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Constructing the neoliberal sexual actor: Responsibility and care of the self in the discourse of barebackers

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Abstract

This paper analyses on the discourses employed by a subset of gay and bisexual men who no longer practise protected sex more than twenty years into the HIV epidemic. In-depth interviews with 102 men in Toronto are used to examine the moral reasoning of those for whom the language of barebacking provides a shared set of accounts and tacit understandings for unprotected sex. Barebacking raises some of the central issues of contemporary theory around risk, responsibility, and ethics, and poses new challenges to HIV prevention policy as barebacking discourses adapt some of the major tenets of neoliberal ideology by combining notions of informed consent, contractual interaction, free market choice, and responsibility in new ways. At the same time, interviews with barebackers reveal competing and contradictory discourses that suggest new avenues of engagement for HIV prevention initiatives.

Keywords: *HIV transmission, gay men, neoliberal, responsibility, bareback*

Introduction

This paper examines the discourses employed by gay and bisexual men who regularly practise unprotected sex with new partners, and for whom protected sex occurs primarily at the initiative of a partner. Despite the fact that “barebacking” in recent years has often come to be treated in the gay and mainstream press as something of a scandal, and has sent researchers into the field in search of new impairments and pathologies to explain this ostensibly irrational behaviour, this paper contends that barebacking discourse displays a remarkable consistency with the leading contemporary strands of moral reasoning circulating in advanced industrial societies today. Drawing on interviews with gay and bisexual men in Toronto with recent, and sometimes extensive, personal histories of unprotected sex (Adam *et al.* forthcoming), this paper reports on the minority among them who state that their practice of condomless sex is intentional and who use the language of “barebacking” to refer to these practices. As such, barebacking is distinguishable from the wider range of unplanned, episodic, unprotected sexual encounters that men in interviews attribute to a variety of circumstances such as: a resolution to erectile difficulties experienced with condoms, through momentary lapses and trade-offs, out of personal

turmoil and depression, or as a byproduct of strategies of disclosure and intuiting safety.

Barebacking raises one of the current preoccupations of social theory around risk, responsibility, and ethics (Beck 1992, Lupton 1999) as well as fundamental issues in the governmentality of HIV and AIDS as it exposes articulations among governments, AIDS service organizations (ASOs), and gay and lesbian communities—particularly among people divided by their HIV-status—in “taking responsibility” for HIV transmission. In the (almost) quarter century since the first identification of AIDS in the medical literature, these articulations have shifted in a number of ways. Governments and public health authorities at first often responded with neglect, then with the deployment of the authoritative tools at their disposal, while gay, lesbian, bisexual, and transgender communities, and HIV-affected people inside and outside these communities, mobilized to meet the challenge of a life-threatening epidemic (Gamson 1989, Patton 1990, Epstein 1991, Adam 1992, 1997, Kinsman 1992). AIDS service organizations found themselves at the nexus of many of these contending forces, attempting to realize the democratic project of community self-governance in the face of an implacable biological peril. At the same time, ASOs as hybrid institutions of civil society and government, acted as agents of “responsibilization” especially for gay and bisexual men, calling upon them to re-make their sexuality. Not long before the emergence of HIV disease, homosexuality had been beyond the pale of sexual respectability; now it was to be refashioned into a model for good citizenship: tamed, responsible, and governed by the safe sex ethic. It is not hard to understand, then, how barebacking has since come to be constructed as a transgression of the covenant worked out in the 1980s and 1990s, and barebackers have been constructed as ostensible rebels or deviants beset by too much “AIDS optimism”, “condom fatigue”, or safe sex “relapse”. Yet interviews with self-professed barebackers reveal, not so much rebellion or transgression as, something more prosaic and more consistent with the discourses of government and capital. Not only does the responsibilization message resonate throughout their own accounts but the larger rhetoric of neoliberalism does as well, of which responsibility talk is a part.

In arriving at this conclusion, this study heeds Plummer’s call for the focused study of practical morality, that is, it concerns itself with the ways in which people navigate, negotiate, choose, and realize moral obligation. As Plummer (2001: 248) argues,

what is needed are the grounded day to day stories of new ways of living which reveal how people confront ethical dilemmas and deal with them practically. The philosophers often spin their tales devoid of human experience, of how people go about their everyday affairs engaging in dense webs of moral significance.

What is missing from the usual treatment of ethics, he contends, are the “grounded everyday moralities”, “life stories, autobiographies and narratives”, and “the local and the situational” (p. 248) in moral reasoning. Yet it is precisely these accounts that reveal how sexual interactions unfold and how the subject location of the morally responsible, good citizen finds expression in sometimes unexpected ways. Studying practical morality, then, involves examining the discourses that people draw on in order to account for their actions, rather than imputing motivation based on psychometric testing or another causal epistemology. Since HIV prevention is almost entirely a communicative endeavour, taking these discourses seriously is a fundamental starting point for engaging with the practices they encode.

Methodology

This examination of bareback discourses arises from a larger study of un/safe sex decision-making among gay and bisexual men in Toronto. Study participants included 51 men who reported having unprotected sex within six months of the interview, and 51 men who had sero-converted within the last 5 years, a time period when rates of HIV infection were again rising, after having fallen precipitously through the 1990s. This report on bareback discourses draws on interviews with the 25 HIV-positive participants from the larger study who use the language of barebacking in reference to their own practices. Study participants were sought from diverse educational, ethno-cultural, and social class backgrounds and were recruited through notices in the gay press, making appeals at meetings of gay organizations, and through the distribution of recruitment leaflets at gay bars and special events oriented toward a diverse range of gay scenes and social constituencies in Toronto. Special outreach was made to venues and organizations popular with men of colour. We also invited Toronto-area men with a profile on the website <http://www.barebackcity.com> to participate out of whom eight volunteered to be interviewed. This website facilitates unprotected sex among (primarily) HIV-positive men by providing detailed personal profiles of members' sero-status and sexual preferences.

Study participants were typically interviewed in private interview rooms provided by Toronto's leading ASO located in the city's "gay village" in 2002 and 2003. Interviews typically lasted one to one and a half hours and study participants were offered CA\$30 in compensation for their time and travel expenses. They were asked to call to mind a variety of recent sexual encounters, such as sex inside or outside a relationship, sex in different venues, and safe and unsafe encounters. They were then asked a series of questions about how and why the encounter "worked" for them, and how un/safe sex entered into the unfolding of the encounter. Study participants provided their own perceptions and definitions as to whether sexual encounters were "protected" or "safe" or not. Unless otherwise noted, the use of terms such as "unprotected" or "unsafe" refers to penetrative anal intercourse without a condom in the excerpts below.

Interviews were taped, transcribed, and catalogued in QSR N6, then coded by research assistants according to a summary of the interview topic guides. The principal investigator reviewed and recoded all transcripts to ensure that all instances of interview text relevant to the topic guides were retrievable, then carried out a constant comparative analysis of each topic to identify modal responses. The wider range of discourses and social circumstances associated with unprotected sex as a whole are reported elsewhere (Adam *et al.* forthcoming). This report focuses on the set of interview segments representative of modal responses where barebacking occurs as a topic, omitting only recurrent or repetitious text. Quotes from study participants are accompanied by designation of their age category, ethno-cultural background, and sero-status.

Risk, responsibility and ethics

Weeks (1995: 137) nicely summarized the accommodation around AIDS that had been reached by the mid-1990s after a decade of fractious politics among such contenders as religious moral entrepreneurs, governments, public health and medical authorities, and the populations most affected by HIV disease:

In the best practice, not invariably followed, alas, health education and safer-sex advocacy sought to advertise risk without wiping out choice. But this was relatively successful in limiting infection,

at least in the gay communities of Western countries, because it tied in with a wider development, the growth of a sense of mutual responsibility among those most at risk. This was a direct result of the broadening of the arena of private space through the construction of sexualized communities where the possibilities of safer sexual behaviour could be easily discussed and developed [...]. In practice, this meant the elaboration of sexual etiquette in which the individual actors could attempt not so much to eliminate all risk of coming into contact with HIV, but rather to seek a balance between risk and trust in sexual contacts by a pragmatic adoption of “safer sex”.

This state of affairs was not simply the result of a consensus arrived at in a free field. As Kinsman (1996: 394) noted, writing at the same time,

tendencies towards responsabilizing and normalizing in the context of social struggles over AIDS and sexual regulation allow for those constructed as “responsible” to be managed through forms of self-regulation and professional forms of governance of their lives. For those who continue to be constructed as “irresponsible” there are forms of criminal law, policing and public health governance that can be called into action.

The distribution of responsibility was never even, Kinsman (1996: 395) continued, as this arrangement

constructs PWAs as the “risk” and the “problem”. It is defined as *their* responsibility not to engage in “risk” activities, even though the vast majority of HIV transmission occurs from people who have no knowledge they are HIV positive, or are ignorant of how it is transmitted.

Indeed in Canada, this differential was to become codified by the Supreme Court in the 1998 *Cuerrier* decision that held that all HIV seropositive people must disclose their serostatus in advance of sex, but remained silent on the responsibilities of the HIV-negative in these same encounters.

Writing more recently of Scotland, Flowers *et al.* (2000: 291) observe, “Responsibility for the safety of sexual activity is unequally distributed and the HIV positive partner, with knowledge of his status, is presumed to be culpable for any HIV exposure”. This asymmetry of subject locations produces a disjuncture of “responsibilities” and expectations:

There was a tendency for HIV negative and untested men to assume their sexual partners’ negative status, and concomitant expectations for positive partners to disclose their status. In contrast, HIV positive participants tended to highlight the responsibility of each individual to manage their own health and talked at length of the difficulties that knowledge of one’s positive status can bring.

Certainly, the bedrock message issued by ASOs throughout the English-language world was to emphasize that everyone must take responsibility for their own health and, in an analogy to defensive driving, to protect themselves from external perils.

Broad-based epidemiological studies carried out among gay and bisexual men in Ontario (Myers *et al.* 2004) suggest that the “sexual etiquette” identified by Weeks continues to find widespread support in attitude and practice among gay and bisexual men regardless of sero-status. The doctrine of individual responsibility has become so thoroughly embedded in gay communities, that when men do sero-convert, they nearly always locate themselves in a discourse of personal responsibility, blaming themselves for having done so (Adam *et al.* forthcoming). Still, the “sense of mutual responsibility” and “the vast majority of [unknowing] HIV transmission”, which seemed to be fair descriptions in the mid-1990s, may now be coming into question.

Emergence of a barebacker microculture

For the vast majority of gay and bisexual men in Toronto who participated in this and other studies (Myers *et al.* 2004), whether they are HIV-positive or negative, avoidance of HIV transmission through safe sex remains a priority, and this holds true even for most of the men who had instances of unprotected sex in recent months. Many of the HIV-positive men interviewed in the larger study considered sex with condoms unnecessary with other positive men (Adam, *et al.* 2005), but a priority with negative men.

My choice of partners is by far preferentially HIV positive and I'm always declaring my status up front, even with a complete stranger if we're going to have anal sex. And, you know, if required, we're going to use latex, sure. So I always, I always declare it, I always negotiate. (60s, British, HIV positive)

Some positive men feel quite strongly about making sure that HIV-negative partners practise safe sex with them.

I always disclose my status before I have sex. So I can't physically have sex with someone without disclosing it. It just doesn't work. (20s, Afro-Caribbean, HIV positive)

If you're poz and you don't want me to use a condom, fine. If you're otherwise, like the condom goes on ... If I don't know what your status is ... I suppose I could be callous and cold and, like, fuck you anonymously and bareback and it's like I'll never see you again ... but I'm not generally that way. (20s, Aboriginal, HIV positive)

Unplanned unsafe sex arises in a variety of circumstances (Adam *et al.* Forthcoming), but more evident today than in the mid-1990s are those who have stopped safe sex altogether. O'Hara (1997), who may have been the first to write about barebacking in his book, *Autopornography*, wrote of a recaptured sense of freedom on becoming HIV positive in his being able to return to a sexuality no longer constrained by the fear of infection. O'Hara was clear in his use of the term barebacking as referring to sex among HIV-positive men only; he tattooed "HIV+" on his shoulder to warn all potential non-positive sexual partners of his status. Since that time, barebacking has become a more amorphous word, at times standing in for virtually any kind of unprotected sex, but often still retaining a sense of intentional condomless sex. Among the participants in this study, many of O'Hara's meanings continue to resurface insofar as barebacking is used to refer to something of a personal policy in sexual encounters that is embedded in a larger context of encountering men who are likely HIV positive or who are at least fully in the know about HIV risk.

In this study, about a quarter of the 102 men, all of whom had had recent unprotected sex, invoked the language of barebacking in explaining their own generally consistent lack of condom use. Nearly all of the other three-quarters of the study participants rejected or even resented the possibility that barebacking could be thought to typify their practices, questioned the meaningfulness of the term, or stated they had not encountered or did not understand what barebacking is. It is perhaps noteworthy that in a recent study of HIV positive gay and bisexual men in San Francisco and New York, a roughly similar proportion "(22.6%) [of] men reported engaging in the highest risk behaviour, UAI [unprotected anal intercourse] with HIV-negative or status-unknown nonprimary partners" and these same men "reported less perceived responsibility to protect their partners from HIV" (Parsons *et al.* 2003: 392, 394). Barebacking discourse, then, is not typical of the overwhelming majority of seropositive men, nor certainly of men who have sex with men in general.

In this study, all of the men who had abandoned safe sex altogether are HIV positive, and in many cases had been for many years. They are on average four years older than the

participants of the larger study as a whole. They are, then, at the confluence of several factors associated with problematic condom use and with the tendency to “push the boundaries” on safe sex. Age has an association with a lessened ability to maintain an erection in some men, and research evidence suggests a possible association between HIV disease and diminished sexual function, and between anti-HIV medication and sexual dysfunction (Colson *et al.* 2002). These men often experience several conditions that lead toward diminished sexual satisfaction and more often express a variety of condom difficulties than men whose unprotected sex is more occasional. These two HIV-positive men talk of defining events in the struggle to resolve the tension between condoms and erections which precipitated unprotected sex:

He tried to use a condom but he couldn't keep a hard-on so he skipped the condom ... I remember feeling alarmed and then I thought, well where am I? I'm in a bathhouse in Oakland, California, and do I have an obligation to tell this guy my [HIV+] status? ... I don't know if I did the right thing or not, but I do know that I grappled with it. (30s, Canadian, HIV positive)

A very similar event is reported by this man:

Does using a condom affect keeping an erection? For me absolutely. I've heard many people express the same problem. I remember one night at the baths, a fellow came in and he was going to use a condom, as soon as he put the condom on he said, “fuck this”, and threw the condom away, so obviously he was having a similar type problem and I don't know how universal it is or isn't. (60s, British, HIV positive)

A similar association between erectile difficulties and a tendency to unsafe sex has also been observed by Imrie *et al.* (2002).

Many of the participants in this study speak of years of participation in support groups, the development of friendship networks with other positive men, seeing other HIV positive men regularly on the street, sometimes living in subsidized housing where most of the tenants are positive, participating in internet websites and chat rooms with other positive men, and frequenting bars and baths where they have become accustomed to recognizing other positive men. Over time, they begin to speak of shared perspectives and tacit understandings that inhere in interactions with other men. Certainly for most of the seropositive men in this study, safe sex continued to be a personal priority for them and for the other men around them, but for some, the sense of living in a “poz” world lessened their sense of urgency concerning condom use.

Moral reasoning around unsafe sex

For the subset of men who have left safe sex behind, “raw” or bareback sex is justifiable through a rhetoric of individualism, personal responsibility, consenting adults, and contractual interaction. Used to being part of networks of men who are already HIV-positive, those who employ the language of barebacking typically presume that prospective partners will be “in the know”, that is, they will be fully knowledgeable about HIV risk, they will be adult men capable of making informed choices and of consenting after having weighed all relevant risks, and often enough they will be HIV-positive themselves. Few, if any, actually insist on unprotected sex; they are nearly always willing to respect partners who prefer to use protection. But if a condom is not produced by a new partner, there is a ready-made explanation applied to the sexual interaction that allows unsafe sex to occur.

There are, then, a set of qualifications presumed to be in place that give warrant for unprotected sex. One of them is that a partner will be well-informed.

Interviewer: Would you have sex with someone who wasn't educated around HIV?

No. No. No. Because then that means that if they're saying, "Okay, well, let's have sex without a condom", [then] I don't care. But they can't tell me something about HIV? Well then, no, no. (20s, British, HIV positive)

Age may be read as an indicator of "having been around".

Generally it's [unsafe sex] with older guys, ... if they're "uninhibited" like on the web or whatever, that seems to open up a lot or take away a lot of inhibitions. (30s, Scandinavian, HIV positive)

Unprotected sex with an HIV-negative man follows from a partner being "older" and informed.

So he knew that I was positive and he was conscious of the situation. So I don't feel guilty about that because he knew. He's older than me and, you know, that's the situation. (30s, Latin American, HIV positive)

And finally willingness to practise unsafe sex may be read as *ipso facto* evidence that a partner must be positive.

If somebody's willing to have unsafe sex without the discussion of protection, I just assume that they're HIV positive. (30s, French Canadian, HIV positive)

Some men rely on sometimes highly subtle clues to impute the sero-positivity of a partner, or to communicate to a partner that they are already sero-positive. In one instance, an HIV-negative man recalled encountering an acquaintance in the lobby of a building who asked him where he was going. The narrator said he was visiting his boyfriend, at which point the acquaintance remarked that his boyfriend must be HIV-positive because the building was a well-known place where many people with HIV live. The boyfriend had apparently presumed that his address automatically informed new partners of his sero-positivity. In another instance, an HIV-negative man was "reminded" after several weeks by his new partner that the partner had already told him that he was taking a certain medication which he presumed "everyone knew" was a treatment for HIV disease, although the meaning or implication of the medication had escaped the sero-negative man at the time. As well, several men practising bareback sex remarked that there are certain venues where it is "well known" that unprotected sex is to be expected, yet the men outside of the bareback group did not remark on this or apparently "know" this to be the case.

In many ways, these accounts for unsafe sex participate in the moral reasoning widely propagated by government and business today that constructs everyone as a self-interested individual who must take responsibility for himself in a marketplace of risks. It is perhaps also a particularly masculine discourse in its evocation of the norms of competitive individualism.

When you consented to it ... if your other partners were willing to participate, it [condomless sex] was just a given. I just assumed that they take responsibility for their actions if they're willing to go along with it. (30s, French Canadian, HIV positive)

Interviews conducted by Richters *et al.* (2003: 47) reveal this to be a prevalent narrative among men who had recently sero-converted in Sydney as well. Informed consent and what Australian researchers have termed "strategic positioning" ground this encounter:

I said, “I’m positive. It’s, you know, your ball game then. No problem”. And he said, well, his quote was, “I’m a top and I have less risk of catching it”. All right. And I said, “Well, that’s your choice. It’s a high risk. It’s always your choice”. (30s, Métis, HIV positive)

Legal, contractual discourse is pervasive in our society from the marketplace, to marriage, to the norms used to determine when research is ethical. Adam Smith’s “invisible hand” governs not only the capitalist market but sexuality in this construction of human nature and human interaction.

In my mind, I got to look out for number one. You got to look out for number one, and while I’m looking out for number one by using a condom in a way I’m sort of helping; I’m sort of protecting you at the same time. (20s, Northern European, HIV positive)

But faith in individual responsibility as a primary value can give equal warrant to unprotected sex. One interviewee neatly summed up several of the premises underlying unprotected encounters in this way:

If there’s anything about the individual that I think ... they might be misunderstanding something or not knowing the whole score—somebody who’s really young ... but if I think they’re just acting irresponsibly ... that they don’t realize what they’re doing, I’ll make a point of, you know, disclosing and, and much earlier on. If there’s any kind of language barrier or if I think somebody just doesn’t understand, I’ll make more of a point. But generally the age group that I’m attracted to ... they’re all guys over 30 ... and a lot of the guys who are over 30 who go to the bath houses on a regular basis, who live in downtown Toronto are already positive and if they’re not positive, they’re smart enough to take care of themselves. (30s, Canadian, HIV positive)

Like the neoliberal rhetoric of which it is a part, this form of moral reasoning has many limitations, whether it is circulating in government, business, or civil society. While ostensibly democratic, respectful, nonjudgmental, and non-coercive, it has no place for the existence of vulnerability, naïveté, or the many not-so “rational” precipitants of unsafe sex. It also shifts “responsibility” completely onto the other, often without admitting what is being done. In their own words, the same core logic appears frequently:

I respect whatever the guy wants regardless of whether he’s positive or negative. If he wants it wrapped, it’s wrapped and if he doesn’t, you know, that’s fine too ... If a guy asks me whether I fuck bare or wrapped I usually say, “Your call. Whichever way you want is okay with me”. (50s, Canadian, HIV positive)

I was assuming that everyone is HIV positive and, you know, they have to protect themselves and the onus is on them, I would say. (30s, British and Latin American, HIV positive)

I’ve not really ever used condoms for such a long time that I ... pretty much consistently bareback ... I’m usually pretty up front when I meet people that I prefer to bareback, you know, and if they want me to use a condom I will ... Honestly almost exclusively I bareback and the only times that I don’t bareback is if somebody specifically asked me to use a condom ... I would say, like nowadays almost all of the sex is raw. (30s, French, HIV positive)

Obviously I’ll respect the wishes of whoever I’m having sex with. If they so desire to have safe sex, we’ll have safe sex. If they don’t, if they’re willing to go there [unsafe sex], I’ll participate in that as well. (30s, French Canadian, HIV positive)

These remarks show a pragmatic philosophy similar to the internet debate over barebacking studied by Carballo Diéguez and Bauermeister (2004: 11) who found, “Barebackers also

defended their right to self-determination, espousing the philosophy that each person is responsible for his or her own doings”.

Indeed one of the basic tenets of HIV prevention has been to warn everyone to act as if everyone else is HIV positive. It is a message that implicitly hails an HIV negative audience to practise self-protection, but it also circulates back as a justification for the opposite practice, that is, as a warrant for HIV positives to leave safer sex behind.

I think in the year 2002 everyone should go on the assumption that everybody is positive and if you're out there playing, you should assume that that person is positive and not negative because the chances are more likely that they're positive than negative. (60s, British, HIV positive)

It must be stressed, against the panic icons of barebackers and bug-chasers circulating in the press and in popular discourse, that none of these practices nor the moral reasoning associated with them, overtly intend HIV transmission to happen. No one in this study expressed any willingness or acceptance of the idea of knowingly infecting a partner. When the premises of individual responsibility are knowingly absent, many express a strong reluctance to allow unprotected sex.

If they want to bareback right away, I usually ask if they're positive ... I usually say I prefer not to if you're negative and I'm positive and they want me to fuck them. And then, you know, sometimes they'll say, "Well, you don't have to come inside me". And I say I just prefer not to. (40s, Canadian, HIV positive)

Or again,

If I play with negatives, as I say, safe is mandatory. (60s, British, HIV positive)

Some talk of an actual mental or physical block to continuing forward once the justifications for unprotected sex are found to be missing.

I need to know whether you're positive or negative because I don't ever want to infect a negative person. It doesn't mean I don't have sex with negative people, but I take the necessary precautions ... Once the discussion is made, then if I'm free of mind, then I can actually function properly. If I'm not, I'm not comfortable, and then I can't have sex. (20s, African Caribbean, HIV positive)

Virtually all HIV-positive men know that coping with HIV disease is onerous, and hardly anything to be wished on someone else.

I mostly only have sex with, with poz guys now ... I don't want to have sex with somebody and infect them especially if they don't know ... I'm not going to go convert some little 19 year-old boy who doesn't know his ass from his elbow because I would feel totally responsible and I can't do that. So I mean, I've actually given lectures to some of these guys on the internet saying, "Listen guy, you got, you better do some thinking before you do this". (50s, German, HIV positive)

I don't want to make somebody seroconvert just for a moment of fun. I mean, I made that mistake in a way. (30s, French, HIV positive)

Of the guys I see and have sex with on a periodic basis, we never have safe sex. Because there's a trust in me that I'm not going to put them in a problem situation. I know what it's like to be living with this problem and I don't want anybody else to have to live with this problem because of me. (50s, Scandinavian, HIV positive)

Men outside the bareback microculture express considerable puzzlement and sometimes alarm in their stories of encountering men who show no interest in safe sex. It is not clear to these men why they make no move toward safer sex; the common-sense knowledge that everybody knows in the bareback microculture lacks recognition among men working from different presumptions. For example,

I had him on his back and I knew that he was a bottom ... but as I was approaching his mouth, he said, "Fuck me", and I said, "Okay". I can't remember exactly what I said, and as I reached over for a condom, he held my hand like this and said, "No, I want you to bareback me". I said, "I don't think so", so he said, "Okay", and I think he was a little disappointed ... The only thing that really surprised is that, you know, 20 years after the disease has hit, there's this person who's, I think he was in his mid- to late-30s, an articulate, educated, obviously-been-around-the-block type who is okay with my fucking him without a condom. (40s, south Asian, HIV negative)

Some presume that prospective sexual partners who fail to practice protected sex are HIV positive. It is remarkable, however, how many HIV negative men practising unprotected sex in the larger study, when asked, "When you know a partner is HIV positive, how does that affect your sexual experience?", respond that they have rarely or never knowingly had sex with an HIV positive man. In other words, they apparently presume that most or all of their partners are negative. A similar discrepancy in the expectations of HIV negative and positive men has been noted in studies of men in Sydney (Smith and Van de Ven 2001: 18). Still others employ the language of irresponsibility, deception, and indeed of bug-chasers and barebackers who are understood as motivated by malice. Whether a real behavioural change has happened or not, there is developing a perception that community norms are shifting, and once perceptions change, their consequences may ultimately have real behavioural consequences. Here is a small sample of the conclusions drawn by some men from their experiences in the gay scene:

Now people just don't care from what I'm noticing and they're all younger guys so they're just, "oh, well". (20s, British, HIV positive)

I can't count how many people I've gone home with and they had no desire to use them [condoms]. They just wanted to have sex. They didn't care. (30s, Aboriginal, HIV positive)

The ineffability of these interactions of men with divergent understandings, and of the processes whereby conflicting stories converge and collide is captured in this man who wonders if the presumptions he thought were shared were "just a fantasy".

You can't take comfort in the fact that you think, "Oh, well, he knew I was [positive], you know—I let him fuck me without a condom. Of course he knew I was positive". That logic just doesn't exist any more. Where, a year or so ago it did seem to exist, I don't know if it was. Maybe it was just a fantasy we all kind of believed in but it seemed to be, it seemed to be there. Now it doesn't seem to be there in the same way. (30s, Canadian, HIV positive)

Constructing the neoliberal sexual actor in everyday life

For the most part, neoliberal rhetoric of personal responsibility and consent works as a closed system. Since its premises and qualifications are rarely exposed, they are also rarely subject to disconfirmation. Much of it operates at a tacit level such that neither party comes away fully aware of what is happening. These interviews nevertheless encounter a few instances of disruption which expose the limits and failings of the rhetoric of responsibility.

The following especially telling episode is remarkable by its rarity. Here, the tacit understanding underlying unprotected sex suddenly saw the light of day.

There was a fellow I called one time—this was less than a year ago—and he was fairly young. He was only 25 or so and we ... went home ... After having had intercourse and as I was washing up, I said, “So how long have you been positive?” And he said, “I’m not positive”. And I said, “What!?” Because I sometimes understand where tops think—there’s this stupid idea that tops don’t get the disease, that somehow they’re immune ... There is that foolish idea ... So anyway, we ended up dashing off to St. Mike’s [hospital emergency] and doing, you know, the emergency cocktail thing and all those other sort of stuff. (30s, Canadian, HIV positive)

It is noteworthy that this man who regularly engages in unprotected sex was so alarmed to discover that he might possibly have infected a sex partner that he went to considerable lengths to find his partner post-exposure prophylactic treatment.

Conclusion

Barebacking is a phenomenon that has come about in major cities where a critical mass of HIV positive men have lived in close proximity over years, have formed social networks, and have developed a micro-culture of ideas and expectations that make sense in this particular context. As Ciccarone *et al.* (2003: 952) conclude from their national survey of HIV positive men in the USA,

Within the gay community, the prevalence of HIV infection is substantially higher than it is among heterosexuals, providing a basis for HIV-positive gay or bisexual men to assume that their partners are aware of HIV transmission risk even if they do not disclose their serostatus. Moreover, public health messages urging gay men to “act as if every partner is HIV positive” may have contributed to norms that make disclosure optional.

It is also a micro-culture that is little represented in smaller cities where the sense of living in a “poz” world cannot be sustained. It also borrows, adapts, and reproduces some of the major planks of neoliberal ideology circulating in government, business, and the media in the metropolises. As such, it combines together notions of informed consent, contractual interaction, free market choice, and responsibility that create a platform for constructing unprotected sex as a “responsible” choice among adult men. In remarking on the widespread practice among HIV-positive men of not disclosing their sero-status, Bartos (2002: 54) notes:

Especially where sex takes place in sex on premises venues, in anonymous groups, or in public sex environments, there are fewer bonds of social obligation which imply a duty of care towards another person. It is not that HIV positive men in these circumstances are acting with callous disregard or recklessly. Rather, they are assuming that their casual sexual partners are autonomous adults able to make their own HIV risk management decisions. Often, they assume partners willing to have unprotected intercourse must themselves be positive, but in a sense that is immaterial: if they wish to run a risk that is their affair.

It is this logic that men employing bareback discourse extend one step further, from a warrant to not disclose to a warrant to not practise safe sex at all. It is especially noteworthy that virtually none of the men endorsing bareback ideology think of themselves as opposed to the message of ASOs, but rather repeat basic propositions of the safe sex message as the warrant for their own practices, for example, that the responsibility for preventing HIV

infection is a question of protecting oneself, or that one should treat every new sexual partner as HIV positive. Indeed, many of these men are not much different from the many other people who have dropped safe sex: they view safe sex as a good thing but believe they have found an exemption from its prescriptions for themselves. In fact, it is clear that when the presumptions that uphold bareback ideology are shown to be demonstrably absent (with the young, the uninformed, etc.), they were often quick to revert to safe-sex mode.

The neoliberal view constructs human actors as rational, adult, contract-making individuals in a free market of options. It does not account for the much more complex motivators and vulnerabilities that characterize real human interaction and it denies the vulnerabilities, emotions, and tough dilemmas faced by people in their everyday lives. In terms of this study, the rationale advanced for unprotected sex by barebackers denies such circumstances and dilemmas that go into unprotected sex as a partner's erectile difficulties, momentary lapses and trade offs, personal turmoil and depression, disclosure and intuiting safety, and indeed love.

These interviews also raise the question of the degree to which traditional HIV prevention messages and research paradigms themselves rely on, and reinforce, the "calculating, rational, self-interested subject and commercialized competitive individualism that is increasingly constitutive of thought and conduct in private and public life" (Smart 2003: 7) of advanced capitalist societies. Interviews with those men who have abandoned safer sex practice show just how attuned their moral reasoning is with this neoliberal model of human subjectivity.

Yet at the same time, these interviews are filled with evidence that gay and bisexual men, whether single or in couples, high or low risk, do also know and show allegiance to care and community when circumstances permit. They are fully capable of acting, like other citizens of this society, according to the neoliberal norms of hyper-rational, masculine, competitive individualism, and appear to be especially likely to do so in situations where sexual interaction is brief, anonymous, and governed by the presumptions of the public sphere. But at the same time, homosexuality has perhaps a unique potential to subvert these presumptions by creating a capacity to love and care about (an)other man (or men) and be loved and cared about by them. This raises the question of how appealing to gay men to take care of other men (instead of simply defending themselves against other men) could prove effective in building community norms. It would be an appeal that would run against leading ideologies in circulation in our society today but one that would likely have considerable resonance among men whose sexual pursuits are often linked with the desire to love and be loved by other men.

While neoliberal, responsabilizing discourse is now a ready-at-hand—even predominant—rhetoric circulating in advanced, industrial societies such as Canada that is available for making sense of, and formulating choice-making projects in everyday life, nevertheless it does not capture the totality of these projects, whether for groups of people or even for single individuals. To use phenomenological language, this discourse is but one sedimentation in the experience history of narrators in this study who deploy diverse, sometimes incommensurate, recipe knowledges depending on relevance structure. In other words, even among barebackers who invoke neoliberal discourse most directly in the care of the self, there are clearly a host of competing discourses, drawn from romance, masculine adventure, gay solidarity, communitarianism, and so on, that can come to the fore, according to circumstance. In that sense, neoliberal discourse is not totalizing nor does it capture the subjectivity of these men in a fundamental way, but among some men it has become a *modus vivendi*, and a leading resource for organizing relations with other men.

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Résumé

Cet article porte sur les discours utilisés dans un sous-groupe d'hommes gay et bisexuels qui, après vingt ans d'épidémie de sida, ne pratiquent plus le safer sex. À travers des entretiens en profondeur avec 102 hommes vivant à Toronto, il examine le raisonnement moral de ceux pour qui le langage du bareback procure un modèle commun d'exposés et de tacite compréhension du sexe non protégé.

Le bareback soulève certaines questions centrales aux théories contemporaines du risque, de la responsabilité et de l'éthique, et représente de nouveaux défis pour la politique de prévention, dans la mesure où les discours sur le bareback adaptent certains des grands principes de l'idéologie néo-libérale, en combinant des notions de consentement éclairé, d'interaction contractuelle, de libre choix en situation de marché et de nouvelles approches de la responsabilité.

En même temps, des entretiens avec des hommes qui pratiquent le bareback révèlent des discours concurrents et contradictoires qui suggèrent des possibilités d'engagement de démarches de prévention du VIH.

Resumen

En este estudio se analizan los discursos empleados por un subgrupo de hombres homosexuales y bisexuales que ya no se protegen en sus relaciones sexuales, veinte años después de aparecer la epidemia del sida. Mediante exhaustivas entrevistas con 102 hombres de Toronto, en este documento se examina el razonamiento moral de las personas para las que el lenguaje de *barebacking* (penetración anal sin preservativo) abarca una serie de relatos compartidos y conceptos tácitos para tener relaciones sexuales sin protección. El *barebacking* suscita alguna de las cuestiones centrales de la teoría contemporánea sobre riesgo, responsabilidad y ética y plantea nuevos desafíos ante la prevención de VIH dado que los discursos del *barebacking* adoptan algunos de los principios básicos de la ideología neoliberal al combinar de forma nueva las nociones del consentimiento informado, la interacción contractual, las opciones en un mercado libre y la responsabilidad. Al mismo tiempo, las entrevistas con los *barebackers* ponen de manifiesto discursos competitivos y contradictorios que sugieren que existe la posibilidad de crear iniciativas para prevenir el contagio de VIH.