What's in a word? French gay male discourses on barebacking and their conception of risk.

A paper presented at the Association for Social Sciences and Humanities and HIV (ASSHH), in Paris, July 2013, in the session: "Contemporary representation of barebacking in France and Britain". It's a draft.

In France, the term bareback has provoked many debates since its being publicized in the gay press in 1999¹. Imported from the United States, bareback has had a specific "career" in France. Initially, it was the subject of a violent conflict between Act Up-Paris activists and HIV-positive writers who claimed their will to have unprotected sex². It was then variously used by actors to describe situations, behaviours, and/or identities "at risk" for HIV. It has finally been very difficult to establish a consensus definition of barebacking³. In the world of pornography, the term has become commonplace to refer to sex without a condom. However, it remains scandalous and has been subject to strong moral blame across the gay mainstream community. But "political" circulations do not take into account the dissemination of the term within gay worlds and daily practices. And finally, what do these common uses of barebacking say about the definition of the moral boundaries of prevention?

This presentation aims to shed light on the lay understandings of barebacking in France. It is based on 30 interviews with gay men aged from 19 to 62, between 2005 and 2008, in two French Région. My sample is diversified in term of serological status (HIV-negative, HIV-positive, HIV-interrogative). Using the tools of cultural analysis⁴, I will focus on how the respondents perceive and analyse barebacking. I don't use a preconceived definition of bareback. So the goal is to access lay definition of bareback, the meaning that respondents give to it, and the way they situate bareback in their social environment. Some common features appear in the discourses. First, the respondents all know about the phenomenon. In one decade, the media coverage of barebacking has contributed to its large dissemination among gays. Second, this phenomenon is largely the subject of moral blame, even among those who claim the right for sexual practices

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¹ GIRARD G., Les homosexuels et le risque du sida. Individu, communauté et prévention, Presses Universitaires de Rennes, 2013

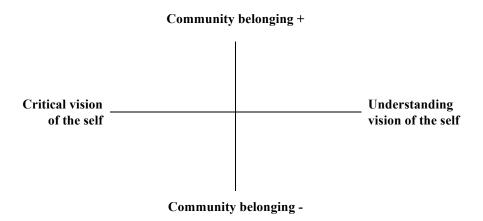
² Broqua C., Agir pour ne pas mourir!: Act Up, les homosexuels et le sida, Presses de Sciences Po, Paris, 2006

³ LE TALEC JY., « Bareback et construction sociale du risque lié au VIH chez les hommes gay », in BOZON, DORE (Dir.), Sexualité, relations et prévention chez les homosexuels masculins. Un nouveau rapport au risque, Éd. ANRS, Paris, 2007

⁴ DOUGLAS M. et CALVEZ M., « The self as risk taker: a cultural theory of contagion in relation to AIDS », *The Sociological Review*, 38 (3), 1990, p. 445-464

without a condom. As shown by Mark Davis, the interviewees demonstrate a form of "resistance to moral judgment" conveyed by the bareback category⁵. Finally, this category acts as an indicator of the conceptions of responsibility. More broadly, this category reveals the conceptions of the social order within which the interviewees live. However it emerges that there are several uses of bareback.

This analysis is based on a typology of forms of identification with a gay world, developed from an inductive method⁶. I asked each respondent his own subjective definition of what community is (or should be). I also asked the type of relation he has with community, and his own sense of belonging (or not). Then, I put into perspective the term bareback with their conception of community belonging. My typology is composed of four "profiles" or "types", articulating two dimensions. The first dimension refers to the community belonging; and the second refers to a critical dimension, to the conception of the self, from the more critical to the more understanding vision (cf the grid/group model of Mary Douglas).



Perception of bareback among respondents: a typology

I'm now going to present the 4 types.

Community belonging and the perception of barebacking

First, for the respondents who feel that they belong to a gay community, their analysis of barebacking is characterised by references to the group. In the discourses, "bareback" is not

⁵ DAVIS M., "The "loss of community" and other problems for sexual citizenship in recent HIV prevention," *Sociology of Health & Illness*, 30 (2), 2008, p.182-196

⁶ GLASER B. et STRAUSS A., *The discovery of grounded theory: strategies for qualitative research*, Transaction Publishers, 1967

isolated from other social risks faced by gay men as a whole. In this perspective, sexual risk-taking tests the collective. Differences and nuances are apparent, however.

For some of the interviewees bareback, as a phenomenon, confirms social and political instability in the community. This is my first type. For Albert⁷, 21 years old, the idea of a responsible community requires the intergenerational transmission of an history and of an ethics of prevention. Refusing unsafe sex is for him a matter of "respect" for the dead, as well as their families. According to him, people claiming the right for unprotected sexual practices cannot be a priority for prevention:

"I am convinced that people who choose to bareback and who are fully aware that they are having unprotected sex, they choose to do so with full knowledge of the facts, so...it's better to build awareness before, that is to say, to prevent people from being tempted by barebacking, rather than joining a bareback group, and telling them that condoms are good, as they know perfectly well that condoms are useful, and for me, these people there are doomed about the prevention discourses ahead of time. They are informed, but they are doomed. So it'd be better take care of people who don't know much, to help guide them." Albert

For Albert, the bareback group is a minority reality and a harmful exception for the community. It seems necessary to him to focus prevention efforts towards "young men" — seen as the most vulnerable — to prevent them from being tempted by unprotected sex. In his discourse on barebacking, Albert draws a moral cartography of risk. The preservation of community ties requires isolating some (barebackers) to take better care of others (young men).

To ensure group cohesion, it is important to define a moral boundary. This boundary helps to define the good and the bad, in preventive responsibility. At the argumentative level, these respondents appeal to a mainstreaming policy concerning prevention, rather than to their own experience of risk and/or prevention. Barebacking is seen as a tangible reality in that the community press reports on it. "Young gay men" are paid special attention, since they represent a point of vulnerability within group belonging. More generally, the "uncertain" identity requires the implementation of protective mechanisms that the community must ensure. This mechanisms must help to integrate the most vulnerable part of the community, like MSM or bisexual. In contrast, the risk-takers — whether barebackers or not — embody a failure of the preventive norm held by the gay community. This failure brings the viability of the group into play, questioning its unity. It also calls its history into question: the voluntary non-use of condoms is interpreted as a lack of respect for the memory of gay men who died of AIDS in the 1980's and 1990's.

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⁷ Bretagne, 21 years old, student, HIV-negative

The first difference with the respondents on the other type of my analysis can be seen in this use of the history of the mobilisation against HIV. For the latter, in fact, it is precisely because HIV is part of the — individual and collective — history of gay men that unprotected sexual practices call for an understanding attitude. This historical approach places an emphasis on the arrival of tritherapy in 1996. After this date, the transformation of the image of the epidemic is seen as a factor explaining risk-taking. For some of them, this reading is influenced by their own (occasional or regular) unprotected practices, sometimes dating back to the early 1990's.

For his part, Guillaume⁸, claims the use of the term bareback to apply to a certain type of sexuality. He considers that he has "two sexualities": one with his HIV-negative partner, in which he uses a condom for anal sex. The other sexuality consists of casual encounters, sometimes with HIV positive partners, as he is. In these situations, unprotected sex may occur, even if he rejects the notion of "serosorting," For him, this dissociation between conjugal sex and casual sex serves as a benchmark to characterise and define barebacking:

"When barebacking, we're looking for something other than a 'love story'. And, well, then there is all the fantasy of sperm, there is all the fantasy of...well, I mean barebacking is really broad, I mean, it's something that is really complex. It's not just about fucking without a condom... (...) "barebacking for me is to raw dog it, I mean, it's really fucking without a condom, whatever your serology. Serology doesn't change the fact that you want to bareback or not; for me, it is much broader than that. Barebacking, in my opinion, is just the expression of a return to sexuality...how to say? Deep down, you can share up to having the feeling of a cock in the ass. Obviously, when you put on a condom, it's not the same thing." Guillaume

For him, the media coverage of the phenomenon has led to simplifications, and even a certain "moralism" from the gay press. He believes that people practicing barebacking do not have enough voice in these debates. This invisibility reinforces the trends of caricaturing the phenomenon and blaming barebackers.

The men interviewed also highlight the trouble of accurately identifying gay "risk-takers" motivations. For some, who admit to having unprotected practices more or less regularly, explanations come from their own experience. They speak about the quest for greater intimacy with partners, sensation seeking, the eroticisation of sperm, for example. None of the respondents, however, call themselves a "barebacker". A proof that bareback still stays an identity that is difficult to endorse because of the moral condemnation that surrounds it. The danger they perceive comes from the media influence on debates on bareback and the

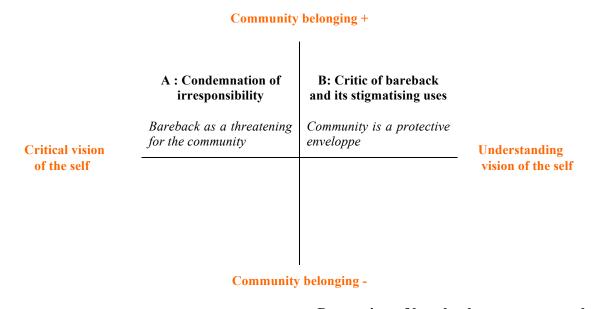
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⁸ Paris, 28 years old, teacher, HIV-positive

⁹ Selecting a partner (or partners) according to their having the same serological status.

stigmatisation of the community that may result. These discourses are considered as part of the heterosexual society's judging view of gay men and their sexuality. As such, it is the boundary of the group that should be strengthened — a group seen as an envelope of protection from external moral judgments. These men insist on the complexity of the determinants of risk-taking, whether they declare having sexual practices without a condom or not. The "bareback" categorisation holds a double risk for them. First it could reduce a set of behaviours to a single motivation (for example, the intention of not protecting oneself). And second, it could generalise a minority practice in the wider community.

Across this two types, two readings of the community emerge.



Perception of bareback among respondents

The first emphasises the importance of a sanitary norm (the condom) historically rooted. The second reading highlights the protective role of community ties: protection with the threat of stigma from outside, but also comprehensive solidarity vis-à-vis risk-takers. Through the prism of the group, barebacking challenges collective norms and helps to strengthen the membership choices.

Individualistic and bareback profiles

Those two types of respondents position themselves away from the gay community tend to place preventive responsibility at the individual level. To confront social and HIV risks the notion of collective responsibility is not operative. This perspective on risk differentiates them from the respondents claiming community belonging. On the other hand, the history of the epidemic does not appear in these interviews. The idea of a collective heritage surrounding HIV is not a relevant reading grid for these men in terms of value and/or duty.

For some of these respondents, AIDS prevention first puts to the test the ability of individuals to act according to their free will. This critical detachment illustrates the will to act by freeing oneself from the norms set by any community. This is felt in the words of Nicolas¹⁰. For him, the debates on barebacking appear far away and hardly connected to his experience of prevention. For example, he thinks that it is indeed possible to "say no" to a person offering him unprotected sex. He does not feel threatened by the existence of intentionally unprotected behaviour. When asked about his views on barebacking as a collective phenomenon, he does not feel capable of making a general judgement. He connects this sense of exteriority to his distance from the gay world. The existence of at-risk behaviours is not a reality that concerns him personally.

"GG: And right now there are plenty of debates on barebacking, responsibility, etc. Is it something that concerns you?

Nicolas: I am unable to judge. Of course, there is something criminal about it, that they don't let others know...or when they do, that the others know...In the end, I don't really care because it doesn't concern me. And I don't care, because even if it concerns other gays, I don't consider myself as part of a community, I mean, it doesn't affect those I know. This is again why I say to myself, you know, I'm really not in a community because I don't feel like my brothers are affected, for me these are people who are doing whatever they want; for me, it is really far from me, I am not at all in it." Nicolas

As Nicolas, these respondents do not show any particular interest in public debates on the barebacking phenomenon. Those debates involve group norms in terms of preventive responsibility, a group that these men do not feel they belong to.

In all their nuances, the ways to consider the barebacking phenomenon are rooted in the conception of self, called to determine his attitude faced with situations of risk. For those men, the group's preventive norms are designated as problematic. For some, this norms threaten individual autonomy. For others, barebacking demonstrates the limits of this form of organisation of social relations, by revealing the partial application of preventive norm within the community.

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¹⁰ Rennes, 24 years old, student, HIV-interrogative

These men put forth their own experience to base their arguments. In this context, the ability to "say no" illustrates the fact that prevention is a matter of individual will. One of them even takes this logic further by defending his choice, as an HIV-positive man, not to tell his casual partners about his HIV status and to let them decide whether to use a condom or not. Finally, these respondents are not comfortable with the terminology of public controversies on prevention. The word "bareback" is analysed as the result of a gay culture, far from their concerns.

For my last subgroup, the terms of debate are more widely relevant. They are, for the most part, familiarised them with the term bareback.

So for Eric¹¹, there are also "two types of barebacking": the first involves HIV-positive men who have sex without condoms with other HIV-positive men. In this case, it is a chosen risk whose consequences are assumed by the persons (over-contamination, for example). The "second" type of barebacking refers to situations (involving a "small minority" of people, according to Eric) where people lie about their HIV status in order to transmit HIV.

"Everyone does whatever he wants with his health, so long as it doesn't endanger that of another through deception. This is where I really place a limit: for me, we do what we want with our health actually, but we do not, through deception, endanger the health of someone else." Eric

According to him, the debate focuses on preventive responsibility. But far from considering it as part of "free will," he proposes a relational reading; a reading involving the partners of a sexual encounter. The moral point of view of his approach imposes a limit: lying about HIV status, which reflects intent to harm. For other interviewees, even the relevance of a public debate on barebacking is in question. For them, the use of condoms as a means of effective protection is obvious, so why discussing it?

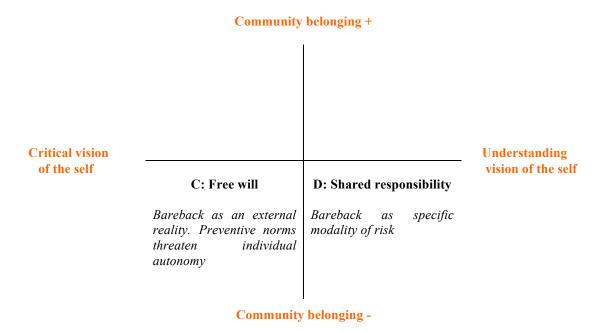
Here, the issue of HIV risk-taking arises first from a matter of shared responsibility. There can be no question of condemning just one of the people involved in unprotected sexual intercourse. This conception of self-responsibility involves the relationship between two consenting individuals. Therefore, lies or deception about HIV status are classified as criminal practices. The resulting moral risk assessment, however, does not mobilise the community as a regulatory instance. These respondents refer preferentially to justice as institution and as a frame of reference. This reflects a desire to generalise beyond the situation of gay men, as well as to identify situations rather than a group context. The result is the assertion of an individual rule. An

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¹¹ Bretagne, 20 years old, jobless, HIV-negative

assertion which involves the appropriation of rational information on risk and the ability to act reasonably. As explained by one of the interviewees, knowing how to make "good" preventive choices is a way to be an "adult." Here, the term adult carries a claim to universality. Responsible behaviours are valued, regardless of sexual orientation.

Two readings of responsibility emerge in these two types. The first involves autonomy and the ability to protect oneself, regardless of external norms. In the second reading, free will is considered in relation to one or many sexual partners. These two approaches reflect different relations to the gay community. Distancing from the community does not entail the same conception of an individual's capacity to act.

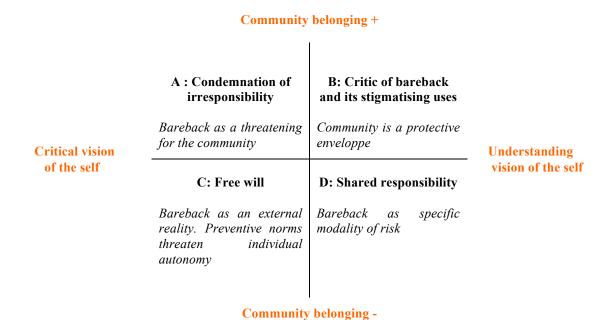


Perception of bareback among respondents

Ultimately, two moral readings of risk emerge: one highlights a person's free choice, and the other emphasises the sharing of individual responsibility.

Discussion

Bareback as a category makes sense in terms of the normative context in which the respondents live.



Perception of bareback among respondents

In two of the profiles presented here, the respondents generally appropriate the term bareback itself. For some (A), identifying gays endangering community should help to strengthen the cohesion of the group. For others (D), barebacking means a particular form of risk-taking, an intentional lie about positive status in order to transmit HIV. This calls the principle of shared responsibility into question. In the other two profiles, the use of the word bareback appears more problematic. In one of these cases (B), this usage is disputed because it reduces the complexity of practices without condoms; in addition, it carries a risk of stigmatising the whole community. In another case (C), the term bareback is criticised since it refers to a cultural environment that the respondents do not feel they belong to. For these respondents, at-risk sexual relations are unique situations that seem difficult to categorise.

In doing so, the discussion of bareback in interviews highlights the concepts of solidarity these social contexts incur. It is interesting to consider barebacking as a way to designate risk. Then, in addition to the genealogical analysis of the term I suggest here considering its multiple uses and

the criticisms it raises. In doing so, by analysing gays' contexts of sociability, it is a matter of making a sociological reading of bareback.

From the point of view of prevention, the increasingly common use of the term bareback does not necessarily correspond to a greater acceptance of at-risk practices — far from it. The moral blame of intentional HIV transmission remains the main reaction among the respondents. More generally, according to the context, barebacking is variously used to refer to social risks related to the epidemic (and not only HIV transmission risks).