotions for this man. I did not challenge him on what he was sharing, because it was not the time nor space to do so. Nonetheless, it will be explored later on how the traumatic memories and representations of the earlier days of the AIDS epidemic are used to look at bareback sex today despite the different current reality of living with HIV. That being said, at other times throughout fieldwork, when individuals were making claims I did not believe to be accurate – such as saying that HIV-positive people wish to infect other individuals – I permitted myself to disagree with them. As a concrete example, this was the case when I first arrived in Toronto and went for a haircut.

After sharing with the hairdresser who was in her thirties that I was doing research on bareback sex and HIV, she asked me at which hospital I was conducting my research. She also added that it must be difficult being around people dying of HIV. I proceeded to explain to her, as referenced earlier, that in the Canadian context, HIV is no longer the death sentence it used to be, but rather a chronic illness, where HIV-positive 20-year-old on antiretroviral medication has a life expectancy of 70 years old, which is getting closer to the general population. The reason I

would not go in hospitals was that people living with HIV live healthy lives nowadays. She then followed by adding that she wishes HIV-positive people were forced by law to disclose their status when getting a haircut since, as a hairdresser, she fears becoming infected with HIV and would be more careful when cutting the hair of someone living with the virus. I therefore reassured her that the viral load of an individual who knows they are HIV-positive and is taking antiretroviral medication would most likely become undetectable, making it almost impossible to infect her (Marieb 2008: 459) even if haircutting were a real potential risk factor for HIV transmission.

She then asked “if there are websites for those people? I mean, it sucks that nobody will want you if you have HIV. At least if they could find other people like them they wouldn’t be so alone.” Although the nature of her comment might not have been intentionally mean-spirited, it does highlight the representations of pity and despair attached to HIV-positive individuals. I then explained that people living with HIV live exciting social lives and that an HIV-negative individual could date and have sexual relations with HIV-positive people and not become infected through condom use. I also shared with her that there are some couples where one partner is seropositive and the other seronegative and they have condomless sex, but due to the efficacy of antiretroviral medication there is no transmission of the virus and the HIV-negative partner remains uninfected. Upon hearing this, she stopped cutting my hair, took a step back, looked me in the eyes through the mirror and asked if those people were suicidal for “wishing to become infected by playing with fire like that with their lives.” I then tried to explain that intimacy was an important factor for some people engaging in condomless sex and repeated the information on the effectiveness of antiretroviral medication. Her final remark was that she did not care about the latest data and statistics related to HIV and effectiveness of preventative

methods. She personally would never date or have sexual relations with someone who is HIV-positive, even with a condom, since she does not want to take the slightest risk of becoming infected with the virus.

That being said, the comments of the hairdresser can be put in parallel with the young gay men I interviewed who have bareback sex, more precisely as it relates to the question of science and risk of HIV transmission. The hairdresser precisely rejects the science explaining that condoms if used correctly are a very effective measure at stopping HIV transmission. She does so on the claim she does not want to “take the risk,” whereas young gay men who bareback incorporate and articulate biomedical knowledge through their condomless sexual behavior in various ways as it connects to diminishing risks of HIV transmission – thus not rejecting science. This then invites reflecting upon the question of risk as it relates to bareback sex with an anthropological lens.

Chapter 3 – The Pragmatic Risk Vacuum

*Nothing is a risk in itself; there is no risk in reality.
But on the other hand, anything can be a risk.*
(Ewald 1991: 199)

*There is no such thing as risk in reality. Risk is a way –
or rather, a set of different ways – of ordering reality,
of rendering it into a calculable form.*
(Dean 1999: 131)

While barebacking may lead to HIV infection, seroconversion is not an automatic result of engaging in the practice. According to the Public Health Agency of Canada (2012: 33), between 2006 and 2011 HIV transmission rates through bareback sex were estimated to be at approximately 545 new cases per year in all of Canada. The young gay men I spent time with in Toronto, and more specifically those I interviewed, are aware of the statistics and have reflected extensively on the risk of HIV exposure associated with condomless sex. For example, during my interview with Diego, a 25-year-old gay I.T. worker born in Honduras, commented: “I enjoy barebacking when it’s consensual. I will say that I am very knowledgeable about HIV. I think that it’s something that every gay man should know about because HIV is here to stay. I’d say I am very knowledgeable about the risks with bareback sex, also I think you have to be very smart about barebacking especially when looking at the statistics.” The young gay men I interviewed were all aware of the risks associated with bareback sex rather than in denial of HIV risk as argued by Morin et al. (2003: 356). However, this reflection on risk and barebacking manifested itself predominantly in terms of pragmatic considerations – for example, often by juxtaposing the risk-taking of others against the young gay men’s own sexual practices or risk taking as part of their own involvement with various other activities.

In the context of relativizing risk in connection to exposure of HIV, my informants often made comparisons with heterosexual people’s condomless sexual practices. A certain emotion of

irritation was often present as they argued that their heterosexual peers also engaged in what could be understood as “at-risk” sexual behavior. According to some informants, their annoyance stemmed from heterosexuals’ nonchalant attitude toward HIV and lack of knowledge about the risk of exposure to the virus. Furthermore, their heterosexual friends are rarely or never get tested for HIV, despite the fact that they might have multiple sexual partners in the form of serial monogamy (see for example Mercer et al. 2013). They argued that heterosexuals also expose themselves to HIV by having sex without condoms, yet are rarely reprimanded for this behavior as compared to gay men. Jack, a 22-year-old receptionist who had moved to Toronto from a small Ontarian town commented more precisely, “but I don’t think bareback sex is bad, straight people have unprotected sex all the time but we don’t give them shit for it.”

This tendency to compare their own sexual practices to those of heterosexuals was an emerging trend that I had not anticipated when first approaching this research. Literature on the theme, such as Dean’s exploration of the “subculture” of bareback sex; depicts a queer element that embraces the transgressive nature of barebacking by eroticizing risk and HIV. In these situations, a “barebacker” would intentionally build an identity upon this sexual act by understanding it as highly taboo and deviant. This, however, was not the case for the individuals involved in my research. The men I spent time with talk about their own barebacking experiences in terms of normality and in relation to heterosexual people’s sexual behavior in an attempt to remove negative connotations attached to their own condomless sexual practices. Although it is important to note that condomless sex between heterosexuals is also a public health issue, it does not possess the equivalent weight of worry, as is evident in the lack of an equivalent term to “barebacking” for heterosexual condomless sex. I saw Fernando, a 24-year-old gay marketing agent originally from Brazil, nearly every morning at the gym, and he

highlighted during our interview this particular idea, “I think that’s wrong and you have to consider more things than the fact that a man sleeps with another man because a straight man having sex with a woman or woman having sex with a man can sleep with a lot more people and can be just as high, or higher, a risk than a gay man.” Even while it is likely that anal intercourse in heterosexual relationships is underreported, it is estimated that the amount of women practicing unprotected anal sex is 7-fold higher than that of gay men having bareback sex (Halperin 1999 in Baggaley, White & Boily 2010: 1049).

Fernando continued explaining, “so I’m Latino and I’m a gay man, which puts me in a higher risk category than just a straight white guy. Well if you consider other things I’m okay with you telling me that I’m part of a risk group, but just based on that [being gay and Latino], I don’t think you have enough proof that I would be at risk.” From Fernando’s comment, it is possible to recognize his desire to dissociate himself from the perception of someone “at-risk.” This pull away from being labeled as “risky” due simply to the fact that he belongs to what has been constructed as a vulnerable demographic does not mean that he rejects the idea of risk of HIV transmission associated with bareback sex, however. His ex-husband being HIV-positive, Fernando shared with me that he learned a lot on the subject from him. Though condoms were always used during sex, Fernando believes that his ex-husband had a stronger fear of transmitting HIV than himself who never felt at risk. Nonetheless, Fernando disliked being looked upon as someone “at-risk” for being gay, Latino and in a relationship with a man living with HIV.

In the context of this research, it is important to point out that the sexual practices, HIV related knowledge, and HIV testing frequency of young heterosexual people were not directly studied. However, it is noteworthy to point out that a survey in 2006 of Canadian university

students has shown that nearly one-third of all participants (31.4%) incorrectly answered that the contraceptive pill protected against HIV transmission (Public Health Agency of Canada 2011a: 7). This confusion on the part of young heterosexuals can be directly contrasted with the confidence in their own knowledge exhibited by the young gay men I interviewed vis-à-vis HIV and its modes of transmission despite the fact that they might engage in “risky” behavior potentially exposing themselves to HIV. Furthermore, young gay men felt that with the use of the contraceptive pill, the worry is predominantly put on pregnancy for heterosexual individuals who engage in condomless sex, erasing concerns toward HIV.

Morin et al. have argued that young gay men reject the notion of risk when it comes to bareback sex (2003: 356). Nonetheless, it was evident with the young gay men I spent time with that they are aware of the common knowledge attached to the risk of engaging in barebacking and do not reject the notion of risk when it comes to condomless sex. This then invites a reflection upon the literature around the concept of risk itself and what it represents. As demonstrated by Lupton (1999a, 1999b), within the literature on the concept of risk, there are two primary approaches to its study: the techno-scientific and the socio-cultural. Lupton explains that the techno-scientific approach to risk emerged from and remains present within scientific disciplines, such as psychology, medicine and epidemiology where risk is principally understood as a taken-for-granted objective phenomenon. She adds that these fields adopt a rationalist approach to risk, “which assumes that expert scientific measurement and calculation is the most appropriate standpoint from which to proceed” (1999a: 2).

In contrast, the socio-cultural approach to risk has anthropologist Mary Douglas as one of its major theoretical influence (Lupton 1999b: 37). Douglas “sees risk as acting primarily as a locus of blame, in which ‘risky’ groups [...] are singled out as dangerous” (Lupton 1999a: 3) and

“debates about danger and risk, are, more importantly, contests over politics and justice,” rather than being something objective (ibidem. 108). Douglas’ perspective resonates with what young gay men expressed over the lack of concern attached to straight people’s sexual practices in comparison to that of gay men. Douglas argues further that risk is inserted within a selective process where “some risks are ignored or downplayed while others are responded to with high anxiety, fear or anger” (1999b: 39). This selective process is evidenced in that condomless sex between gay men has been titled “barebacking” while no equivalent term exists for heterosexuals. Or in the way that extensive literature exists concerning the “bareback subculture” all while condomless sex for heterosexuals seems to be less of a worry. In this way, the elements of anxiety, fear and anger attached to bareback sex are characteristics that build upon the subculture of barebacking to make it deviant. Nonetheless, the young gay men I spent time with wish to have those elements removed and have their sexual behavior understood as normal.

While Lupton presents the techno-scientific and the socio-cultural approaches to risk as existing within two separate spheres, I would argue that young gay men’s understanding of their barebacking experiences involves both approaches. Young men who have bareback sex are aware that a “real” risk exist when engaging in condomless sex and even accept scientific knowledge attached to risk of HIV transmission since they do not wish to become infected with HIV themselves. However, this knowledge does not preclude them participating in the act but is instead critically analyzed and worked through as they make informed decisions on whether or not to engage in bareback sex. They possess in-depth knowledge on HIV and are aware that they are not invulnerable to the virus; this is why they negotiate risk by adopting various techniques to minimize risk outside of condom use with some partners. That thought process has invited them to reflect on the possibility of becoming HIV-positive along with what it would mean. Again,

this is not to suggest they wish to become infected with HIV or that they feel indifferent to becoming HIV-positive. Rather, it is a presentation of their subjective reflections and interpretations of science where they will articulate scientific knowledge through their sexual behavior, which may be shaped differently for each gay man.

Some of the techniques employed to minimize risk are based on strategic positioning and regular HIV testing. Strategic positioning consisting for example of being the insertive partner when engaging in bareback sex as there is less risk of exposure to HIV in comparison to being the receptive partner (Dubois-Arber et al. 2012). One informant who has been single for the past three years explained that he enjoys casual sex with different partners where condoms are used the vast majority of the time. Dominic shared with me that he had ended a serious relationship prior to starting university and that he considered *now* to be the time for his “slut phase and to get it out of his system” before graduating in a year, at which point he plans to find a fulltime job and explore the possibility of entering a serious relationship.

Dominic enjoys his sexual freedom for the time being, but does have one close friend with whom he barebacks. “I mean it’s not like I’m barebacking with everyone, I am responsible after all.” Both are aware of the possibility of exposure to HIV, however, in order to minimize the risk of transmission, Dominic refrains from ejaculating inside of his friend. This reduces the receptive partner’s contact with semen, which has the possibility of a higher viral load of HIV (Starks et al. 2014: 14). Both young men have also agreed to go together around every three to four months to a gay-friendly clinic to get tested for HIV – a routine they have done for two years – as they consider HIV testing a central aspect for HIV prevention, which aligns with other research on prevention (see for example Danziger 1998: 293).

Justin is another single young man who enjoys casual sex with various companions. He is the receptive partner in anal sex and uses condoms with everyone “by principle” – even with one of his regular partner who is HIV-positive. Justin explained that he only barebacks when in long-term relationships, yet, depending on his *mood*, will swallow the semen of his HIV-positive friend, since he’s known him for longer and wishes to have a more intimate contact with him. “I know, I know,” he said while lifting his arm up and showing me his palms as if to stop me from making any comments. Similar to Dominic, he insisted that he is aware that there is still a risk of transmission through unprotected oral sex and understands this risk. However, he also explained that the chances of HIV transmission are rather slim via that route⁵, especially considering the fact that his partner is undetectable. “Being undetectable” in this context refers to an HIV-positive individual having an undetectable HIV viral load due to the effectiveness of antiretroviral medication (Van Den Boom et al. 2013: 2136).

A recurring notion for most gay men I interviewed was that a discussion often occurred before having bareback sex – although not always as it will be explored later. Jack explained more concretely during our interview:

Sometimes it depends on the partner. There was a time where I had a regular partner that I was having bareback sex with. I made sure every time I spoke to him if we were gonna hook up, ‘just so you know, every time I’ve had sex and it wasn’t with you, it was protected sex and the minute that you are starting to have unprotected sex with someone else, I would like to know.’ I’m not necessarily going to say I would stop having bareback sex with you, I would just like to be aware, so I can say I wanna go with it or not.

⁵ As highlighted by Shernoff “the riskiness of fellatio without condom was then – and continues to be – a subject of controversy even in the third decade of the epidemic” (2005: 45) as some argue the risk of HIV transmission through oral sex is minimal, other argue that there exist an important risk factor for this sexual practice. It is also important to note that accurate statistics of oral sex for being the source of transmission of HIV are difficult to determine, as sexual activities are predominantly not restrained to oral sex, which by default creates an obstacle in constructing risk in respect to that sexual practice.

These types of behavioral approaches to sex can be understood as technologies of the self. Introduced by Foucault, this concept refers to non-disciplinary technology where the subject himself will regulate his own behavior (Andrieu 2004: 5). Technologies of the self represents the means by which individuals operate “on their own bodies, and souls, thoughts, conduct, and way of being, so as to transform themselves in order to attain a certain state of happiness, purity, wisdom, perfection or immortality” (Foucault 1988: 18). Although barebacking might be highly discouraged by the vast majority of health practitioners across various medical fields, the young men that I have spent time with neither outright reject nor erase medico-scientific knowledge. Instead, they weave the information coming from these biomedical disciplines into their own articulation of this medical knowledge through their sexual behavior. In this way they navigate and negotiate the various risks of exposure to HIV as seen in the cases of Dominic, Justin and Jack.

Research on bareback sex often frames young gay men as “irrational risk-takers” (see for example Suarez & Miller 2001: 93), which could explain why gay men when talking about their barebacking experiences with me insisted on highlighting precautions taken that they consider responsible. Nonetheless, as the information that they possess is not made accessible through sexual education in schools and may not be presented from a clear approach through safe sex advertisement, we are brought to wonder on the origin of where they have obtained their knowledge on HIV and its risks of transmission. Marco is a 25-year-old PhD candidate originally from Italy and shares an open relationship with his husband. He told me that he does not brush his teeth before or after performing oral sex with any partners other than his husband as it increases the chances of bleeding from the gums and thus enhances the risk of HIV transmission through this open wound. He explains, “the viral load in the cum is higher. So if you have for

example a stupid thing like a cut in your mouth, if I have oral sex with someone I don't brush my teeth after it, I wash my mouth with Listerine." He added he knows this from basic biological knowledge, but it is not something they teach in sexual education in school as the focus is put on a "condoms-only" approach. Although he does not suggest that teaching about condoms in sexual education is wrong, Marco believes that there are misleading messages creating unnecessary fear surrounding sexual contact with HIV-positive people.

This was made clearer to me when I stumbled upon a free booklet, *The Teenage Survival Handbook*, at a walk-in clinic in downtown Toronto. Endorsed by the Royal Canadian Mounted Police, this booklet is a general guide for teenagers that shares information on puberty, sexuality, education and other themes related to adolescents. Within the HIV/AIDS section of this booklet, it is written "the only way you can contract A.I.D.S. is by [...] having sexual contact with an infected person."⁶ Though partially correct, this message could be seen as misleading as it fails to explain that it is possible to engage in sexual relations with HIV-positive people without transmission of the virus through condoms use, for example. Furthermore, the scientific community generally agrees that it is the HIV virus that will be transmitted through sexual contact, and only then if left untreated, will then lead to AIDS. The booklet, however, seems to suggest that teenagers today in Canada have AIDS though it is possible to speculate that the authors actually meant "HIV-positive." Yet this remains a problem as it has been argued by people living with HIV, that making references to them as to having AIDS is not only inaccurate, but also further stigmatizes people who are HIV-positive. Additionally, it is implied in this booklet that HIV/AIDS transmission is automatic from having sexual contact with someone who is HIV-positive although nuances could be greatly clarified.

⁶ *The Teenage Survival Handbook*. 2014. Endorsed by the Royal Canadian Mounted Police, p.19.

Jose, a 23-year-old university student who received his high school education in Quebec, explained that it has only been two years since he learned it was possible to have sex with HIV-positive people without automatically becoming HIV-positive. He feels there is a backlash on behalf of the health and education system:

It's not in keeping people in ignorance that it's going to stop the propagation of HIV. Me, for example, when I was in high school and we had classes of sexual education that were once or twice per session, but we didn't really talk about what exactly is HIV and what it means to live with HIV, you know? They talk about modes of transmissions, but they don't go beyond that and the things they don't teach have an influence too. Also I find that if we were to learn them that it's going to encourage people to go have sex without condoms, really it's the opposite, it's going to make people aware that the risk is there, but that there are ways to treat the risk that doesn't mean necessarily death.

Repercussions from such messages may be put in context of relativizing risks in regards to being with someone who knows they are HIV-positive. Even though Wayne rarely barebacks, he says he would feel more comfortable having condomless sex with someone who knows they are HIV-positive and on antiretroviral medication versus someone of an unknown status. The reason being that the chances of transmission would be much greater as someone who does not know their HIV-positive status would most likely have a high viral load rather than an undetectable load for someone on treatment. Jack feels similarly, "the chances of me saying 'yes' to have unprotected sex with someone undetectable would be a lot higher than if it was just a random hot guy off the street, or anyone else for that matter." This particular way of thinking relates to the public health approach that has been labeled "treatment as prevention," where it is shown that treating HIV-positive individuals by making them undetectable is an excellent measure in HIV prevention since it lowers the risks of transmission (Cohen 2011: 1628).

Max, an undetectable man in his late twenties who I met at conference on HIV and the law in Canada, brought this up after the conference as we stood outside on the sidewalk in

downtown Toronto. He says it's difficult to find men willing to date him because of his HIV status. He explained that the most frequent comment made was that people did not want to take the "risk" of being with someone living with HIV as it would be dangerous to expose themselves to the virus. Not only do potential partners worry about their own wellbeing, but Max has also been told on numerous occasions that they do not wish to invest in a relationship where their partner becomes ill and then "have to lose them at a young age." Though this excuse is probably given as a kinder way out, Max still feels it to be rather insulting.

He believes it is wrong of them to think this way since he takes good care of himself by taking his medication, which makes him undetectable and lowers risk of transmission near to nonexistent. Furthermore, he insisted that he would still be willing to use condoms with a potential partner if that's what they would prefer. As two women passed us smoking on the street, Max used them as an example and compared himself with smokers. He maintained that he was not arguing that people should not date smokers, but rather, that the secondhand smoke from a partner increases the chances of cancers and heart diseases. But generally speaking he argued, people would be less worried to take the "risk" to date or have sexual contact with a smoker than someone living with HIV. Max then continued to highlight throughout our chat how he was taking excellent care of himself by going to the gym while staying away from junk food and how he is not worried he is going to live a long and healthy life.

Following on this idea of the quality and longevity of life, a recurrent comment made by the young men who engage in bareback sex was that HIV is not a death sentence anymore, but rather a chronic illness comparable to diabetes. Some informants even explicitly stated that if they had to choose, they would prefer being HIV-positive than having type-2 diabetes as they feel it is easier to manage – life expectancy in Canada for people living with type-2 diabetes is

estimated at 65 years old (Leal et al. 2009: 835). Although not significantly different than the life expectancy of 70 years old for HIV-positive individuals (Samji et al. 2013: 1), young men who have bareback sex understand that becoming HIV-positive is not the death sentence it used to be.

Fernando told me:

Yeah, it's as I said, I don't think anybody wants to get HIV, but if I eventually do, well... it's done. I'm gonna live with it and just work towards being healthy and try to live my life normally because I don't think there is a reason to change the way I'm living because I'm HIV-positive. Obviously I would be more careful with sex, especially if I'm with other people who are not HIV-positive. It's not the end of the world, but it's still something that concerns me.

I then asked him if it was the biological component of the virus or social side of HIV that concerned him, to which he answered, "I think nowadays it's still more the social element than the virus itself because people are living pretty healthy lives with the medications and the treatment they have today." In this way, though Fernando's understanding of HIV is different, than that of the hairdresser who believed I was going to do research in a hospital with HIV, it is also more medically accurate.

In the larger sense on the theme of risk, the young gay men I spent time with made it clear to me that anything could be considered risky. They could be hit by a car coming for an interview with a researcher, choke on food while eating alone, or eat fast food rich in sodium and fat that could eventually lead to health complications such as obesity or heart problems. That being said, during one interview around lunch time on what seemed to be the hottest day that summer in Toronto, my informant and I sat outside in a park, where he pointed to my arms that were starting to burn and said with a sarcastic tone "you have failed to take proper care of yourself." Smiling, Mauricio continued saying that by not putting sunscreen on my skin, I had failed to "protect" myself wherein I had now exposed myself to the risk of getting skin cancer.

And with cancer, “you often die quicker, more painfully and at a younger age,” implicitly comparing it to HIV.

Mauricio’s comment is reminiscent of another socio-cultural perspective of risk rooted in Giddens and Beck’s idea of “risk society” where “the central institutions of late modernity – government, industry and science – are singled out as the main producers of risk” (Lupton 1999a: 4). This approach argues “risk is primarily understood as a human responsibility, both in its production and management, rather than the outcome of fate or destiny, as was the case in pre-modern times” (ibid.). Thus someone actively takes the risk of not putting on sunscreen or a condom and becomes responsible for any unfortunate outcome that could happen. This connects to the Foucauldian approach to risk, where “the significance of risk does not lie within risk *itself* but with what risk gets attached to” (Dean 1999: 131). More specifically, “the importance [is] identifying the discourses that participate in the construction of notions of realities, meanings and understandings” as it relates to risk (Lupton 1999b: 27). This approach complements Douglas who “argues that risk is intimately related to notions of politics, particularly in relation to accountability, responsibility and blame” (Lupton 1999b: 39).

As already highlighted in the introduction, with the abundance of biomedical knowledge available to the Canadian population, one is expected to actively apply this information by avoiding any perceived health-related risks. If a gay man becomes HIV-positive today, he has no one to blame but himself, since “he should have known better.” This is made apparent when compared with other ways HIV is transmitted, such as what Fernando explained to me in how his ex-husband had become HIV-positive:

Some people will judge you if you are HIV-positive, some people are like ‘ohh he’s HIV-positive’ [pointing with one hand while the other is gesturing telling a secret]. Fine that’s okay, but why is he HIV-positive? I’m not saying he’s in a better category because he was raped and it was something he couldn’t do anything about

it versus somebody that just got it because they only have bareback sex. But it's like, it's not something he could control, it was something that was given to him really against his choice. So it's more like, even though he was concerned, he couldn't do anything about it, and the other people basically, more or less, [became HIV-positive] because they didn't take care or they wanted to take the risk or something. It's more because on his side, he was not willing to do anything, and like he couldn't do anything, in this situation his choice was taken away from him.

Meanings are attached not only to *being* HIV-positive but also, more importantly, to how one *becomes* HIV-positive. Although Fernando does highlight that his ex-husband's HIV is not "in a better category," rape as the way he became HIV-positive generates a sense of sympathy and compassion, rather than the automatically assumed meanings ascribed to one becoming HIV-positive through taking the risk of bareback sex. This moralistic understanding of condomless sex for gay men may be seen with Frasca et al. who argue, "instead of incidents caused by condom inaccessibility, poor planning, sexual excitement, or other accidents, the new coining [of "bareback sex"] implied that at least some men were declaring a conscious choice rather than experiencing "slippage" from intended precautions or relapse into disavowed behavior" (2012: 946).

As the aforementioned authors Douglas and Lupton argue that risks may be related to meanings of accountability, responsibility and blame, such as for a gay man *choosing* to have bareback sex, it is not always the case for all risks that are present in daily lives. This might be observed for example through extreme sport practices; these dangerous activities are televised, celebrated and even sponsored. Boxing, hockey, snowboarding, auto racing, football are embedded with risks for health-related injuries that can deteriorate quality of life, if not lead to death, through severe head damages, fractured bones, spine injuries, joint dislocation, etc. Despite using protective gears, statistics show these activities are not risk-free. Of the estimated 4.27 million Canadians aged 12 or older who suffered an injury severe enough to limit their

usual activities in 2009-2010, two out of three (66%) of the injuries among adolescents were linked to sports (Billette & Janz 2011). When unfortunate outcomes happen as a result from *purposefully* choosing to engage in those specific risky activities, the *victim* is often received through support and compassion, where pity will be felt towards the injured athlete that will never be able to enjoy the activity they found happiness in – rather than telling them “they should have known better” or “it’s their own fault” for engaging in a risky activity that brought them pleasure.

How to make sense of this chapter on the articulation of the science of risk as it relates to the subjectivities of young gay men who engage in bareback sex? I believe medical anthropologist Margaret Lock can shed clarity on the subject. As it has been stated earlier by Dean and Halperin notably, there is a critique on the medicalization of bareback sex. Lock explains that this concept of medicalization, as first introduced by Irving Zola, appeared in the 1970s and 1980s and represented the notion “of power over the bodies of unsuspecting target groups” (2001: 481). Lock continues explaining that within feminist literature it was often imagined “that enlightened individuals should resist medicalization and that one function of the social sciences was to raise consciousness about the inappropriateness of, for example, a medicalized childbirth or menopause” (ibid.). This approach contesting medicalization can be observed with Dean, where barebacking is understood as resistance to medicalization of gay men’s sexuality, hence offering a certain notion of liberation by refusing to use a condom. However, as Lock and Kaufert (1998) have demonstrated, women are not always passive vessels in the context of medicalization, but rather tend to be *pragmatic* and thus “the concept of medicalization, resistance, autonomy and agency need refinement” (Lock 2001: 482).

While the young gay men I interviewed do indeed bareback, yet they have not rejected condoms altogether as they still use them with various partners. I would then argue that these young gay men could be understood more appropriately as *pragmatic* in their navigation of their sexual practices through planes of both science and pleasure. As I have already shown, there are two primary approaches to risk. On one end there's the techno-scientific approach to risk, which sees risk as an objective fact, while on the opposite end, the socio-cultural approach refuses risk as objective fact but rather as political, moral and bestowing blame. As those two approaches are presented as antagonists, the young gay men of this ethnography mesh those two understandings of the science of risk through their subjectivity, when engaging in bareback sex.

Chapter 4 – Barebacking, Trust & Consent

Trust presupposes awareness of risk.
(Lupton 1999b: 80)

Why should strangers not be lovers and yet remain strangers?
(Dean 2009:212)

Consent forms were used for the first few interviews of this research project, as they typically represent a tool for creating trust with participants and diminish worries of risks associated with a research. However, after one potential participant felt uncomfortable and insulted when asked to sign a piece of paper before sharing his thoughts and opinions, it was left to the discretion of the participant and whether or not it helped them feel less at risk. Prior to one interview when I asked Juan if he wanted to sign a consent form, he chuckled and replied that he did not see the pertinence of signing this piece of paper – if he can trust someone enough to bareback with and risk exposing himself to HIV, he can trust a researcher promising to respect anonymity. The theme of trust, more specifically as it easily connects to risk, was present throughout various times and spaces during fieldwork. Trust proved itself to be central when it involves sex and consent, more precisely as it ties in directly to HIV-status disclosure and criminalization of HIV-positive individuals.

I had met Juan, an academic councillor in his mid-twenties, at a house party on a Saturday night during Pride Week. I later found out he lived in the same apartment building as me as I often bumped into him in the elevator or the building's lobby where he was usually coming from or going for a walk with his dog. The Saturday night I met Juan at the party, a discussion on trust took place as I hung outside with the few smokers who were present. In a show of nervous excitement, two friends were debating whether or not they could *trust* the ecstasy pills they had bought from a stranger and were eager to take. The worry of the two young

gay men suggested an understanding of the dangers in taking ecstasy pills, which probably explained why both had a big two-liter water bottle, as dehydration is a commonly known risk associated with ecstasy consumption. One of the men was arguing that he knew and *trusted* the friends of the dealer, whereas the other argued that the point was not in trusting the dealer but in *trusting* the pill itself. The risk for the latter not being in who sells the drug but if the drug itself is safe. This led to one of them jokingly pointing out that his friend has sex with strangers through the mobile application Grindr, which could be interpreted for him just as dangerous and risky in the context of *trusting* people he does not know (whether through condomless sex was not specified).

Following this comment, the friend replied sarcastically that it was true that he was indeed a “bad boy” for trusting strangers, especially after he was taught explicitly by his parents as a child to never talk to strangers. That man’s parents are not the only adults to warn kids of the risks linked to trusting strangers. As is possible to gather from children’s stories, trust is often presented in a moralistic fashion. For example the tale of *Little Red Riding Hood*, teaches kids the moral to not trust strangers even if they may appear nice; perhaps even more so with the ones who appear *too* nice.

Looking at the history of HIV prevention in connection to gay men, trust is often presented in a similar fashion. The dominant approach put forward since the onset of the AIDS epidemic is that engaging in sex requires always using a condom with the assumption that everyone is HIV-positive – in other words, the idea that anyone has the potential risk to transmit HIV (Junge 2002: 198). This idea was accompanied with the message that you could never truly trust someone and their HIV status, even if they said they were HIV-negative since there is a window period when testing where someone may falsely test negative, or perhaps seroconverted

since the last time they got tested. Or, it is also believed that someone HIV-positive may lie about their serostatus. Hence, the idea that there is a risk in trusting strangers. Even more so as HIV-positive individuals, whether they know their status or not, do not show physical symptoms adding an element of a certain “threat” to sex. Although in a historical context, prior to the advancements of antiretroviral drugs, AIDS caused the wasting of the body weight, which is why there was a rising popularity of sexual attraction by gay men towards larger and more muscled men as it was perceived as a symbol of healthiness whereas thinnest was associated with AIDS (Gough & Flanders 2009: 245; Suresha 2002).

However, in order to put forward the prevention method of not trusting others, it was necessary to have trust in the efficacy of a technology like condoms. There were doubts as to how well condoms worked. Some groups, like the Vatican, argued that condoms were not as trustworthy as they were presented by scientific data. In an interview with the BBC, Cardinal Alfonso Lopez Trujillo said, “the AIDS virus is roughly 450 times smaller than the spermatozoon and [it] can easily pass through the ‘net’ that is formed by the condom.”⁷ This argument was meant to push people, particularly younger individuals into abstinence rather than licentious sexual behaviour by instilling a fear of and distrust toward condoms. It is nevertheless generally agreed upon within the scientific community that condoms, if used correctly, are extremely effective at protecting against the transmission of HIV (Pinkerton & Abramson 1997).

Trust, especially as it connects to strangers, is then often framed in a moralistic approach in children’s stories and when it comes to sex, creating a certain sense of fear and risk in having to trust strangers. However, within the scientific literature and in contrast to children’s tales, trust is predominantly painted under a different light. Sociologist Simmel argued, “without the general

⁷ "Vatican reiterates position on condoms; Catholics and medical experts respond." *Conscience*, Winter 2003: 7. *Academic OneFile*. Web. 13th June 2015.

trust that people have in each other, society itself would disintegrate” (1990: 78). Trust as important for the wellbeing of society is not restricted to concrete interactions between individuals, however as “following the Enron and WorldCom financial scandals [...] trust in capital markets floundered. Investors placed trust in corporations that misreported their financial records” (Jiménez 2011: 181). This predominantly explains why in its wider context, trust has been argued to be important for the well-functioning of society (Yamagashi 1998: 3) as opposed to a world where individuals would fear each other and view daily activities where they may come into contact with strangers as risky.

Within this line of thought, general trust is described by some as being generated and supported by social intelligence (Yamagashi & Kikuchi 1999: 155) and framed by other authors as a form of social capital (Putnam 1993). While these understandings attach an important value to the concept of trust, it invites asking the question of how one acquires trust since it can be a form of capital and intellectual ability. One approach argues that the origin of trust is explained by the fact that “those who have been treated kindly and generously by life are more likely to trust than those who suffer from poverty, unemployment, discrimination, exploitation, and social exclusion” (Delhey & Newton 2003: 96). Whereas another approach argues rather that the origin of trust is instead based on personality characteristics, which are part of a learning process in childhood (ibidem. 95). That being said, how does trust work in the connection to risk of HIV transmission in bareback sex? And more precisely as it deals with HIV status disclosure?

For this research, neither childhood experiences nor whether participants felt they had been treated kindly and generously by life (and thus felt more inclined to trust potential sexual partners with whom they bareback) were sought in interviews. Based upon what young gay men told me, it is evident that trust is used as a tool to influence their decisions of whether or not to

engage in condomless sex. As explained by sociologist Holmstrom, trust would “[make] it possible to interact on uncertain premises, without firm knowledge, knowing only that it is possible to predict future actions with a certain amount of probability. We do not need trust in certain and constant situations, where confidence prevails and alternatives are unconsidered” (2007: 258).

As explained earlier, young gay men who bareback have a strong confidence vis-à-vis their knowledge of HIV transmission, yet their trust when having sex is not based directly on “uncertainties” – plural – as Holmstrom defines the concept. Either there will be a transmission of HIV or not from having bareback sex: the one uncertainty being whether it will happen or not. Yet, this uncertainty is mitigated through various measures we have already explored. The men I spoke with who engage in bareback sex, test frequently for HIV – so much so they are quite aware of where the clinics are located and their hours of service. Even if they put trust in their partners, they will still confirm their serostatus by routinely getting tested for HIV. Participants also pointed out on numerous times that early detection of HIV, which can be done by frequent HIV testing, leads to better treatment (see for example Mbitila & Tchenche 2012). Most of them also highlighted they are tested for HIV every three to four months. This is not to suggest that they do not trust their partner by being testing, but rather it is a routinized form of mitigating the risk that took place.

Marco highlighted this particular side of trust when it comes to bareback sex, “it’s true, first of all, it’s a word-of-mouth because you should just trust the person,” to which I asked him: “you should trust the person?” I questioned him on this idea since my initial thought was that it is “dangerous” to trust others when risk was involved. Marco then explained, “I mean, in that case, if you want to have bareback sex you should just trust the person because you don’t have any

other data to rely on. So you trust him or you don't." The trust Marco is talking about arises, for example, when someone says that they tested negative during their last HIV test or that they are undetectable. In terms of "data" as expressed by Marco, it invites a reflection on the fact that even though young gay men might be tested frequently, and some less, they do not seem to own any data to prove their serostatus – hence a "word-of-mouth" like Marco said. A doctor's letter proving one to be HIV-negative or undetectable is available upon request, yet none of the gay men I encountered during fieldwork walked around with such "official" proof. Even if they did own such evidence it does not necessarily guarantee their HIV-negative status as there is always a window period of uncertainty and an undetectable viral load in blood does not automatically correspond to an undetectable viral load in semen (see for example Porto Medeiros et al. 2004). Hence, trust is present for young gay men who bareback, as opposed to having constant distrust or fear in their partners.

Nonetheless, trust is a dynamic emotion that may take different forms and that can be built or removed (Cornu 2003). As mentioned earlier, young gay men who bareback have trust in biomedical knowledge regarding condomless sex, but they trust that if their partner knew they were putting them at risk they would bring it up prior to sex. The following excerpt from my interview with Jack highlights this idea:

Jack: I've also had recently, like within the past three months, a partner that right after having [bareback] sex was like 'you know what, we should both go get tested tomorrow.' And I was like – and this was someone I knew before – so I was okay with having unprotected sex with him, but I didn't expect him to kinda come up to me right afterwards, pretty much pull out and be like 'hey we should get tested.' I asked him: 'are you worried about something?' and he replied: 'no but we just had unprotected sex.'

Julien: Did it ruin the moment?

Jack: It was almost right after. Not to get too graphic on your research, but it was like, I came and then you came on me and you walked to go get cleaned and you

come back and say ‘we should go get tested.’ And I was like; it’s literally been 35 seconds since I’ve blown my load. I’m still trying to get my body to release from orgasm, let alone be told to go get tested. I then asked him: ‘should I be worried?’ He was like: ‘I’m not worried, I trust you but we should just do it anyways.’ I was like ‘ok.’ Now in his defense, he and his boyfriend have an open relationship and that was the first time he had decided he wanted to explore outside of his couple. I knew that he was trying out an open relationship; he knew that I knew. I didn’t see why he was so scared from having sex with me. It was not like I was some random guy he had messaged on Grindr, I’ve known this person for two years and this is not the first time we’ve had sex together. It was the first time we had sex since he was in an open relationship. That kind of thing made me feel like I was to blame, it was like he was shaming me for having unprotected sex, and it was a mutual decision. It was consensual that we were gonna have bareback sex.

Julien: You talked about it prior or it didn’t come up?

Jack: Well it didn’t come up, but we never said ‘no’ and I’m assuming it didn’t come up because we had had sex in the past. So it was kind of like if we are going to do it, we’re gonna do it. And there had been times, where he was like ‘I wanna wear a condom’ and I was like ‘fine, not a problem with me,’ cause I’m not that type of person that’s like ‘it feels better without a condom.’ It’s all dick to me.

Julien: So if it doesn’t feel better on a physical level, do you find on an intimacy level there’s a difference?

Jack: There is a little bit of a difference on an intimacy level but it also depends on how intimate I already am with that person. Like I said, I’ve had regular bareback partners, I’ve got one guy I was letting him know how I was having sex with other people when I was with him. He liked the idea of having bareback sex and he presented me with ‘okay, as long as you are being protective with everyone else, and I’m having protected sex with everyone else, I’m ok to have unprotected sex with you.’ I was like ‘ok, if it does it for you I’m putting my trust in you about that, sure.’

From this concrete example, it is possible to see that Jack’s partner made a faux pas – suggesting to go get tested for HIV immediately after having had bareback sex. It is evident Jack knows he exposes himself to HIV from having condomless sex; nonetheless, trusting that his partners would not introduce him to risk diminishes feelings of risk. Regardless of this trust, Jack still goes to the clinic every couple of months to get tested for HIV and other STIs. Yet, by stating out loud that they should go get tested for HIV, Jack’s partner mentions the unmentionable since it would confirm that risk took place.

Thus, although the young men I spent time with who bareback frame their sexual behavior as being “normal” instead of transgressive *à la* Dean, the way they use trust to engage in bareback sex could be framed as queer as it does not follow the common message of only having condomless sex when in a monogamous relationship. The general approach and etiquette presented in sexual education is to insist on having condomless sex only once in a monogamous relationship where you trust your partner (see for example Shernoff 2005). Yet, young gay men that I have spent time with are for the majority single when engaging in bareback sex and may put trust in strangers, acquaintances or friends as opposed to only long-term relationship partners, since their sexual relationships take different forms that challenge common labels like “boyfriend.” Similar to the notion of risk, the concept of “stranger” becomes vague, questioning what it means to *really know* someone. Does knowing someone for a long period of time necessarily make it safer? “Stranger” may be defined loosely and could range from a stranger at a bathhouse whose name is unknown, to an acquaintance that has been met a few times. Again, similar to risk, when tied to sex the idea of “stranger,” becomes embedded within notions of fear and danger. Nonetheless, does having trust for a partner in a relationship where condoms are not used really makes it safer? Looking at the “ABC” strategy – Abstinence, Be faithful, Condom use – deployed in several countries like Uganda and Thailand, many “success stories” were presented out of this HIV prevention. But, it was shown afterwards that 50% of HIV-positive individuals were women, up 35% from 1985, from which 50% of new infections were occurring between spouses (Dworkin & Ehrhardt 2007: 13). Hence having trust that a partner is faithful might be risky in itself.

In terms of relationships, another queer form of trust was expressed for the participants who were in open relationships. Jose and Marco put their trust most significantly in their

boyfriends rather than their casual sexual partners. Although Jose and his boyfriend, Luke, might occasionally invite a third, or fourth partner to join them, they have agreed to only have bareback sex with each other to maintain the intimacy of “that extra special factor of exclusiveness.” Jose explained that they have allowed each other to engage in sexual activity with other partners – as long as condom are involved for anal sex – and share their adventures openly with each other, even though there is no obligation to do so. I witnessed this openness one Sunday morning as Jose and I sat on the terrace of a small coffee shop after we had met at the gym, where I was having coffee and Jose was drinking his protein shake and taking his different vitamins and post-workout supplements being the much disciplined amateur bodybuilder that he is. Though we may have been able to wake up with enough energy that morning to go to the gym; it was not the case for his boyfriend when he called Jose on his cell phone. Luke had been in Montreal the whole week for work and had just woken up in his hotel room and decided to call his boyfriend to tell him the exciting night he had just spent taking MDMA and going to one of Sainte-Catherine’s gay bathhouse. Although Jose wished he had been there with his boyfriend, he was happy to hear Luke got to “be fucked by three horny Québécois bears.” On his side, Jose was repeating on the phone to Luke the same story he had told just told me over coffee on how the Friday night he had “fucked a hot American business man who was in Toronto for work” while he was still wearing his business suit, dropped his pants and was wearing a jockstrap – a similar jockstrap Jose had bought his boyfriend except in red. There was no mention of HIV or condoms.

Although they had set up as a rule to always use condoms for anal sex with strangers, therefore trust that both partners would respect that rule, Jose explained to me during our interview that he once had condomless sex with a one-night stand while being in relationship

with Luke. He told his boyfriend the following day. In most cases it might have been expected for someone in Luke's position to be mad since Jose had broken their one rule. However, Jose was proud to share with me that his boyfriend does not get angry and may be characterize as a very reasonable person who understands that "shit happens right?" They both recognized that this had exposed Jose to the potentiality of becoming HIV-positive and decided to take precautionary action and use condoms with each other until being tested for HIV together after the window period to confirm their HIV status. Jose explained this incident happened a little more than a year prior and once both tested negative they resumed having condomless sex with each other. Jose did add that since Luke and he "fuck a lot," they are tested frequently for HIV and other sexually transmitted infections and they do so by going to the clinic as a couple. He told me this in the same fashion as Dominic and Justin making sure I don't judge them upon their sexual practices, but hopefully would look at them as being responsible with their sexual behavior, as opposed to perhaps reckless – the idea of responsibility always being there.

While Jose disclosed to his boyfriend that he had had bareback sex with a stranger, which involved a certain risk of exposure of HIV, he shared with me later on in that summer that it would not bother him to have casual sex with someone HIV-positive. "You know what, it has probably happened before, maybe more than once even," Jose said reflexively as it seemed it had never occurred to ask himself before I brought up the question of HIV status disclosure prior to having sex. The thought of having sex with someone HIV-positive and them not disclosing did not seem to bother him since he uses condoms. Although he did have bareback sex with that stranger while in a relationship, he did not ask the other man's HIV status before or after sex. If an HIV transmission would have occurred, Jose said it would have been his own fault for not asking – "but it would have been nice of him to disclose if he knew he was HIV-positive." Prior

to being in a relationship with Luke, Jose did share with me that he would occasionally bareback with strangers or acquaintances – friends of friends. He explained it was more precisely as “in the heat of the moment.” Yet, if he would have become HIV-positive because of those encounters, Jose said he would have taken all responsibilities upon himself to have chosen to do bareback sex, “but [again,] it would have been nice of them to disclose if they knew they were HIV-positive.”

This was not the same reaction with Logan, a 22-year-old university student who is strongly against bareback sex and showed a certain dislike towards casual sex for gay men. Similar to Ahmed, I believed it pertinent to offer the opportunity for Logan to participate in an interview with me as he has a different stance against bareback sex compared to other participants. He commented more specifically during our interview: “I wouldn’t have sex with a stranger, someone who’s HIV-positive. As I’m saying, I’m giving that person the power over my life.” This approach of a certain fear and dislike towards casual sex, more specifically with someone HIV-positive, resonates with his strong support for the criminalization of HIV-positive individuals for not disclosing their status prior to engaging in sex, even if they use a condom. Furthermore, although I only noticed during transcription of our interview, Logan used “HIV-positive” and “stranger” interchangeably twice as if they were synonyms and in a fashion of association of fear when it comes to sex. Upon the question of consent, Logan commented: “If you’re telling me that after you had sex with me that you are HIV-positive, I’d be furious just because I had no say in the matter and you’re basically disrespecting me and you don’t think highly of me, you don’t care about me so it’s just like, why should I care about you?” Thus the reason why he expressed a wish to seek legal action if ever this was to happen.

This particular topic of HIV status disclosure prior to engaging in sex became very heated at times during interviews and it was in particular the case with Logan since he believes the criminalization of HIV-positive people is a good HIV prevention measure. “This is what I’m saying! There needs [to be consequences,] you don’t want to have the further spread of the disease, because without having a consequence [sending HIV-positive people to jail], there’s nothing for them to fear from giving the disease to someone else.” I replied saying, “they don’t want to give the disease” – as it is a misconception to believe HIV-positive people wish to infect other individuals. Logan consequently replied, “no but you don’t know they don’t want to give the disease,” I therefore asked him if he truly believed HIV-positive individuals wished to infect others. While shrugging his shoulders and rolling his eyes, Logan replied: “Not *all* of them.” After some reflections during the interview on the subject, he added later on, “but at the same time, I didn’t respect myself by not asking [the HIV status]” before having sex.

Logan’s opinion on the subject reflects the current law within the Canadian context, which puts the responsibility on the HIV-positive individual to disclose of their HIV status prior to engaging in sex. This disclosure needs to happen when there is a “realistic possibility” of HIV transmission or else it is considered aggravated sexual assault. Yet, the Court says that almost any risk is realistic when it comes to sex, regardless of how minimal. Previously, HIV-positive people had an obligation to disclose their status when there was a “significant risk of HIV transmission” which was not defined. Now, as of October 2012 with the case of *Mabior* and *D.C.*, the Supreme Court of Canada says that an HIV-positive individual does not have a duty to disclose before having *vaginal* sex if their viral load is low or undetectable and a condom is used (both are required). Anal sex was not addressed; therefore, based upon the Court’s decisions, there would be a legal duty to disclose one’s HIV-positive status before having anal sex,

regardless of the viral load and even if a condom is used. A “realistic possibility of HIV transmission” is not clearly defined which challenges what would be deemed as acceptable or not in terms of which scenario (e.g. oral sex) would or would not require serostatus disclosure. Thus, a failure to disclose one’s HIV-positive status is framed as aggravated sexual assault, more precisely understood as fraud, since it is believed that the HIV-positive person is withholding information that would potentially alter the decision of the partner in partaking in sexual activities. Hence Logan’s argument making the sexual act non-consensual when someone HIV-positive does not disclose their status before having sex. It then becomes evident that a heavy burden and responsibility is placed upon the HIV-positive individual, while the other partner may be framed as a victim of non-consensual sex. HIV-positive individuals are therefore put in vulnerable situations since if they were brought to court they need some form of evidence that they indeed disclosed their serostatus.

My interactions with young HIV-positive gay men in Toronto were not as developed as the interviews I had with HIV-negative young gay men, as my exchanges mainly stemmed from chats with a few HIV-positive men at parties for example. One possible way of explaining this would be based upon what Max shared with me; that he does not want to participate in research because of his HIV-positive status. Once when he had an appointment at a hospital, he was asked if he wanted to sign a piece of paper that would give his consent to be contacted to participate in future research. At the time, he signed the piece of paper without thinking much of it. However, after being contacted to participate in a research project based on his status as HIV-positive and then asked to invite “his other HIV-positive friends” to participate – since it was assumed that Max has HIV-positive friends as he is HIV-positive – he felt insulted and no longer wishes to participate in research related to the subject.

Martin is an HIV-positive gay man in his twenties I met one night at a party who highlighted how trust of sexual partners and the law was an important concern for him. The main topic of our conversation was on Truvada and his excitement as an HIV-positive person of the popularity of the use of this pre-exposure prophylaxis drug. It is his belief that someone on Truvada would most likely know more about HIV and would not seek to bring him to court which would give him more trust with HIV-negative men. Martin does have on his Grindr profile that he is an “undetectable poz-bottom” and does tell his partners before having sex that he is HIV-positive since he has a big fear of being brought to jail because of his HIV status. Nonetheless, he feels that disclosing his status prior having sex does not offer him a sense of security, as there is always the risk that one day he might go to jail if a man he’s had sex with decides to pretend that Martin did not disclose his status before having sex. Trust then takes another form in this context as a stranger at a bathhouse might offer more security than dating someone as they could use his HIV status “as a form of revenge” and make up a story that he did not disclose. Hence the place of trust when it comes to sex based once again on a “word-of-mouth.”

Ahmed highlighted this difficult and delicate issue as he mused aloud over a hypothetical scenario during our interview, “if he says ‘yes I’m HIV-positive’ but he’s undetectable and the other guy agrees, and they still have sex, and they go to court, there shouldn’t be any criminalization. But how can you prove this in court?” To which I replied, “but that’s the thing, HIV-positive people are in precarious situations.” Ahmed then followed saying, “there’s no other people watching right? So like I said, that’s why you shouldn’t have sex with people who have HIV just to avoid this whole situation.” “Well it doesn’t change anything for you, it’s for the person who is HIV-positive” I replied in a baffled tone, to which Ahmed added once again, “I

still think it should be criminalized somehow” with an affirmative tone. As with Logan, Ahmed repeated the erroneous belief that there is an automatic transmission of HIV from having sex with someone who knows they are HIV-positive:

Ahmed: I think it should be criminalized somehow.

Julien: Why?

Ahmed: The other person is going to be stuck taking the medication for the rest of their life. Taking medication is a lot of work.

Julien: It’s not because you have HIV and you have sex with someone that you transmit the virus.

Ahmed: Well I didn’t know that. I’ve heard about it but I didn’t do my research and I haven’t looked at data and stuff. Maybe if I looked at it, it would bring me a new perspective, but at this point in my life, right now, I don’t know much about it. Would I play with fire? No, I’d rather not.

It is, however, noteworthy to explore what Ahmed told me later on in our interview as it invites reflection on trust, risk and sex with strangers. Ahmed explained to me that he did not use a condom with the man he has been seeing and does not consider this to be bareback sex since it is “sort of implied” that because they are dating they are monogamous, thus a perception of safety, as opposed to someone who goes to the bathhouse – the bathhouse being a symbol of risk. “I’m seeing him again in a couple of weeks, it’s because he lives in Montreal so he’s far, so it just happened that night, we didn’t have any condoms when we had sex, but I trust him more cause I’ve known him for a couple of months.” Therefore, not a stranger, which does not create worry for him. Ahmed also shared later on that it had been over a year since the last time he had gotten tested for HIV himself and didn’t know when the last time the man he was seeing from Montreal had been tested. Yet, if the man he is seeing were HIV-positive, Ahmed *trusts* him that he would have disclosed his serostatus.

From a biomedical lens, if Ahmed's partner were HIV-positive but was unaware of this, it is likely that the viral load in his semen would be quite high for not taking antiretroviral drugs, which greatly increases the risk of HIV transmission to Ahmed – especially considering that he was the receptive partner. Yet, trust offers Ahmed a sense of security. The theme of HIV was never brought up since they had begun seeing each other. I therefore asked Ahmed, “but what about if you were to date a guy, be in a relationship and find out later that he's HIV-positive?”

He replied:

I have a friend who has a boyfriend, and he – the boyfriend – is HIV-positive. I think he takes this stuff [antiretroviral drugs], or he's on treatment, and I was like ‘why are you doing this to yourself? You know? You're playing with fire, you never know, maybe he's not 100%.’ I'm like ‘do you love him?’ And he's like ‘yeah, we've been dating for 6 months, let's see where it goes.’ Personally I wouldn't. If I'm dating someone and I know they have HIV, within a couple weeks I guess then I'll probably end the relationship.

In asking the question of “why are you doing this to yourself?” Ahmed is arguing that dating someone HIV-positive represents a lack of care of the self. I then asked Ahmed if it was to be the case even for sex with a condom, and he replied, “no I wouldn't take that risk.” More precisely Ahmed does not have complete trust in the effectiveness of condoms since they can break and has unfamiliarity with antiretroviral medication, which builds a feeling of risk around having sex with HIV-positive individuals. Ahmed added, “if I'm in a relationship with someone I like to have sex with no condoms, we want to do it everywhere, in the park, we wanna do it in the car; not like ‘where's the condom, where's the condom?’” Hence why he is not interested in dating someone HIV-positive. Yet, the condomless sex he had is not considered bareback sex according to him as it is in the context of a monogamous relationship, as opposed to someone who “is having sex with everyone.” Through Ahmed and Logan's similar opinions we notice a significant perpetual difference of trust and risk than with Jose who does not mind having sexual

contact with HIV-positive men. Jose possesses a stronger trust in condoms, just as Diego who explicitly stated a few times during our interview that he enjoys partaking in bareback sex. Diego answered more precisely the following on the subject of HIV status disclosure and risk:

Diego: Look, honestly, we've all hooked up, we don't know people's status, as long as we are safe it doesn't matter, because, what I've hear, if you use a condom, it's 99% effective.

Julien: So if someone is undetectable and they use a condom...

Diego: You're not going to get anything.

Julien: So they shouldn't have to disclose?

Diego: No. I had a friend a long time ago and he was young and naïve, and he's gay and said 'I'm going on a date with a guy and I'm gonna ask him if he's HIV-positive.' And I remember telling him, [while hitting his palm on the table to the rhythm of his words talking from an affirmative tone] you do not have to ask him on the first date if he's HIV-positive or not. Because the only thing you have to worry about is being safe. You don't have to ask him anything, you can have sex with this person if you are safe, chances are you are not going to catch anything.

As it relates to science, and more precisely in terms of HIV prevention, a few gay men who engage in bareback sex stated that the strong push for criminalization of HIV-positive individuals would be detrimental for HIV prevention. They argue that it creates fear for individuals in even being tested for HIV, as within the Canadian law, you only become a "criminal" once your HIV-positive status is known. Someone who transmits HIV to others without knowing their HIV-positive status would not be held as accountable. This has also been argued by Galletly and Pinketon (2006: 458). Within this line of thought, the gay men I interviewed who might engage in bareback sex understand why someone living with HIV might refrain from disclosing their HIV status. Feelings of compassion were shown, as it was understood that it might be difficult for one to disclose their HIV-positive status. Numerous cases have demonstrated that disclosing one's HIV-positive status may lead to rejection, or at

times, even violence. For this reason, trust is important for people living with HIV when disclosing to others. When I was present at an AIDS candlelight vigil, this issue of criminalization and HIV status disclosure was made evident. At one point, the speaker raised this particular topic, and was greeted with an odd mixture of cheers and booing, followed by perplexed looks on people's faces.

Marco, who has lived most of his life in Italy and who came to Canada for his university studies, was unaware of the criminalization around HIV status disclosure. After I explained the legal Canadian context, he was baffled, "wow, I think it's totally wrong. It's like such injustice... Hepatitis B is transmitted with sex. Would you send someone to jail because I have sex with you and you gave me Hepatitis B?" I then said, "But I'll play the devil's advocate. The reason is, it's only when you know you are HIV-positive so" and Marco cut me saying with a more powerful tone, "Exactly! So I think it's like a huge stigma against HIV. You have gonorrhoea – I know the health stuff is not the same – but you know you have it; you have sex with me and, urghhh... [moment of irritation]. Honestly I think that sometimes law and science are two different worlds. And people that make laws don't know science at all. So I'm totally against the criminalization of HIV-positive people!"

Nonetheless, as this deals with the question of consent it becomes conflicting with what some men were saying. It is clear that it is not consensual for Logan as he talks about an HIV-positive person "having the power over his life" by not disclosing their HIV-positive status when having sex. In contrast, Dean (2009) presents that in the bareback subculture, barebackers fetishize the risks associated with non-disclosure by queering the *Don't Ask Don't Tell* military policy, not disclosing or purposefully not asking for HIV status in the context of orgies. Perhaps the barebackers attitude toward HIV status disclosure could be characterized as nonchalant

where the element of trust is completely absent since risk is embraced as it provides a thrill when having bareback sex. As for the young gay men I spent time with, they would prefer if HIV-positive individuals would disclose their status prior to engaging in casual sex as they can articulate their sexual practices in respect to this information. Marco put it this way, “once when I was at a club, not that it’s comparable, but I was kissing someone, I was kissing and dancing with an HIV-positive guy, it didn’t change anything to me. Even if I have sex, I would get a little bit upset because he didn’t tell me, but I would never go so far as court.”

Being in an open marriage, the question of trust was brought up with Marco as it connects with bareback sex outside of their relationship for his husband. Although he and his husband have the same rule as Jose and Luke – no bareback sex with casual partners – Marco explained that if his husband were to become HIV-positive from bareback sex with another man:

I would be totally supportive, I mean I would get upset at first, but I would totally be supportive, I would always be close. That’s why I don’t have any problems with HIV-positive people, because even if something happens on purpose, worst-case scenario, with my husband I would never leave him. I would totally be supportive. I think there’s a lot of stigma around it and I think it’s because the people don’t know and they are ignorant.

Fernando who was married to someone HIV-positive, complemented Marco’s point when he argued, “while I think that we have to work towards disclosing, I think that on the other side we have to work towards on accepting too. I think that instead of having all this work on criminalization, we should be working on educating people.”

Logan and Ahmed had in common a strong disapproval towards the practice of casual sex and a certain fear attached to having sex with someone who knows they are HIV-positive. This explains why they are in strong favor of criminalization of HIV-positive individuals who do not disclose their status before engaging in sex. During our interviews, it was evident that they had less developed knowledge around HIV and its modes of transmission compared to the more

in-depth knowledge of other participants who might engage in bareback sex. Furthermore, both Logan and Ahmed had very negative representations of HIV-positive individuals, such as associating promiscuity to their serostatus and believing that HIV-positive people might wish to infect other individuals. Ahmed even told me that “if you wanna fuck and be a slut and bareback all the time and get diseases, then it’s your own fault.” For Ahmed there is a clear distinction between “good” and “bad” sexual practices. As he is in a monogamous relationship, he understands himself as practicing “good” sex, despite the fact he had condomless sex with a man who does not know his HIV status.

Through the subjectivities of young gay men, it is possible to notice the articulation of trust, or lack of, in their sexual practices, which may involve bareback sex. For this chapter, my goal was to demonstrate how young gay men who engage in bareback sex have trust in biomedical knowledge and their partners as it relates to engaging in sex that involves a risk of exposure to HIV. Nonetheless, as for Ahmed and Logan, their trust is experienced in a different fashion and invites a reflection on the shame attached to bareback sex and the repercussions it has on HIV-positive individuals.

Chapter 5 – Shame of Bareback Sex and HIV-Positive Individuals

No, even though Truvada sounds amazing, I don't think I'm a high-risk individual. I don't consider myself a high-risk individual, even though I'm gay and I enjoy partaking in bareback sex, but I would not consider myself a high-risk individual, not today not tomorrow.
– Diego

After having explored what my informants had to say on barebacking and HIV, it is possible to ask ourselves: *why were the young gay men originally saying at the beginning of fieldwork that they did not engage in bareback sex, although it was not necessarily the case?* Such strong opinions were initially shared on the importance of always using condoms and the dangers of bareback sex, why did young gay men's narratives change? Methodologically speaking, it could be argued that ethnography with its longer presence of the researcher in the field allowed witnessing this. This is evident when in comparison with other methodological approaches that have different dynamics with participants and data collection. Ethnography has the strength of highlighting the distinction between what might be said and how it might differ in other contexts at other times, thus challenging conventional knowledge (see for example Gandsman 2013) – like saying without hesitation that bareback sex is bad. Furthermore, by building trust over time with the young gay men and explicitly stating that I did not attach any specific moral or ethical values to bareback sex, participants opened up about their sexual practices. Nonetheless, there was not a complete easiness as there remained a tendency for my participants to feel a need to justify their behavior that may be framed as risky. There was a wish on their behalf that I not perceive them in a negative light because of their condomless and/or promiscuous sexual practices, but rather as being responsible and educated.

In the previous section, part of the answer as to why my informants initially answered like they did was explained, as they do not associate themselves, or more precisely do not want

to be labeled as “high risk” because of their sexual practices. Also, it was analyzed how young gay men in Toronto engage in bareback sex as it connects to the process of the risk relativity and subjective understandings and incorporation of scientific knowledge on risk of HIV transmission through sexual behavior. This is principally done because bareback sex and HIV are not perceived as threatening as they might have been before and based upon biomedical knowledge various techniques are used during sex to diminish risk of transmission of HIV. Furthermore, trust is a tool that will influence sexual practices for young gay men with their sexual partners. Nonetheless, it does not fully explain their original responses.

Within this section I will argue that the shame and the overall negative representations attached to bareback sex explain these original answers of young gay men claiming they do not have bareback sex. By analyzing the shame of barebacking it will offer the opportunity to explain why young gay men answered like they did, as there is no alternative way to talk of bareback sex other than under pessimistic characteristics (unless it is fetishize in terms of transgression if imagined in the context of an identity of barebacker). From this thought, I will then argue that this shame of bareback sex has repercussions that further the stigmatization of HIV-positive gay men. This will then allow exploring how it connects to the pre-exposure prophylaxis pharmaceutical drug known as Truvada. Although young gay men who bareback are good potential candidates for this HIV prevention pill, none showed an interest in taking it.

Sex as a topic can be taboo, especially when it comes to research on that subject (Donnan & Magowan 2010: 6; Cottingham 2010: 147). However, in this case, throughout fieldwork gay men were not embarrassed to talk about sex, to share stories about past sexual experiences or describe their sexual desires, fantasies and fetishes – except for barebacking. Occasionally, they recounted barebacking *once* when they were younger, *but* immediately and importantly

highlighting that it was a stupid mistake that was never done again. With such strong moral and ethical values attached to condoms for gay men, it is easy to recognize that all consensual sexual practices involving condoms are deemed as acceptable. This was made even more so apparent during Pride Week where “all” sexual identities and practices were being celebrated, in the forms of parades, workshops and seminars, visual and performing arts, etc. – except for bareback sex. At first, in a way, the topic of barebacking was not taboo, since the same initial message was always present when commenting on the sexual practice: “I always use protection,” “I’m always responsible by using condoms,” “I always play it safe and smart,” “I use condoms because I have self-respect,” and so on. Those comments made it clear that there is a tendency to strongly disapprove and demonize barebacking along with the men who engage in it, while also bringing a sense of shame to the sexual practice and simultaneously accord specific virtuous values to using condoms along with the men who use them. Even though young gay men shared their barebacking experiences with me later on, which did not coordinate with what they were previously stating.

As it was explored in the introduction, bareback sex within the scientific literature only exists as a bad sexual practice needing intervention. Young gay men who have bareback sex are aware of the science built around this sexual practice, including the various messages attached to it. Yet they do not recognize their own condomless sexual practices under that light, I would argue, even though it is not explicitly stated. That being said, on the one hand there are the common representations of bareback sex painted under a negative light – predominantly rooted within public health language – while on the other, there are the actual condomless sexual practices of young gay men – which is not experienced the same way as commonly talked about. While it is the same act, there are different understandings of representations that do not

necessarily coordinate. A gay man may engage in condomless sex, which may be labeled as “barebacking,” yet the subjective experience of the sexual act may not necessarily resonate with what is scientifically written about it and what is scientifically said to explain why a young gay man might have bareback sex. Nonetheless, if a gay man were to become HIV-positive through engaging in barebacking, the following need to assign blame for the seroconversion would likely call upon socio-psychological factors from scientific literature.

Beginning this research with Dean’s theoretical background on bareback subculture, I had a hypothesis that perhaps young gay men engage in bareback sex as a form of resistance to public health, going in the same line of thought as the post-structuralisation of bareback sex. However it is evidently not the case as my participants incorporate biomedical knowledge through their own subjective way in their sexual practices in attempt to diminish the risk of HIV transmission. This was also made clear when I asked young gay men their thoughts on the bareback subculture and most had never heard of this phenomenon and many considered this subculture to be more of an exaggeration or an urban myth. I would, however, argue that this specific subculture probably exists in Toronto – although I did not look for it as Dean did by visiting bathhouses and barebackers’ websites – as Toronto has a significant concentration of gay men. However, as a queer subculture, barebackers are not searching for recognition, as their “identity” and “cultural practices” reside precisely within the transgressive nature and secrecy of their actions.

That being said, condomless anal sex between men is one act that has many attached meanings. My participants, while they could technically qualify as barebackers for engaging in bareback sex, reject the identity, such as observed with Mauricio:

I don’t believe in using terms like that on a person. Saying like ‘oh I’m a barebacker, I’m a cocksucker, I’m a... and so on’. It’s kind of irrelevant. I mean, if we had to

categorize I guess you would say ‘yeah I do barebacking.’ But unless it’s your sole purpose in life and you wake up and ask yourself ‘who am I gonna bareback with today’ and then you line up fifty guys, then maybe you are a barebacker. But if you’ve had bareback sex, are you a barebacker? I don’t think so, I don’t believe that.

On the same topic, from knowing that Fernando engages at times in bareback sex, I asked him during our interview if he would call himself a barebacker. He replied:

Fernando: I honestly do not identify as a barebacker, although bareback sex is really hot and I love it!

Julien: Is there are a reason why you don’t want to be identified as a barebacker?

Fernando: Well with people I don’t know I will obviously try to use a condom most of the time – if not always. And to have bareback sex I would need to be more comfortable with the person and kind of know them and their status to be ok with having bareback sex with them. Even though it’s hot, there’s always that concern in my head. So I wouldn’t call myself a barebacker because I do wear condoms when I’m having sex, unless my partner is somebody I know and I trust.

Julien: Let’s say you were at a party and someone would say they are a barebacker what would you think of that?

Fernando: Well for me it’s not something I would say to my friends, ‘hey I’m a barebacker.’ I wouldn’t tell my friends about it, it’s not their concern. It’s my sexual life. It’s not that I’m ashamed of it, what I do does not concern other people, so unless you’re having sex with me, I don’t have to talk about it.

That being said, young gay men I spent time with do not reject condoms, they still use them depending on the context, and they do not fetishize risk and HIV, hence it is not a complete elimination of condoms or HIV prevention as it would be with a barebacker. In other words, for my informants who bareback, they are not doing it as a form of resistance such as it was presented in the context with Holmes et al. (2006).

These common representations of risk and danger attached to bareback sex would explain in great part as well why only one participant replied to the recruitment posters as young gay men did not believe themselves to be “what I was looking for with my research on bareback sex.” This approach for young gay men in not wanting to be associated in a certain way ties in

directly with the pre-exposure prophylaxis drug Truvada. The popularity of Truvada is emerging at an interesting time as it is challenging common representations and narratives attached to shame on bareback sex and brought a lot of contradictions during this research. Notably since there is a strong push towards stopping HIV transmission rates and Truvada has been proven to be just as effective, if not more, than condoms (Feinberg 2012) and would allow for bareback sex to happen without HIV transmissions. Truvada, also known as PrEP is an antiretroviral drug taken daily or “on demand” to significantly reduce the risk of becoming infected with HIV (Aschenbrenner 2012; Coutinho & Prasad 2013). Yet, the shame attached to barebacking may find its repercussions in Diego’s interview when I asked him if he would consider taking Truvada:

Diego: No, I think that I’m smarter about the disease and I don’t think that I’m subjected to the disease as much as I’m aware of it, so I don’t think it’s necessary for me to take a pill a day.

Julien: No? Even though you like bareback sex?

Diego: I love it! But I think that I’m smart enough to know who to have it with.

Julien: Ok, so you would not take Truvada even though it prevents HIV?

Diego: No, even though it sounds amazing, I don’t think I’m a high-risk individual. I don’t consider myself a high-risk individual, even though I’m gay and I enjoy partaking in bareback sex, but I would not consider myself a high-risk individual, not today, not tomorrow.

[Later on during our interview covering the shaming of gay men using Truvada]

Diego: If you are taking the Truvada pill, you are being very, very smart about it, and I commend you. You’re not a “Truvada-whore” at all. You’re just a smart person, as a matter of fact, very smart for taking it, considering you’re a high risk individual and that you are knowledgeable about the disease.

The “Truvada-whore” reference is a label made popular by David Duran back in 2012 in the Huffington Post, where the author showed a very critical stance on gay men taking Truvada

to bareback. In 2014 he returned to the subject with a changed opinion writing again in the Huffington Post, “I now believe that whether Truvada is being used by a monogamous couple, a single promiscuous person, a sex worker or anyone who chooses to take the pill, is doing the right thing for themselves.”⁸ Not everyone has changed their opinion on Truvada, however. For example, famous AIDS activist and gay moralist Larry Kramer commented, “anybody who voluntarily takes an antiviral every day has got to have rocks in their heads. There’s something to me cowardly about taking Truvada instead of using a condom. You’re taking a drug that is poison to you, it has lessened your energy to fight, to get involved, to do anything.”⁹ As for Michael Weinstein, the president of the AIDS Healthcare Foundation, has called Truvada a “party drug” and a “public health disaster in the making” (Belluz 2014: 3811).

As explored earlier within the literature, avoidance of risk is associated with intelligence, or more precisely rationality. This is exemplified in what Diego said on someone taking Truvada “being very, very smart about it” since the individuals are taking the precautions to avoid risks of HIV transmission. Yet, Diego described himself as “smart enough to know who to have [bareback sex] with” and would not consider taking Truvada. He even rejects being perceived as a high-risk individual despite that he has bareback sex. This contradiction reflects precisely the shameful notions that have been rooted in bareback sex and that Truvada is coming in some manner to challenge the common representations of the sexual practice.

Diego is not the only one to think in this fashion, but was similarly affirmed by Logan. I originally believed with Logan’s association of casual sex with HIV and his strong fear of

⁸ Duran, David. 2014. *An Evolved Opinion on Truvada*. Huffington Post, March 27th. Available at: http://www.huffingtonpost.com/david-duran/truvadawhore-an-evolved-o_b_5030285.html

⁹ Healy P. 2014. *A lion still roars, with gratitude*. New York Times, 21 May. Available at: <http://www.nytimes.com/2014/05/25/arts/television/larry-kramer-lives-to-see-his-normalheart-filmed-for-tv.html> (accessed 29 May 2014).

becoming HIV-positive, Truvada would offer a sense of security for him or excitement in terms of HIV prevention. However, that is not the case:

Logan: I would not consider using Truvada. I feel like it's basically, I don't know, I feel bad. It would be a little too much. You leave your house, there's always a risk, why would you focus solely on this thing? You could get hit by a car, is that pill going to save you from being hit by that car? No.

Julien: But what about women who take the pill every day?

Logan: HIV is different than having a baby because a baby you can take care of and you can nurture and everything, and bring it into this world and stuff. And HIV, it's a disease that slowly kills you, or more precisely slowly decreases your immune system.

Julien: Then *why not* take the pill?

Logan: I think condoms are enough you know? I mean, you can have an assortment or a kit of protections and everything, but at the same time, regardless of this kit, you are still putting yourself at risk. You have to suck it up and say 'I'll take whatever life throws at me' and just walk out the door.

Julien: So what would you think if you had a friend taking Truvada?

Logan: I would say 'good job, you are being smart.' I'm always for someone who's going the extra mile to take care of themselves.

Logan's last comment of associating intelligence with the "care of the self" by going the extra mile contradicts his previous comment of "sucking it up" and accepting whatever risk might come one's way. Furthermore, Logan says condoms are enough, although previously during the interview he explained that he would not have sex with someone HIV-positive even if a condom were to be used, as he does not want to take the risk. Nonetheless, in combining what Diego, someone who has bareback sex, and Logan, someone who's against bareback sex, both had to say, it is easy to recognize that the concept of risk is automatically attached to PrEP and by extension relates to promiscuity. This may be shown with a comment Logan made later on during our interview, "this pill is probably for someone, I would think for someone who would

have a lot of sex. That they have a lot of sex with different people. I mean, that's how you contract HIV.”

Thus, it is not a rejection of the science of risk, but rather a refusal to be identified as an at-risk individual due to the stigmatization around risk by associating it with stupidity or other negative characteristics. This trend may be observed by looking at the various condom ads from public health agencies, where there are two strong messages: one being attached to intelligence and the other one around fear of HIV and promiscuity. Those messages are represented in figures 1 to 5 of the appendix. What is important to recognize are the repercussions of such messages in constructing representations of bareback sex and how it relates to stigmatization of HIV-positive individuals.

Outcomes of such messages may concretely be observed in the case of Logan who does not have sex with people living with HIV. At one point, he compared having sex with someone who is HIV-positive to jumping off a plane without a parachute. Such imagery is represented in Figure 1 where two men are shown falling off a skyscraper (which could translate into a metaphor of being suicidal to have sex with someone who is HIV-positive) stating, “Having sex without protection is dangerous.” When Logan made that comparison during our interview, I asked if he was being serious since jumping off a plane without a parachute would lead to an instant death, whereas HIV-positive people live healthy lives. Logan replied from a firm tone,

Yes I think it is the equivalent because my life would change in the sense that I would be looked at differently by society, I'd have to take different drugs to curb the effects of the disease. Psychologically my mind would go crazy if I had HIV. I'm giving all those anxieties and fear that I have to this person I don't know. So no I would not have sex with someone who is HIV-positive. My life would be over.

This representation of an instant death from having sex with someone HIV-positive is seen in the MTV ad in Figure 2. The condom is supposed to represent having stopped a bullet,

thus characterizing an HIV-positive man and his semen as a firearm. The same imagery of a person living with HIV being a gun is present in figure 3. A comparison is made to playing Russian roulette sending out the message that the possibility of unprotected sex with an HIV-positive person is not worth the risk of contracting HIV, represented as instantaneous death.

Ahmed used a similar imagery twice during our interview when he commented that he “would not play with fire” by having sex with someone who is HIV-positive. This image is represented in figure 4, along with the message “Don’t be stupid. Protect yourself.” And in figure 5 where an HIV-positive person is meant to represent a poisonous scorpion. It is easy to recognize those ads are conveying a message that people who are HIV-positive are perceived as monstrous and dangerous due to their HIV-positive status. Nonetheless, while the goal of such ads is to push condom use in HIV prevention, it could be argued that there’s a certain backlash in stigmatizing HIV-positive individuals. It is evident that the young gay men I interviewed who bareback do not abide by those communications in their barebacking experiences. Yet when talked about, especially in public, barebacking may be referenced under such representations. This would explain why informants answered the way they did at beginning of fieldwork, claiming not to engage in condomless sex, since they must have believed a researcher on the subject of barebacking might think of them as suicidal or reckless like the common representations depicted in public health HIV prevention messages.

That being said, just as I have attempted to demonstrate in the previous chapters, I would then argue that there is a dissociation between what is being scientifically and popularly said and what is being experienced subjectively by young gay men. While barebacking is painted under negative representations, such as saying that men who bareback are engaging in this practice because of perhaps internalized homophobia that would influence them to act recklessly by not

using condoms, the young men I spent time with understand their sexual practices as “normal.” This could explain why they originally said they did not engage in bareback sex and have such strong opinions on the practice and as the public health ads have shown, barebacking is “stupid” and “suicidal.” Nonetheless, when talking about bareback sex in relation to young gay men, there exists another disconnect between what the young gay men experience and what is said popularly but is related to a generational issue. As it will be explored in the following chapter, while condomless sex between men and living with HIV is different today than three decades ago, an older generation still visualizes bareback sex through traumatic memories, which do not coordinate with the experiences of young gay men I spent time with in Toronto.

Chapter 6 – Bareback Sex, Glamour and Traumatic Memories of AIDS

I think that the young gay community doesn't know about the AIDS crisis or about HIV. They glamorize it as the disease of one-pill-a-day.
– Diego

From the voices of young gay men and their subjective understandings of science related to bareback sex and HIV, it was possible to understand why they originally said they did not engage in condomless sex due to shameful representations attached to barebacking. Yet, there exist another important component attached to pessimistic representations of bareback sex that is not exactly shame nor necessarily related to biomedicine. It is rather the traumatic memories of earlier times of the AIDS epidemic that shape the representations associated with bareback sex. This element of memory was not present during interviews with young gay men, but through an ethnographic approach that manifested itself predominantly by doing participant observation at AIDS-related conferences, at AIDS charity events and other gay-themed activities during Pride Week. Additionally, this theme emerged largely by analyzing various newspapers, videos, movies, online articles and blogs on the theme of barebacking, even more so when looking at the comments left by the readers and viewers within the comment sections.

Certain recurring references and comments about traumatic memories connected to bareback sex are present. This is talked about in terms of a generational issue connected with younger gay men. Whenever the subject of barebacking and gay men is present, a frequent comment made primarily by older gay men is noticeable. Attempts to discourage younger generations from having bareback sex, there is a movement to reference to the worst and most painful days of the epidemic in the 1980s and early 1990s. Such an approach references the experiences of an older generation of gay men and how it was when they attended more funerals than birthday parties. Benjamin commented on an online piece that we should be dedicated to

“educating the rising young generation on the horrors of the hell that our community passed through in the 80’s and 90’s wherein many thousands died terrible deaths as a result of HIV/AIDS. Educate [...] and teach responsibility!” Or within this same line of thought, Peter said, “now all I see are young people who have no concept of what happened in the early years [...] young people who see HIV and AIDS as chronic and manageable.” And Floyd stated, “That attitude among the younger generation frightens and sickens me [in connections to barebacking]. Many of us from the older generation who saw friends and loved ones die will never understand.”¹⁰

Additionally as a more public example, Star Trek actor Zachary Quinto commented in an interview on Truvada saying “AIDS has lost the edge of horror it possessed when it swept through the world in the ‘80s. Today’s generation sees it more as something to live with and something to be much less fearful of. And that comes with a sense of, dare I say, laziness.” This comment was followed by a backlash to which Quinto replied: “What troubles me – and what I was trying to speak to in my interview – is an attitude among some of the younger generation of gay men – that we can let our guard down against this still very real threat to our collective well-being. I have had numerous conversations in my travels with young gay people who see the threat of HIV as diminished to the point of irrelevance. I have heard too many stories of young people taking PrEP as an insurance policy against their tendency toward unprotected non-monogamous sex. That is my only outrage.”¹¹

I witnessed those comments first-hand during my fieldwork in Toronto at AIDS conferences, AIDS fundraiser like the AIDS candlelight vigil and at the gay film festival. The

¹⁰ ‘Barebacking,’ Or Unsafe Sex, Is On the Rise Along with HIV/AIDS (Video). Huffington Post, February 27th 2013. Available at: http://www.huffingtonpost.com/2013/02/27/barebacking-unsafe-gay-sex-rising-n_2776867.html

¹¹ Quinto, Zachary. *On the Response to My OUT 100 Interview*. Huffington Post, November 14th 2014. Available at: http://www.huffingtonpost.com/zachary-quinto/on-my-cover-interview-for_b_6158498.html

movie *The Normal Heart* (2014), based on the early days of the AIDS epidemic in the 1980s, was shown on the premiere night of the film festival. The difficult times for gay men who were dying and the gay men who were taking care of them were presented throughout the movie. Before the showing, there was a cocktail reception for an AIDS fundraiser. The crowd in attendance was principally made up of older gay men and as I was introduced to many individuals, a few comments were made on how it was great to see a younger person taking an interest in the subject since, according to the people present, younger gay men “don’t care about the issue.” Once again it was assumed that the goal of my research was to promote condom use for young gay men. It is however noteworthy to highlight that it was a minimum of a \$100 donation to attend that cocktail reception and see the premier of the movie, which could greatly explain why younger gay men might not have attended that event. Later that week during the film festival, similar comments were made at the presentation of the documentary on the origin and history of the AIDS quilt memorial titled *The Last One* (2014).

A related type of comment was also made when I went and was tested for HIV at a gay-friendly clinic that had been mentioned by some of my informants who are tested for free at this location every few months. Just as I had expected from previous experiences, as I entered the clinic it was very quiet inside the waiting room – making it more uncomfortable – with the men waiting their turns to have their number called by a nurse or a doctor. The only individuals talking in the waiting room were two coworkers platonically chatting about work just to make polite conversation, since it is possible to suggest they did not want to see a colleague at a sexual health clinic. As the first hour of waiting passes slowly by, the men present become bored with playing games on their cell phones, or appeared less than entertained as they flip rapidly through the available magazines. They cross arms and let out long exhales as they switch the crossed leg

from one to the other while leaning back on their chair. The “excitement” is there every time a nurse or doctor comes into the waiting room to call out a number with the men present “hoping” they will be called as if it were lottery by looking at the piece of paper with the number in their hand. Finally a nurse in her fifties comes in the waiting room and says “number 43” – it is now my turn.

As the nurse draws my blood to test for Hepatitis-C and syphilis, I tell her about the movie *The Normal Heart* and recommend that she see it. She said she had not heard of the movie and once I explained to her it was about gay men in the 1980s during the AIDS crisis, she replied saying that she did not need to see the movie as she had experienced “it” herself. She explained that rather than those her age; it should be young gay men going to watch the movie. She shared with me that at the beginning of the AIDS epidemic, when no one knew much about the virus and its transmission, AIDS patients were not allowed in hospitals as there was a fear people with AIDS would transmit the virus to other patients in hospitals. As a recent graduate from nursing school at the time in the early 1980s, the nurse was telling me that she was the one taking care of her gay friends at home and helping them in the process of dying. She then explained that she’s been involved around issues related to gay men and HIV ever since – hence the reason why she works one to two shifts a week at this gay clinic in addition to her regular fulltime job. I then proceeded to tell her that I was doing research on barebacking. She expressed interest that I was doing research on the subject since she believes it is important to “help” gay men as they are a marginalized group. She also added, “it is too bad young gay men didn’t experience that difficult period.” Her comment implied that if younger gay men today had experienced the pain and horror of the worst days of the AIDS epidemic, they would be less likely to engage in bareback

sex. She followed commenting how it is unfortunate today that there is less of a collective movement from the gay community to fight HIV as there once was in the 1980s and 1990s.

This tendency to look at young gay men who bareback today and compare it back to the worst days of the AIDS epidemic was present throughout the duration of fieldwork. The comments made by an older generation wishing that younger gay men could or should experience the pain and hard times of that period have been used as an attempt to prevent this younger generation from engaging in bareback sex, as it presents a risk of exposure to HIV. By always looking back at the AIDS epidemic in the 1980s and 1990s as a reference point for bareback sex today, it became clear that this image is disconnected with the contemporary reality of living with HIV for young gay men. As an example, aside from simply talking about the burial of gay men who died from AIDS, there is also a tendency to make references to the deteriorating of the bodies of people with AIDS before the arrival of antiretroviral medication in the mid-1990s. The image of people with AIDS being skinny, weak and covered in Kaposi Sarcoma lesions is sometimes used as a scare tactic to encourage younger gay men to refrain from engaging in bareback sex. Yet, the body and health of HIV-positive people today does not resemble that. When I told a doctor in Toronto I was researching bareback sex, he said, “barebacking is absolutely disgusting” and added that he had two patients die from AIDS in the early 1990s and does not understand why any gay man would have condomless sex with that as a possibility of what could happen. Yet, some men living with HIV today have shared that they are in better health now, because they take better care of themselves and describe finding out about their HIV-positive status as a “wake up call.” The pain and suffering of gay men of earlier times then becomes transformed into a tool for HIV prevention often geared toward young gay men with the hopes of instilling a sense of shame and guilt to the sexual act.

Following this line of thought on traumatic memory and bareback sex, during my interview with Jose, he explained that it would be unimaginable for his mother that her gay son would have condomless sex, even with his long-term relationship boyfriend. Though this has nothing to do with Luke himself, as she really wants the two of them to get married so they could adopt and she could become a grandmother. While Jose is quite happy that his mother is very enthusiastic for her son to be in a relationship with Luke, he and his boyfriend do not share the same hurry in wanting to get married since they are still students in university. They do not live together as they are enjoying having their own space. Nonetheless, as it was explored earlier, Jose does engage in bareback sex with his boyfriend even though his mother would disapprove, which is why he has not told her despite the fact that he feels comfortable talking to his mother about a lot of topics. He's also more specifically in an open relationship with Luke; he however did not indicate if he's shared that information with his mother, which would be possible to suggest that if it is unimaginable to her according to Jose that he would engage in condomless sex with a long-term boyfriend, being in an open relationship is most likely something he does not share with his mom. Jose explained that his mother was a nurse during the 1980s and saw the terror and pain of what AIDS did to gay men and talked about those painful memories with her son as she witnessed them first hand. This is why it would be "inconceivable" – that her 23-years-old gay son would have condomless sex, even if it is with his long-term boyfriend. It is then possible to understand that this traumatic memory is shaping representations of bareback sex for Jose's mother.

Hence, bareback sex when it connects more specifically to younger gay men has painful symbolic mnemonic representations of past traumatic periods attached. Anthropologist Fassin explains that history and memory embody the relationship of time (2007: 4), yet as it relates to

condomless sex between men today, younger gay men do not possess this memory since they did not experience it, they only possess the images and representations that may be viewed in documentaries and movies or talked about by an older generation. In the context of this anthropological research, the concept of memory is used to describe how an older generation remembers an epidemic, which has repercussions today and influences how understandings of bareback sex and HIV are shaped with young gay men. The notions of “gay identity” and “gay culture” could be used to talk of the history and memory of the AIDS epidemic in connection to bareback sex. However, the element making it different is that today, when dealing with HIV and bareback sex, it is predominantly through biomedical approach and scientific language, which by default is not supposed to have emotions or memories and by definition has to be objective. Yet in this context, “the value of memory is obviously not objective but a subjective essence” (Parr 2008: 166). The pain of the AIDS epidemic in the 1980s shapes the contemporary understandings and representations of bareback sex and HIV-positive (young) gay men, despite the fact that people who are HIV-positive can live healthy lives. This thought is more apparent when looking at other illnesses, such as cancer or diabetes, since they do not possess the same historical mnemonic representations to shape them.

As Deleuze says, “a scar is the sign not of a past wound but of the present fact of having been wounded” (Parr 2008: 24), this applies to a young gay men who would become HIV-positive today through bareback sex. Although biomedical research will show that an HIV-positive gay man will live a healthy live, he will still be looked at through historical lens of pain as his HIV-positive status may be a representation of painful earlier times – thus his HIV-positive status being a scar. “When expressing grief over a violent event, a community often memorializes the area where the incident happened, paying tribute to the victims of violence”

(ibidem. 143) such as in the case of statues and memorials. Yet, in the context of the AIDS epidemic having a status of trauma (Cvetkovich 2013: 376), despite the AIDS quilt and various AIDS memorial stones and monuments across larger cities such as in San Francisco or Toronto, there were no specific geographic locations of major trauma like the Ground Zero, no Auschwitz nor Pearl Harbor. Instead there is an act, condomless sex for gay men, which represents the remembrance of pain of AIDS for gay men.

Within this idea of traumatic memory and bareback sex, as an attempt to explain why young gay men want to have condomless sex, psychologist Shernoff argues that “younger men want to experience pre-AIDS sex” (2005:68) and adds more specifically:

Gay men of the generations that came out into a world where AIDS was already a reality grew up knowing they had missed the halcyon days of gay men’s sexuality. They felt left behind and envious of what they missed. They may also consciously or unconsciously measure their sex lives against the now-mythic time of the 1970s and feel frustrated and resentful of the precautions they must take to avoid HIV infection (ibidem. 21).

I disagree with this argument as he is talking of nostalgia for experiences young gay men did not have and Shernoff is romancing gay men’s sexuality prior to the AIDS epidemic, which would suggest that gay men’s sexuality was “better” in the 1970s than today. HIV/AIDS has always been present for young gay men today and their sexual behavior is indeed greatly shaped by the virus, even though their sexual practices may take different forms. Furthermore, even if young gay men have always experienced sex with the threat of HIV – as opposed to an older generation – I would argue that (unlived) nostalgia is not a factor that would push young gay men to have condomless sex. Principally as they might not necessarily make the connection of socio-historical difference of pre and post AIDS sex. Furthermore, according to Shernoff’s argument, young gay men would intentionally have bareback sex as a message to highlight their jealousy or envious nature of not being able to have condomless sex without the presence of HIV

as gay men from earlier times were able to do. Even if young gay men were jealous of this romanticized representations of older generations of gay men, it would not influence them today to have bareback sex as it does not cancel the risk of HIV as they are scientific subjects themselves when engaging in sex as explored previously.

In the scientific literature, age is constructed as an important factor in connection to vulnerability of HIV transmission. As it has been emphasized by some other researchers, younger generations of gay men that did not live through the beginning of the AIDS epidemic are less worried about becoming HIV-positive due to the fact that they did not witness the worst days of the epidemic (Boyce et al. 2007: 18; Halkitis 2007: 38; Junge 2002: 191). Hence, once again, building HIV prevention from visual painful representations. Additionally, as argued by Suarez and Miller on bareback sex, many gay youth may be irrational risk-takers because they might have never known someone living with HIV and might have pessimistic attitudes towards their future due to the fact that they are gay (2001: 293). In other words, within the preventative approach, age is then understood as a factor to vulnerability to HIV infection (Schilder et al. 2008: 668; Whelehan 2009: 35).

By watching documentaries and movies, and listening to an older generation talk about the AIDS crisis in the 1980s and 1990s, it is clear that the pain from those times played an important chapter in the history of gay people. Being present at the AIDS candlelight vigil in Toronto also made it evident that AIDS not only affected gay men as the different people present were holding each other and crying for the passing of a sister or a mother perhaps, with pictures glued on posters to remember the deaths of loved one. Though I originally framed this approach as a form of nostalgia, it however changed when I saw the documentary on the history of the AIDS crisis in San Francisco called *We Were Here* (2011). Towards the end of the documentary,

after individuals who had lived through the AIDS crisis shared their painful stories, one of the older men commented on being happy to be dating a younger gay man who thankfully did not have to live through the horrible times of the early days of the AIDS epidemic. This comment was going to the opposite of the general movement of going back to the worst times of the AIDS epidemic as a reference to young gay men today. This then invites a reflection upon the repercussions of such discourses and narratives, more precisely as it relates to representations of young HIV-positive gay men.

As the traumatic memories of AIDS are used as a type of HIV prevention tool, which may take the form of a shameful approach, it is done predominantly by an older generation. There exist however repercussions of such a message that will be used by young gay men themselves to shame or problematize the sexuality of young gay men in connection to HIV and bareback sex. A recurrent comment that was often made throughout fieldwork, either by old or young generations, is the idea of the “glamorization of HIV” for younger gay men. As a concrete example, Diego commented more precisely during our interview, “I think that the young gay community doesn’t know about the AIDS crisis or about HIV, they glamorize it as the disease of *one-pill-a-day*.” This idea ties in with the comments that were highlighted previously, such as from actor Zachary Quinto, where there is a critique of a newfound lack of fear of condomless sex and HIV. Shernoff made a similar comment where he criticizes the current representations of people living with HIV by saying, “gone are references to AIDS as the grim reaper. Today’s images of persons living with HIV are of healthy, virile, and physically fit individuals” (2005: 290). He also adds, “for the past several years, advertisements run by pharmaceutical companies for antiretroviral drugs always picture young men (and women) looking robust and buff and engaged in strenuous physical activity like climbing mountains or sailing. These visual

representations of people with HIV and AIDS reinforce the mistaken notion that HIV is no longer a serious or even life-threatening condition” (ibidem. 20).

Although it is important to note that Shernoff’s comment was from a decade ago in 2005 and some changes have occurred in the treatment for people living with HIV, there is nonetheless the same essence of disdain for representations of “happy” HIV-positive individuals. Someone living with HIV who is seen as happy is thus interpreted as a form of threat in HIV prevention as it is imagined that it will incite individuals – more specifically young gay men – in having bareback sex by supposedly “glamorizing” HIV. By default, it could then be argued from those opinions that it is rather wished that HIV-positive people be portrayed as unhappy or in pain as an attempt to refrain gay men from having condomless sex.

Upon the concept of happiness and its representation, feminist scholar Sara Ahmed explains that “happiness becomes a more genuine way of measuring progress; happiness, we might say is, the ultimate performance indicator” (2010: 4). Yet, I would argue that it is not the case in the context for people living with HIV. As biomedical progress is made towards development of treatment for people living with HIV, a certain happiness would be expected to be found that the quality of life for HIV-positive individuals is improving, but it does not seem to always be the case. The feeling of happiness, and more precisely the feeling of wellbeing such as “being healthy” – as health is constructed as a measure of happiness – for HIV-positive individuals is rather understood as a threat to HIV prevention as it is possible to see with the critique on the idea of the “glamorization of HIV.”

As Ahmed talks of a happiness script, a parallel for someone becoming HIV-positive may be made with “the parental responses to the child coming out, [as it is] not so much expressed as being unhappy about the child being queer, but as being unhappy about the child being unhappy

[for being queer]” (2010: 92). This was concretely the case with Joshua, a young gay man I met towards the end of fieldwork in Toronto, where he shared to me he does not have sex with HIV-positive men. He explained more precisely that when his uncle told his family a few years ago that he was HIV-positive, Joshua’s mother took a week off from work to cry for her brother. After seeing the devastation of “unhappiness” that his uncle’s becoming HIV-positive had caused to his family, many of whom that could not stop crying for days, Joshua explained that he cannot wrap his head around the idea of having sexual contact with someone who is HIV-positive, by thinking of the pain HIV has brought to his family. Joshua shared with me that he uses the application Grindr to have casual sex, but, one night when he had gotten to the place of his hook-up, they had started making out on the couch and when they began to undress, the other man told Joshua that he is HIV-positive.

Upon hearing this, Joshua explained that he stopped kissing him and said he was no longer interested in having sex with the HIV-positive man. I then asked Joshua how the other man reacted, since I was thinking about the other man’s feelings. Joshua explained that the young gay man was accustomed to this reaction. Joshua then decided to stay and chat with him instead of leaving right away, wishing to not appear rude. I then told Joshua that he could have still had sex with the HIV-positive man using a condom if HIV transmission was a worry for him. Joshua replied he lost his sexual drive as he could only think of the pain the HIV-positive status of his uncle had brought to his family. Hence, it was not so much a fear of risk of HIV transmission that was restraining him to have sex with someone HIV-positive; rather it is the representations attached to *being* HIV-positive.

In returning to Diego’s comments on younger gay men glamorizing HIV, it is evident that some contradictions are present with what he was saying previously on why he has

barebacking. More precisely as it was quoted earlier, Diego had said during our interview on the subject of bareback sex: “I love it! But I think that I’m smart enough to know who to have it with.” He also explained he knew what it is like to live with HIV, which is an understanding based from friends’ testimonies and his own readings online of scientific journals. Although I would not argue that Diego “glamorizes” HIV, it was clear from conversing with him that he possesses very developed knowledge related to biomedical science around HIV and the risks of transmissions which diminishes his worries of becoming HIV-positive, and if were to happen, he knows living with HIV is not desirable but “not the end of the world” as he puts it. This can explain why he engages sometimes in bareback sex. Yet, why did Diego do this critic on the glamorization of HIV as in some way he could be talking about himself? It would once again relate to the fact that bareback sex has only negative representations attached to the sexual practice, which those representations are built upon the pain and sufferance that is utilized to construct the notion of being HIV-positive.

Some of those repercussions would manifest itself when gay men go to clinics to get tested for HIV. As commented by Jack during our interview:

Sometimes, honestly, I find when you’re going to a gay sexual health clinic, like I’ve been to some clinics in town that focus more on helping gay men, and sometimes the nurses and doctors seem to be more aggressive and negative about bareback sex. But I would really equate that to the fact that they’ve had bad experiences in the past. So maybe if gay men took more steps to avoid the risks, maybe the nurses and doctors are going to be less aggressive with gay men I think.

While Jack uses the expressions “aggressive” and “negative” to describe nurses and doctors when talked about condomless sex between men, it could be argued that it is based upon their own subjective understanding of HIV and bareback sex – especially as it is embedded in memory. Such an approach and attitude on behalf of health professionals may find repercussions in what Philip shared with me. Philip is an informant who has been in a relationship with his

boyfriend for the last five years. They engage in condomless sex with each other and on few occasions will have casual bareback sex with a friend, taking the form of a threesome. Both partners are HIV-negative, but Philip has told me that if he were to become HIV-positive through engaging in bareback sex with a casual partner, he would not disclose this information to other people. Due to his line of work, Philip has the opportunity to travel in different locations of the world, more specifically in Latin America. He then added that he would say he became infected with HIV by going to the dentist in a country like Mexico, “because people don’t need to know I bareback,” he said. Philip continued explaining more precisely to me, that this is why when he goes to the clinic to get tested for HIV, he does not bother to tell the nurse or doctor that he’s had condomless sex because “that’s not what they want to hear.” Having a very strong personality, which goes in hand with his line of work as a businessman, Philip said the reason he has this attitude is because once, when he disclosed to a nurse he had engaged in condomless sex, she had started to lecture him on the dangers of this sexual practice. He felt the nurse was treating him in a certain patronizing and condescending manner, hence why he lies on his barebacking practices “to make the nurse happy” by saying he uses condoms. He explained more precisely he felt he had no obligations to justify his sexual behavior to anyone, especially if he’s going to get tested for HIV.

CONCLUSION – Post-Barebacking: A New Chapter in the History of Bareback Sex

In Dean's latest article, he presents a retrospection of his book on the bareback subculture and argues, "in the North American context of men who have sex with men, *raw sex* is the term by which condom-free anal intercourse has come to be known. What used to be called *bareback* – and before that *unsafe sex* – is now described simply as *raw*" (2015: 225). He then adds, "*raw sex* bears the same erotically charged connotations as *bareback*, but without the stigma" (ibid.). While Dean may argue that now condomless sex between men does not carry stigma, I would strongly disagree, as it was possible to observe through this ethnography on condomless sex between young gay men in Toronto. Though stigma is not the only element that may be attached to bareback sex as the subjectivities of young gay men who bareback have presented, I would suggest talking of "post-barebacking" in characterizing condomless sex between men today.

As bareback sex may now be labeled as "raw sex" or "just *normal* condomless sex between men," my goal in talking of post-barebacking in the context of this anthropological research has less to do about the term attached to the sexual practice itself, but instead in highlighting the current reality of young gay men's sexual practices that possesses a certain "newness" to it while still being connected to the past with science always being weaved through it. In 2014, for the fifth special issue to focus on AIDS in twenty-five years in the journal *Medical Anthropology*, Hardon and Moyer (2014: 255) suggested that this issue on the "normalization of HIV/AIDS" will probably be the last special issue on the subject. Evidently the authors are not suggesting that HIV/AIDS is over, but rather wish to highlight the transformation of HIV and its meaning since the early 1980s, which follows the same logic I attempt to do in talking of post-barebacking. In thinking of post-barebacking, it is not to propose that HIV and bareback sex are over, but rather an attempt to offer a more accurate representation

of condomless sex between men while taking into consideration the friction between the past and present of gay men's sexuality as it interacts with public health and biomedical science.

Going into this anthropological research, the goal was precisely to explore the works of science and public health as it deals with the subjectivities of young gay men's experiences of bareback sex. While I felt discouraged at first with the lack of participation and involvement with young gay men as they said they did not engage in bareback sex, the ethnographic approach allowed for an exploration of barebacking that would not have been possible under different methodological circumstances. Through ethnography, the question of risk in connection to bareback sex and HIV was tackled whereby the young gay men I interviewed can be perceived as pragmatic as it deals with risk and their sexual practices. In connection to the previous literature on the subject, my informants do not reject or fetishize risk and HIV when it comes to bareback sex but rather articulate scientific knowledge through their sexual behavior that may take various forms. They do so while simultaneously being critical of the meanings bestowed upon risks, such as their condomless sexual experiences being perceived as dangerous and irrational, while the immorality of other risks are downplayed, like condomless sex for heterosexuals. Through their in-depth scientific knowledge on HIV, the young gay men who have bareback sex that I interviewed have come to a different understandings than the common representations of HIV and bareback sex, what it means to be living with HIV and to have sex with someone HIV-positive. Additionally, trust in scientific knowledge and their partners is a tool used to engage in bareback sex, as they are aware that risk does take place. This element of trust is one of the differences for the young gay men I interviewed in comparison with barebackers who belong to the barebacking subculture.

That being said, young gay men are not uninformed of the scientific and popular discourses attached to bareback sex, which is commonly painted under negative representations, which would explain why they responded the way they did – saying at first they do not have bareback sex. And to some extent they are right, they do not have bareback sex in some way, since barebacking is commonly imagined as something reckless motivated by either socio-psychological problems or as an intentional act of transgression, and that is not how the young gay men I spent time with experience in condomless sex. Thus why I suggest talking of post-barebacking in light of underlining the changing meanings and understandings of condomless sex between men and HIV. Furthermore, within this frame of post-barebacking it is important to make reference to gay men like Logan and Ahmed for example, that will not date or have any sexual contact with someone who is HIV-positive, even if a condom were to be used, as they do not want to take the slightest risk at exposing themselves to HIV – despite that condoms and antiretroviral medication have been scientifically shown to reduce significantly the risk of transmitting HIV when having sex. Yet, Logan and Ahmed are subjects of public health that do not engage in bareback sex and fear HIV-positive men, which ironically in parallel with what previous research on bareback sex in public health has said on gay men who reject condoms, Logan and Ahmed themselves are purposefully rejecting condoms and scientific knowledge.

That being said, in parallel with what Tomso labels the “new HIV/AIDS ethnographers” in reference to anthropologists Didier Fassin (2007), João Biehl (2008) and Mark Padilla (2007), he explains that they focus “simultaneously to the macro- social and subjective aspects of the pandemic, combining painstakingly researched ethnographies of individual subjects with a critical focus on the larger political economy of HIV/AIDS,” and then adds that “the most significant contribution of the new HIV/AIDS ethnographers is their ability to sidestep a

methodological problem that has hamstrung previous analyses of HIV/AIDS” (2010: 446-7). Tomso further explains that the works of the new HIV/AIDS ethnographers may be described as ecological as “it attends to the life of subjects in relation to their physical and social environments. This type of ecological analysis extends to the optics of both social-scientific and humanist inquiry by showing how subjects become intelligible in fields of governance, political economies, health-care networks, treatment campaigns, geographies, and other structures” (ibidem. 447-8). The objective of this current research was to follow this specific approach with ethnography as a methodological tool that allows to makes sense of the subjective realities of young gay men in Toronto as it connects to their experiences of condomless sex and HIV, without falling into the trap of intervention or prevention because of their sexual behaviors. This goes in line with anthropologist Lino e Silva who argues that the “daily experiences of sex need to be understood and represented far beyond the ‘scientific’ paradigm that is still dominant in anthropology” (2014: 3-4) which can be done through ethnography.

In talking of post-barebacking it is also important to highlight the rising popularity of Truvada as pre-exposure prophylaxis and the treatment as prevention advancements that are bringing new meanings in the history of bareback sex – nonetheless some elements persist. With over a year since I have started fieldwork, friendships stayed closer with some informants than others. Also, within the last year, Truvada has gained more popularity. Wayne is one of the participants I stayed in touch with, as we are constantly texting each other every week talking about everything and nothing. While a year ago he said he was not interested in taking Truvada, despite the fact he occasionally has bareback sex, this opinion changed a few months back – which I would guess is probably the case for other informants who said not being interested in using PrEP.

In contemplating taking Truvada, one of Wayne's biggest worries is the cost of the drug as it is roughly 50\$ a pill or around 1000\$ a month without medical insurance. When he shared this concern with me, I asked Wayne why he does not asks his parents since he had once told he was still covered by their insurance since he's still a student in university. "You really think I would ask my parents for a prescription drug that would let them know I fuck without condoms." Evidently I had not thought this thru that Wayne's parents would most likely wonder why he would need a prescription for a daily drug that costs approximately a little above a thousand dollars a month (without insurance) and that it might be uncomfortable for him to explain to his parents that he does not always use condoms when he has casual sex.

That being said, in his latest article, Dean highlights this specific problem by stating "to inquire about Truvada for PrEP may be felt as a sign of failure or a confession that one wishes to behave in a way that the mainstream gay community has coded as immoral" (2015: 230). While I agree with the author on this point, it does seem to contradict his previous argument saying that "raw sex" is condomless sex between men without the stigma, as condomless sex between men even with the use of Truvada is evidently still stigmatized. Nonetheless, the main objective of his article is more precisely on problematizing the use of Truvada as a pre-exposure prophylaxis. Although one might instinctively assume that Dean – a self-identified barebacker – would perhaps be excited for Truvada as PrEP, it is however not the case. One is then reminded that the bareback subculture is motivated by intentional resistance of medicalization, hence "from [a foucauldian approach on biopower] adopting Truvada risks defeating the purpose of bareback as a practice of resistance to mainstream health norms" (Dean 2015: 233). Dean critics this new medicalization of bareback sex that is done through the use of Truvada, since by consuming this pharmaceutical drug, the individual needs to be monitored by health professionals and "sexual

surveillance now can bypass subjectivity altogether by going directly inside the body to elicit information [the concentration of the antiretroviral drug inside the blood]. In this way, the new technologies make visible a chasm between what gay men are willing to tell medical or scientific authorities and what they are actually doing in their everyday lives” (Dean 2015: 231).

While perhaps in the near future there will be a strong push from a public health perspective to encourage all gay men to take PrEP, another form of medicalization of bareback sex as Dean suggest, there will be resistance from barebackers. As it relates to the young gay men I interviewed who have condomless sex, I would argue that they will be pragmatic as Truvada is another technology for having sex. It might be possible to suggest for example that in some context where one can't be on Truvada will have to put trust in a partner that says they are using PrEP to mitigate the risk of exposure of HIV. It's possible to argue furthermore that PrEP will come and challenge the law, especially as it connects to sex and the question of science, consent and responsibility of adherence of consuming Truvada as PrEP. Nonetheless, although I can only say this anecdotally from the few gay men I know who have recently begun taking Truvada, while they say condoms are still being used for casual sex, they've explained that they will still not “take the risk” in having sexual contact with HIV-positive individuals, regardless of Truvada, condom use and the HIV-positive partner on treatment. The stigma of being HIV-positive is something that has not been fully challenged.

APPENDIX

Interview Guide Questions

1. Tell me why you wished to participate in this research?
2. What is your definition of barebacking? And do you identify to a “barebacker identity”?
3. How would you describe your knowledge on HIV and its transmission?
4. How would you describe your relation (as someone who barebacks) with the medical/public health world, such as with nurses and doctors?
5. What are your thoughts on MSM (men who have sex with men) as a risk group/category?
6. Do you think that age, more specifically younger generations, is an important factor when looking at barebacking?
7. What are your thoughts on the criminalization of HIV-positive individuals for not disclosing their HIV status when having sex?
8. Is PrEP (pre-exposure prophylaxis) something you consider using?
9. What should be the role of public health and prevention in relation to HIV (and MSM/barebacking)? What role do you think bareback pornography occupies in relation to prevention and the discourse around HIV?
10. Do you have anything else to add?



Figure 1. (Source: Ministère de la Santé, Luxembourg. 2008. Art Director: Marel Veelo)



Figure 2. (Source: Advertising Agency Ogilvy & Mather Lisbon, Portugal. 2007. Creative Director: Edson Athayde)



Figure 3. (Source: Ministère de la Santé, Luxembourg)



Figure 4. (Source: Agency of Advico Young & Rubicam, Switzerland)



Figure 5. (Source: Campaign developed by TBWA/France for AIDES)

BIBLIOGRAPHY

- Adam, Barry et al. 2005. “AIDS optimism, condom fatigue, or self esteem?” in *Journal of Sex Research*, vol. 42, pp.238-48.
- Adam, Barry. 2005. “Constructing the neoliberal sexual actor: responsibility and care of the self in the discourse of barebackers” in *Culture, Health & Sexuality*, vol.7, no.4, pp.333-346.
- Adam, Barry et al. 2008. “Circuits, Networks, and HIV Risk Management” in *AIDS Education and Prevention*, vol. 20, no. 5, pp. 420-434.
- Ahmed, Sara. 2010. *The Promise of Happiness*. Durham: Duke University Press.
- Altman, Dennis. 2003. “Globalization, Political Economy and HIV/AIDS”, in *Sexualities & Society. A Reader*. Jeffery Weeks, Janet Holland & Matthew Waites (eds.). Cambridge: Polity Press.
- Amon, Joseph J. 2013. “The “Right to Know” or “Know Your Rights”? Human Rights and a People-Centred Approach to Health Policy” in *When People Come First. Critical Studies in Global Health*. João Biehl & Adriana Petryna (eds.). Princeton and Oxford: Princeton University Press.
- Andrieu, Bernard. 2004. “La fin du biopolitique chez Michel Foucault” in *Le Portique*, no. 13-14, pp. 2-9.
- Aschenbrenner, Diane. 2012. “Truvada: The First Drug Approved to Prevent HIV Infection” in *American Journal of Nursing*, vol. 112, no. 11, pp.20-21.
- Ashfort, Chris. 2015. “Bareback sex, queer legal theory, and evolving socio-legal contexts” in *Sexualities*, vol. 18, no. 1-2, pp. 195-209.
- Baggaley, Rebecca; White, Richard & Boily, Marie-Claude. 2010. “HIV transmission risk through anal intercourse: systematic review, meta-analysis and implications for HIV prevention” in *International Journal of Epidemiology*, vol. 39, pp. 1048-1063.
- Belluz, Julia. 2014. “The Truvada Wars” in *BMJ*, vol. 348, issue: June, pp.g.3811.
- Benn P. et al. 2011. “UK Guideline for the use of post-exposure prophylaxis for HIV following sexual exposure (produced on behalf of the BASHH PEPSE Guidelines Writing Group Clinical Effectiveness Group)” in *International Journal of STD and AIDS*, vol. 22, no. 12, pp. 695–708.
- Benotsch, E., Kalichman, S. & Kelly J. 1999. “Sexual Compulsivity and Substance Use in HIV-Seropositive Men Who Have Sex With Men: Prevalence and Predictors of High-Risk Behaviors” in *Addictive Behaviors*, vol. 24, no. 6, pp. 857-868.
- Berg, Rigmor. 2009. “Barebacking: A Review of the Literature” in *Archive of Sexual Behavior*, vol. 38, pp. 754-764.
- Biehl, João. 2008. *Will to Live: AIDS Therapies and the Politics of Survival*. Princeton: Princeton University Press.
- Biehl, João and Byron Good with Arthur Kleinman. 2007. *Subjectivity: Ethnographic Investigation*. Berkeley: University of California Press.
- Billette, Jean-Michel & Janz, Teresa. 2011. *Injuries in Canada: Insights from the Canadian Community Health Survey*. Statistics Canada.
- Boyce, Paul et al. 2007. “Putting sexuality (back) into HIV/AIDS: Issues, theory and practice” in *Global Public Health*, vol. 2, no. 1, pp.1-34.

- Brown, Tim. 2000. "AIDS, risk and social governance" in *Social Science & Medicine*, vol.50, pp.1273-1284.
- Carballo-Diéguez, Alex et al. 2010. "'Bareback' – definitions and identity Constructs' limitations for HIV-prevention research" in *Routledge Handbook of Sexualities, Health and Rights*. Peter Aggleton and Richard Parker (eds.). London and New York: Routledge Handbooks.
- Carballo-Diéguez et al. 2011. "Sexual Pleasure and Intimacy Among Men Who Engage in 'Bareback Sex'" in *AIDS and Behavior*, vol. 15, pp. S57-S65.
- Cohen, Jon. 2011. "Breakthrough of the year. HIV treatment as prevention" in *Science*, vol. 23, no. 334, pp.1628
- Cornu, Laurence. 2003. "La Confiance" in *Le Télémaque*, no. 24, pp.21-30.
- Cottingham, Jane. 2010. "Sexual and Reproductive. Connections and Disconnections in Public Health" in *Routledge Handbook of Sexuality, Health and Rights*. Peter Aggleton and Richard Parker (eds.), pp.146-152. New York: Routledge.
- Chequer, Pedro; Cuchi, Paloma; Mazin, Rafael & Garcia Calleja, Jesus. 2002. "Access to antiretroviral treatment in Latin American countries and the Caribbean" in *AIDS*, vol. 16, suppl. 3, pp. S50-S57.
- Coutinho, Barry & Prasad, Ramakrishna. 2013. "Emtricitabine/Tenofovir (Truvada) for HIV Prophylaxis" in *American Family Physician*, vol. 88, no. 8, pp.535-540.
- Cottingham, Jane. 2010. "Sexual and reproductive. Connections and disconnections in public health" in *Routledge Handbook of Sexuality, Health and Rights*. Peter Aggleton and Richard Parker (eds.). Oxon and New York: Routledge.
- Cvetkovich, Ann. 2013. "AIDS Activism and Public Feelings: Documenting ACT UP's Lesbians" in *The Routledge Queer Studies Reader*, Donald Hall, Annamarie Jagose, Andrea Bebell & Susan Porter (eds.). New York: Routledge.
- Darden, Craig. 2006. "Promoting Condoms in Brazil to Men Who Have Sex with Men" in *Reproductive Health Matters*, vol. 14, no.28, pp.63-67.
- Danziger, Renée. 1998. "HIV Testing and HIV Prevention in Sweden" in *British Medical Journal*, vol. 316, pp.293-295.
- Davis, Mark. 2002. "HIV Prevention Rationalities and Serostatus in the Risk Narratives of Gay Men" in *Sexualities*, vol. 5, no.3, pp.281-299.
- Davis, Oliver. 2015. "A Special issue of *Sexualities*: Bareback sex and queer theory across three national contexts (France, UK, USA)" in *Sexualities*, vol. 18, no. 1-2, pp. 120-126.
- Dean, Mitchell. 1999. "Risk, calculable and incalculable" in *Risk and sociocultural theory: new directions and perspectives*. Deborah Lupton (ed.). Cambridge: Cambridge University Press.
- Dean, Tim. 2009. *Unlimited Intimacy Reflections on the Subculture of Barebacking*. Chicago and London: The University of Chicago Press.
- Dean, Tim. 2015. "Mediated intimacies: Raw sex, Truvada, and the biopolitics of chemoprophylaxis" in *Sexualities*, vol. 18, no. 1/2, pp.224-246.
- Dej, Erin & Jennifer Kilty. 2012. "'Criminalization Creep': A Brief Discussion of the Criminalization of HIV/AIDS Non-disclosure in Canada" in *Canadian Journal of Law and Society*, vol. 27, pp.55-66.

- Delhey, Jan & Newton, Kenneth. 2003. "Who Trusts? The origins of social trust in seven societies" in *European Societies*, vol. 5, no. 2, pp.93-137
- Dodge B. et al. 2008. "Relations between sexually transmitted infection diagnosis and sexual compulsivity in a community-based sample of men who have sex with men" in *Sexually Transmitted Infections* vol. 84, pp.324-327.
- Donnan, Hastings & Magowan, Fiona. 2010. *The Anthropology of Sex*. New York: Oxford University Press.
- Douglas, Mary. 1966. *Purity and Danger: An Analysis of Pollution and Taboo*. New York: Routledge.
- Downing-Matibag T. et al. 2009. "Hooking up and sexual risk taking among college students: a health belief model perspective" in *Qualitative Health Research*, vol. 19, pp.1196-209.
- Dowsett, Gary W. 2009. "Dangerous desires and post-queer HIV prevention: Rethinking community, incitement and intervention" in *Social Theory & Health*, vol. 7, no.3, pp.218-240.
- Drumright L. et al. 2006. "Unprotected anal intercourse and substance use among men who have sex with men with recent HIV-infection" in *Journal of Acquired Immune Deficiency Syndromes*, vol. 43, pp.344-350.
- Dubois-Arber, Françoise et al. 2012. "Risk Reduction Practices in Men Who Have Sex with Men in Switzerland: Serosorting, Strategic Positioning, and Withdrawal Before Ejaculation" in *Archives of Sexual Behavior*, vol. 41, no. 5, pp. 1263-1272.
- Dworkin, Shari & Anke E. Ehrhardt. 2007. "Going Beyond "ABC" to Include "GEM": Critical Reflections on Progress in the HIV/AIDS Epidemic" in *American Journal of Public Health*, vol. 97, no. 1, pp.13-18.
- Elam G. et al. 2008. "Risky sexual behaviour in context: Qualitative results from an investigation into risk factors for seroconversion among gay men who test for HIV" in *Sexually Transmitted Infections*, vol. 84, pp.473-77.
- Erickson, Pamela I. 2011. "Sexuality, Medical Anthropology, and Public Health" in *A Companion to Medical Anthropology*, Merrill Singer & Pamela Erickson (eds.). West Sussex: Wiley-Blackwell.
- Etgeton, Stephan. 2000. "Structural Prevention: The Basis for a Critical Approach to Health Promotion" in *Partnership and Pragmatism: Germany's Response to AIDS Prevention and Care*. Rosenbrock, R. & Wright, M.T. (eds.). New York: Routledge.
- Ewald, François. 1991. "Insurance and risk" in *The Foucault Effect: Studies in Governmentality*. Burchell, G.; Gordon, C. & Miller, P. Hemel (eds.). Hempstead: Harvester Wheatsheaf.
- Fassin, Didier. 2007. *When Bodies Remember. Experiences and Politics of AIDS in South Africa*. Berkeley: University Press of California.
- Fassin, Didier. 2009. "Another Politics of Life is Possible" in *Theory, Culture & Society*, vol. 26, no. 5, pp.44-60
- Feinberg, Judith. 2012. "Truvada PrEP: Why I Voted "Yes"" in *Annals of Internal Medicine*, vol. 157, no. 7, pp.521-522.
- Fisher, Jill A. & Ronald, Lorna M. 2008. "Direct to Consumer Responsibility: Medical Neoliberalism in Pharmaceutical Advertising and Drug Development" in *Advances in Medical Sociology*, vol. 10, pp.29-51.

- Foucault, Michel. 1973. *The Birth of the Clinic. An Archeology of Medical Perception*. Translated from the French by A.M. Sheridan, Routledge, Taylor & Francis Group.
- Foucault, Michel. 1976. *Histoire de la sexualité I. La volonté de savoir*. Éditions Gallimard.
- Foucault, Michel. 1988. “Technologies of the Self” in *Technologies of the Self. A Seminar with Michel Foucault*. Luther H. Martin, Huck Gutman & Patrick H. Hutton (eds.). Amherst: The University of Massachusetts Press.
- Frasca, Timothy et al. 2012. “Inner Contradictions Among Men Who Bareback” in *Qualitative Health Research*, vol. 22, no. 7, pp. 946-956.
- Galletly, Carol & Pinketon, Steven. 2006. “Conflicting messages: How criminal HIV disclosure laws undermine public health efforts to control the spread of HIV” in *AIDS and Behavior*, vol. 10, pp. 451-461.
- Gandsman, Ari. 2013. “Narrative, Human Rights and the Ethnographic Reproduction of Conventional Knowledge” in *Anthropologica*, vol. 55, pp.1-14.
- Gauthier, DeAnn and Craig Forsyth. 1999. “Bareback sex, bug chasers, and the gift of death” in *Deviant Behavior: An Interdisciplinary Journal*, vol. 80, pp.85-100.
- Gastaldo, Denise et al. 2009. “Unprotected sex among men who have sex with men in Canada: exploring rationales and expanding HIV prevention” in *Critical Public Health*, vol. 19, nos. 3-4, pp.399-416.
- Giami, Alain & Perrey, Christophe. 2012. “Transformation in the Medicalization of Sex: HIV Prevention between Discipline and Biopolitics” in *Journal of Sex Research*, vol. 49, no. 4, pp.353-361.
- Gonzalez, Octavio R. 2010. “Tracking the Bugchasers: Giving the Gift of HIV/AIDS” in *Cultural Critique*, no. 75, pp.82-113.
- Goodroads, Brian; Kirksey, Kenn & Butensky, Ellen. 2000. “Bareback Sex and Gay Men: An HIV Prevention Failure” in *Journal of the Association of Nurses in AIDS Care*, vol. 11, no. 6, pp. 29-36.
- Gough, Brendan & Gareth Flanders. 2009. “Celebrating “Obese” Bodies: Gay “Bears” Talk about Weight, Body Image and Health” in *International Journal of Men’s Health*, vol. 8, no.3, pp.235-253.
- Greteman, Adam J. 2013. “Fashioning a bareback pedagogy: towards a theory of risky (sex) education” in *Sex Education*, vol. 13, no. S1, pp. S20-S31.
- Grundy-Bowers, Matthew; Hardy, Sally & McKeown, Eamonn. 2015. “Barebacking and sexual position” in *Sexualities*, vol. 18, no. 1-2, pp. 176-194.
- Halkitis, Perry N. 2007. “Behavioral Patterns, Identity, and Health Characteristics of Self-Identified Barebackers: Implications for HIV Prevention and Intervention” in *Journal of LGBT Health Research*, vol.3, no.1, pp.37-48.
- Halkitis, Perry and Parsons J. 2003. “Intentional unsafe sex (barebacking) among gay men who seek sexual partners on the Internet” in *AIDS Care*, vol. 15, pp.367-78.
- Halkitis, Perry et al. 2008. “Risk Bases in Childhood and Adolescence Among HIV-Negative Young Adult Gay and Bisexual Male Barebackers” in *Journal of Gay & Lesbian Social Services*, vol. 20, no.4, pp.288-314.
- Halkitis, Perry et al. 2013. “Individual, Psychosocial, and Social Correlates of Unprotected Anal Intercourse in a New Generation of Young Men Who Have Sex With Men in New York City” in *American Journal of Public Health*, vol. 103, no.5, p.889.

- Halperin, Daniel. 1999. "Heterosexual anal intercourse: prevalence, cultural factors, and HIV infection and other health risks, part I" in *AIDS Patient Care STDS*, vol. 13, pp. 717-730.
- Halperin, David M. 2007. *What Do Gay Men Want? An Essay on Sex, Risk and Subjectivity*. Ann Arbor: The University of Michigan Press.
- Hardon, Anita & Eileen Moyer. 2014. "Anthropology of AIDS: Modes of Engagement" in *Medical Anthropology*, vol. 33, pp.255-262.
- Harvey, David Oscar. 2011. "Calculating Risk: Bareback the Queer Male Subject and the De/formation of Identity Politics" in *Discourse*, vol. 33, no. 2, pp. 156-183.
- Holmes, Dave et al. 2006. "Raw Sex as Limit Experience: A Foucauldian Analysis of Unsafe Anal Sex between Men" in *Social Theory and Health*, vol. 4, pp.319-333.
- Holmes, Dave et al. 2007. "Setting the space for sex: Architecture, desire and health issues in gay bathhouses" in *International Journal of Nursing Studies*, vol. 44, pp.273-284.
- Holmes, Dave et al. 2008. "Bareback Sex: a Conflation of Risk and masculinity" in *International Journal of Men's Health*, vol. 7, no. 2, pp. 171-191.
- Holmstrom, Susanne. 2007. "Niklas Luhmann: Contingency, risk, trust and reflection" in *Public Relations Reviews*, vol. 33, pp.255-262.
- Houston, E. et al. 2012. "Depressive Symptoms Among MSM Who Engage in Bareback Sex: Does Mood Matter?" in *AIDS Behavior*, vol. 16, pp. 2209-2215.
- Hutton, Patrick H. 1988. *Technologies of the Self: A Seminar with Michel Foucault*. Martin H. Luther, Huck Gutman and Patrick H. Hutton (eds). Amherst: The University of Massachusetts Press.
- Jiménez, Alberto Corsín. 2011. "Trust in anthropology" in *Anthropological Theory*, vol. 11, pp.177-196.
- Junge, Benjamin. 2002. "Bareback Sex, Risk, and Eroticism: Anthropological Themes (Re-)Surfacing in the Post-AIDS Era" in *Out in Theory The Emergence of Gay and Lesbian Anthropology*, edited by Ellen Lewin and William L. Leap. Urbana & Chicago: University of Illinois Press.
- Kegeles, Susan et al. 1996. "The Mpowerment Project: A Community-Level HIV Prevention Intervention for Young Gay Men" in *American Journal of Public Health*, vol. 86, no. 8, pp.1129-1136.
- Kippax, Susan & Race, Kane. 2003. "Sustaining safe practice: twenty years on" in *Social Science & Medicine*, vol. 57, pp.1-12.
- Latour, Bruno. 2013. *An Inquiry into the Modes of Existence. An Anthropology of the Moderns*. Cambridge: Harvard University Press.
- Leal, Jose and Alastair Gray with Philip Clarke. 2009. "Development of Life-Expectancy Tables for People with Type-2 Diabetes" in *European Heart Journal*, vol. 30, pp.834-839.
- Lino e Silva, Moises. 2014. "Queer sex vignettes from a Brazilian favela: An ethnographic striptease" in *Ethnography*, vol. 0, no. 0, pp. 1-7.
- Lock, Margaret. 2001. "The Tempering of Medical Anthropology: Troubling Natural Categories" in *Medical Anthropology Quarterly*, vol. 15, no. 4, pp. 478-492.
- Lock, Margaret & Kaufert, Patricia. 1998. *Pragmatic Women and Body Politics*. Cambridge: Cambridge University Press.

- Luhrmann, T.M. 2006. "Subjectivity" in *Anthropological Theory*, vol. 6, no.3, pp.345-361.
- Lupton, Deborah. 1995. *The Imperative of Health: Public Health and the Regulated Body*. London: SAGE Publications.
- Lupton, Deborah. 1999a. Risk and sociocultural theory: new directions and perspectives. Cambridge: Cambridge University Press.
- Lupton, Deborah. 1999b. Risk. London: Routledge.
- Marieb, Elaine M. 2008. *Biologie humaine*. Second edition, Québec : Édition du renouveau pédagogique.
- Martin, James. 2006. "Transcendence Among Gay Men: Implications for HIV Prevention" in *Sexualities*, vol. 9, no. 2, pp. 214-235.
- Mbitila, Augustine & Tchuenche, Jean. 2012. "HIV/AIDS Model with Early Detection and Treatment" in *ISRN Applied Mathematics*, vol. 2012, pp.1-14.
- McFarland, Willis *et al.* 2011. "HIV seroadaptation among individuals, within sexual dyads, and by sexual episodes, men who have sex with men, San Francisco, 2008" in *AIDS Care*, vol. 23, no. 3, March 2011, pp.261-268.
- Mercer, Catherine *et al.* 2012. "Serial Monogamy and Biologic Concurrency: Measurements of the Gaps Between Sexual Partners to Inform Targeted Strategies" in *American Journal of Epidemiology*, vol. 178, no.2, pp.249-259.
- Morin, S. F. *et al.* 2003. Why HIV infections have increased among men who have sex with men and what to do about it: Findings from California focus groups" in *AIDS & Behavior*, vol.7, pp. 353–362.
- Mottier, Véronique. 2008. *Sexuality A Very Short Introduction*. New York: Oxford University Press.
- Mowlabocus, Sharif; Harbottle, Justin & Witzel, Charlie. 2013. "Porn laid bare: Gay men, pornography and bareback sex" in *Sexualities*, vol. 16, no. 5-6, pp. 523-547.
- Moyer, Eileen & Hardon, Anita. 2014. "A Disease Unlike Any Other? Why HIV Remains Exceptional in the Age of Treatment" in *Medical Anthropology*, vol. 33, pp. 263-269.
- Mustanski, Brian *et al.* 2011. "HIV in Young Men Who Have Sex with Men: A Review of Epidemiology, Risk and Protective Factors, and Interventions" in *Journal of Sex Research*, vol. 48, no. 2-3, pp. 218-253.
- Mykhalovskiy, Eric & Rosengarten, Marsha. 2009. "HIV/AIDS in its third decade: Renewed critique in social and cultural analysis – An introduction" in *Social Theory & Health*, vol. 7, pp.187-195.
- Numer, Matthew & Gahagan, Jaqueline. 2009. "The Sexual Health of Gay Men in the Post-AIDS Era: Feminist, Post-Structuralist and Queer Theory Perspectives" in *International Journal of Men's Health*, vol. 8, no. 2, pp. 155-168.
- O'Byrne, Patrick. 2012. "Nomadic sexualities: an in-depth case study about unsafe sex" in *Nursing Inquiry*, vol. 19, no. 4, pp. 357-367.
- Ong, Aihwa & Collier, Stephen. 2004. *Global Assemblages. Technology, Politics, and Ethics as Anthropological Problems*. Malden & Oxford: Blackwell Publishing.
- Ortner, Sherry B. 2005. "Subjectivity and cultural critique" in *Anthropological Theory*, vol. 5, no.1, pp.31-52.

- Padilla, Mark. 2007. *Caribbean Pleasure Industry: Tourism, Sexuality and AIDS in the Dominican Republic*. Chicago: University of Chicago Press.
- Parr, Adrian. 2008. *Deleuze and Memorial Culture – Desire, Singular Memory and the Politics of Trauma*. Edinburgh: Edinburgh University Press
- Parsons, Jeffrey & Bimbi, David. 2007. “Intentional Anal Intercourse among Sex (sic) who have Sex with Men: Barebacking – from behavior to identity” in *AIDS Behavior*, vol. 11, pp.277-287.
- Pépin, Jacques. 2011. *The Origins of AIDS*. New York: Cambridge University Press.
- Person, Asha et al. 2003. “HIV health in context: negotiating medical technology and lived experience” in *Health*, vol. 7, no.4, pp.397-415.
- Pinkerton, Steven and Abramson, Paul. 1997. “Effectiveness of condoms in preventing HIV transmission” in *Social Science and Medicine*, vol. 44, no. 9, pp.1303-1312.
- Porto Medeiros, Roseanne et al. 2004. “HIV-1 viral in blood and semen plasma of Brazilian under antiretroviral therapy” in *Journal of Clinical Virology*, vol. 30, no. 4, pp.346-347.
- Povinelli, Elizabeth. 2006. *The Empire of Love: Toward a Theory of Intimacy, Genealogy and Carnality*. Durham: Duke University Press.
- Public Health Agency of Canada. 2011a. *HIV/AIDS Among Youth in Canada*. HIV/AIDS Epi Update. Centre for Communicable Diseases and Infection Control.
- Public Health Agency of Canada. 2011B. *Summary: Estimates of HIV Prevalence and Incidence in Canada, 2011*. <http://webqa.phac-aspc.gc.ca/aids-sida/publication/survreport/estimat2011-eng.php>
- Public Health Agency of Canada. 2012. *HIV and AIDS in Canada/Le VIH et le SIDA au Canada, 2011*. Centre for Communicable Diseases and Infection Control.
- Putnam, R. 1993. “The prosperous community: social capital and public affairs” in *The American Prospect*, spring, pp.35-42.
- Race, Kane. 2003. “Revaluation of Risk Among Gay Men” in *AIDS Education and Prevention*, vol. 15, no. 4, pp.369-381.
- Race, Kane. 2009. *Pleasure Consuming Medicine: The Queer Politics of Drugs*. Durham: Duke University Press.
- Rawstone, P. et al. 2007. “Associations between crystal methamphetamine use and potentially unsafe sexual activity among gay men in Australia” in *Archive of Sexual Behavior*, vol. 36, pp.646-54.
- Reisner, Sari et al. 2008. “Predictors of Identifying as a Barebacker among High-Risk New England HIV Seronegative Men Who Have Sex with Men” in *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, vol. 86, no. 2, pp. 250-262.
- Ridge, Damien Thomas. 2004. “‘It was an Incredible Thrill’: The Social Meanings and Dynamics of Younger Gay Men’s Experience of Barebacking in Melbourne” in *Sexualities*, vol. 7, no.3, pp.259-279.
- Rofes, Eric. 2002. “Desires as defiance: Gay male sexual subjectivities and resistance to sexual health promotion” in *Health Education Journal*, vol. 61, no.2, pp.125-137.
- Rosario M. et al. 2006. “A model of sexual risk behaviors among young gay and bisexual men: longitudinal association of mental health, substance abuse, sexual abuse, and the coming-out process” in *AIDS Education and Prevention*, vol. 18, pp. 444-60.

- Rubin, Gayle. 1984. "Thinking Sex: Notes for a Radical Theory of the Politics of Sexuality" in *Pleasure and Danger: Exploring Female Sexuality*. Carole S. Vance (ed.). Boston: Routledge & Kegan Paul.
- Samji, Hasina et al. 2013. "Closing the Gap: Increase in Life Expectancy among Treated HIV-Positive Individuals in the United States and Canada" in *PLoS ONE*, vol. 8, no. 12, pp.1-8.
- Schilder, Arn et al. 2008. "'It's like the treasure': beliefs associated with semen among young HIV-positive and HIV-negative men" in *Culture, Health & Sexuality*, vol. 10, no. 7, pp.667-679.
- Shernoff, Michael. 2005. *Without Condoms. Unprotected Sex, Gay Men and Barebacking*. New York: Routledge.
- Simmel, Georg. 1990. *The Philosophy of Money*. London: Routledge.
- Suresha, R. J. 2002. *Bears on Bears*. Los Angeles: Alyson Books.
- Starks, Tyruel et al. 2014. "Contextualizing condom use: Intimacy Interference, stigma and unprotected sex" in *Journal of Health Psychology*, vol. 19, no. 6, pp.711-720.
- Starks, Tyeel et al. 2014. "Relationship Characteristics and HIV Transmission Risk in Same-Sex Male Couples in Serodiscordant Relationships" in *Archives of Sexual Behavior*, vol. 43, pp.139-147.
- Suarez, Troy & Jeffrey Miller. 2001. "Negotiating Risks in Context: A Perspective on Unprotected Anal Intercourse and Barebacking Among Men Who Have Sex with Men – Where Do We Go from Here?" in *Archives of Sexual Behavior*, vol. 30, no. 3, pp.287-300.
- Timberg, Craig & Halperin, Daniel. 2012. *Tinderbox. How the West Sparked the AIDS Epidemic and How the World Can Finally Overcome It*. New York: The Penguin Press.
- Thiaudière, Claude. 2002. *Sociologie du sida*. Paris: Éditions La Découverte.
- Thomas, François et al. 2014. "Unprotected Sex and Internalized Homophobia" in *The Journal of Men's Studies*, vol. 22, no. 2, pp. 155-162.
- Tomso, Gregory. 2004. "Bug Chasing, Barebacking, and the Risks of Care" in *Literature and Medicine*, vol. 23, no. 1, pp. 88-111.
- Tomso, Gregory. 2010. "The Humanities and HIV/AIDS: Where Do We Go from Here?" in *PMLA*, vol. 125, no. 2, pp. 443-543
- Tomso, Gregory. 2013. "Viral Sex and the Politics of Life" in *The Routledge Queer Studies Reader*. Donald E. Hall & Annamarie Jagose with Andrea Bebell & Susan Potter (eds.). London & New York: Routledge Taylor & Francis Group.
- Usdin, Shereen. 2003. *The no-nonsense guide to HIV/AIDS*. Toronto: Between the Lines Edition.
- Valocchi, Stephen. 2005. "Not Yet Queer Enough. The Lessons of Queer Theory for the Sociology of Gender and Sexuality" in *Gender and Society*, vol. 19, no.6, pp.750-770.
- Van Den Boom, Wijnand et al. 2013. "Undetectable Viral Load and the Decision to Engage in Unprotected Anal Intercourse Among HIV-Positive MSM" in *AIDS Behavior*, vol. 17, pp.2136-2142.
- Vance, Carole S. 1991. "Anthropology Rediscovered Sexuality: A Theoretical Comment" in *Social Science and Medicine*, vol. 33, no. 8, pp.875-884.
- Waldby, Catherine. 1996. *AIDS and the Body Politic. Biomedicine and sexual difference*. New York: Routledge.

- Whelehan, Patricia. 2009. *The Anthropology of AIDS a Global Perspective*. Gainesville: University Press of Florida.
- White, I.D. et al. 2013. “The re-construction of women’s sexual lives after pelvic radiotherapy: A critique of social constructionist and biomedical perspectives on the study of female sexuality after cancer treatment” in *Social Science & Medicine*, vol. 76, pp.189-196.
- White, Kevin. 2009. *An Introduction to the Sociology of Health and Illness*. Second Edition. Thousand Oaks: SAGE Publications.
- Whiteside, Alan. 2008. *HIV/AIDS A Very Short Introduction*. Oxford: Oxford University Press.
- World Health Organization. 2015. “Global Health Observatory (GHO): HIV/AIDS”. June 4th 2015. <http://www.who.int/gho/hiv/en/>
- Yamagashi, Toshio. 1998. *Trust, A Evolutionary Game of Mind and Society*. Translated by Feixue Wang. Tokyo: Tokyo University Press.
- Yamagashi, Toshio & Kikuchi, Masako. 1999. “Trust, gullibility, and social intelligence” in *Asian Journal of Social Psychology*, vol. 2, pp.145-161.
- Yep, Gust; Lovaas, Karen & Pagonis, Alex. 2002. “The Case of “Riding Bareback””: Sexual Practices and the Paradoxes of Identity in the Era of AIDS” in *Journal of Homosexuality*, vol. 42, no. 4, pp. 1-14