

Reluctant Objects:

HIV, biomedical prevention and engaging sexual knowledge

DRAFT ONLY

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Abstract

These days it is possible to sit through entire conferences ostensibly devoted to HIV prevention in which the issue of sexual practice is barely mentioned. Recent formulations of biomedical prevention science are conspicuous for example in their avoidance of this topic. The field's investment in scientific evidence has certainly had advantages in terms of the formation of 'rational' public policy. But the definitive knowledge these scientific practices purport to produce (whether of people or things) is not without other consequence. Specifically, the production of objects as fixed and predictable deters engagement and/or the inhabitation of sexual knowledges. What would a less phobic relation to sexuality feel like, at the level of knowledge practice? How could more inhabitable relations with sexual experience be modeled? This paper responds to this situation by considering gay men's engagements with Pre-exposure Prophylaxis, or 'PREP' (a pill a day to prevent HIV infection). PREP has been produced, thus far, as a 'reluctant object'. But on further speculation, it might be made to provoke reflection on different orientations to risk in the sexual present.

Reluctant Objects

These days it is possible to sit through entire conferences apparently devoted to HIV prevention in which the issue of sexual practice is barely mentioned. Recent formulations of biomedical prevention science are conspicuous for example in their avoidance of this topic. At the 2012 HIV International Microbicides conference held in Sydney I sat through paper after paper in which the overriding concern was questions of clinical control. Had trial participants been adherent to the dosing requirements? How do we know? Are they telling the truth? How should we measure this? Etc. Any interest or insight that research scientists or trial staff may have had into the everyday sexual lives of trial participants was carefully excluded from consideration by the conventions that shape discussion in such forums.

It is unfair, perhaps, to expect biostatisticians to be ethnographers, and I don't mean this as some sort of professional slur (some of my best friends are epidemiologists!) Rather, the disregard of sexual practice in this forum can be considered a function of the regimes of evidence that have come to dominate the field of HIV prevention, where the randomized control trial has recently emerged as the primary way of making decisions about courses of preventive action. In this regard, the field is not unlike other domains of epidemiology, public health and clinical research, where scientists generally aim to predict the outcomes of given strategies; isolate relations of cause and effect; calculate the risks of specific behaviours; and establish the efficacy of interventions. Such an emphasis on prediction and linearization may be thought to have specific value for health policy and practice insofar as it guides policy decisions regarding the administration of treatment, the distribution of resources, therapeutic strategies and the planning of programs. But what is difficult to appreciate from within this field of practice are unexpected processes of ontological transformation that emerge from everyday encounters, including those involving biomedicine, research and intervention.¹

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The field's investment in scientific evidence has certainly helped in the formation of 'rational' public policy, given the ways in which moral ideologies always threaten to interfere with pragmatic responses to HIV/AIDS. But the 'definitive' knowledge these scientific practices purport to produce – whether of people or things – is not without other consequence. Specifically, when objects are produced and held as fixed in this way they are not inclined to participate in active or lively ways in the ongoing construction or definition the problem, as Isabelle Stengers has argued.² This is particularly apparent in the contemporary field of HIV/AIDS, where some of the communities most affected by AIDS – who were once considered crucial to the activity of defining the relevant problems and devising effective responses to them – have been disengaged from the research and policy process and are largely understood, and understand themselves, in these terms. What if we were to approach this disengagement, in part, as a problem in the performativity of HIV knowledge?³

The scientific avoidance of sexual experience and everyday practice is largely replicated in influential hallmark policy pronouncements. Take Hilary Clinton's statements over 2011-12 where she outlined the US administration's proposed course towards an "AIDS-Free Generation". The course was said to consist of three components: The prevention of mother to child transmission using antiretroviral therapy (PMTCT); circumcision; and Treatment as Prevention (in which HIV positive people will be administered antiretroviral treatment as soon as they are infected in order to prevent onward transmission rather than for strictly clinical purposes). No mention of any of the practices through which HIV is actually transmitted (with the exception of perinatal transmission). And no substantial discussion of the circumstances of key affected populations – men

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¹ For a sustained and important attempt to consider such processes as they impact the field of HIV treatment and prevention see Rosengarten, M. *HIV Interventions: Biomedicine and the traffic between information and flesh*. Washington University Press, 2009.

² Stengers, I. *Power and Invention: Situating science*. University of Minnesota Press, 1997.

³ On the performativity of research methods see J. Law, *After Method: Mess in social science research*. Routledge, 2004. The comments made in the in-text paragraph and the previous paragraph emerge from the collective insights of a group formed to consider social research approaches to pre-exposure prophylaxis in 2012. The discussions that contributed to this formulation involved Marsha Rosengarten, Dean Murphy, William Gaver, Mike Michael and myself. Thanks to this group for permission to include this statement of our insights here.

who have sex with men, sex workers, people who inject drugs, transgender individuals and indigenous communities – among whom there exist higher rates of HIV infection in nearly every country that collects and reports data on such matters.⁴ Part of the appeal of such policy framings must be their promise to address HIV prevention medically without any mention of awkward topics such as sex, drug use or the gender, racial, economic and other disparities that unevenly structure the distribution of infection. And yet, since many of these biomedical prevention strategies presume much earlier and more extended periods of engagement with health care services on the part of affected populations, these disparities will make or break the effectiveness of these biomedical interventions, insofar as they materialize as the affective environments in which people locate the capacity to put themselves forward for care or (more typically) find themselves having to avoid it.

A further point of interest about this statement of HIV prevention policy is that it is not a straightforward case of prioritizing those approaches with clinically demonstrated efficacy. No mention was made of strategies such as Pre-Exposure Prophylaxis (or “PREP”) – the administration of antiretroviral drugs to ‘at-risk’ HIV-negative individuals and populations in order to prevent or reduce the likelihood of HIV infection. The partial efficacy of such a proposal has been demonstrated in clinical trials that led to the approval of the drug Truvada for these purposes by the FDA in 2012. In this respect, the discourse on the “AIDS-Free Generation” may be understood both to reflect and enact a *moral hierarchy of HIV biomedical prevention options*, in which promising biomedical strategies are filtered through more traditional moral prerogatives in order to attain priority, prominence and public communication.⁵ PREP occupies a somewhat

⁴ This absence was quickly taken to task in an Op-Ed penned by MSM advocate George Ayala for The Advocate (see G. Ayala, “A closer look at Hillary Clinton’s AIDS strategy”, *The Advocate*, 9 November, 2011) – an intervention that was tacitly but swiftly countered in turn by Hillary Clinton’s high profile “Gay Rights are Human Rights” speech delivered just a week later. This course of events reveals how identity-based human rights may be used within ‘progressive’ liberal discourse to ameliorate, sanitize, reformulate and disavow many of the practices that might otherwise be considered to be constitutive of those very identities, but instead become the appropriate target for processes of ‘in-group purification’ and redoubled as deviant and ripe for disavowal.

⁵ Some of the moral prerogatives that are evident here include the prioritization of men and children as first-line beneficiaries of prevention efforts; the positioning of HIV-positive people as

liminal position in this context and for this reason may be regarded as a very interesting, very provocative boundary object. On the one hand, it is clinically evaluated and FDA approved – a “clinically proven intervention”. On the other, it raises a host of ethical questions and practical dilemmas. These problems include cost, long term effects, and – more topically – the spectre of unlimited sex, including the question of how established prevention practices and sexual norms may be transformed by biomedical intervention; a topic that HIV clinical science generally doesn’t want – or doesn’t yet know how – to think about.

Alongside the gathering policy endorsement of Treatment as Prevention, the increasing use of criminal provisions to prosecute HIV individuals for conducts thought to be associated with HIV prevention internationally places strong emphasis on the responsibility of HIV-positive individuals to bring an end to HIV transmission.⁶ By contrast, comparatively little thought or attention has been given to the processes through which HIV-negative and untested individuals might (or might not) become subjects of HIV prevention. This paper begins to explore this question by considering affective responses to PREP. In doing so, it reformulates the question of responsibility thus: How might we think about and begin to exercise responsibility at a scene whose appeal for many participants consists, to some extent, in the way it promises to suspend or momentarily interrupt any grip on the sovereign or rational subject that is taken to be the foundation of responsibility in modern culture? Or, put differently, how might we attend responsibly and effectively to pleasure, where this pleasure consists in some form of ecstasy or de-subjectification?⁷ I’m talking about sex and drugs.

rightful bearers of the moral and pharmaceutical responsibility for HIV prevention; and the consistent appeal to ‘reproductive futurity’ – “an AIDS-Free Generation” – over and above in-depth attention or discussion of the needs of actually existing adults. For an elaboration of the critical concept of ‘reproductive futurity’ see Lee Edelman, *No Future: Queer theory and the death drive*. Duke University Press, 2004. Edelman draws in this respect from Lauren Berlant’s analysis of US public culture in *The Queen of America Goes to Washington City: Essays of Sex and Citizenship*. Duke University Press, 1997.

⁶ For a critical response to these dynamics that connects with the present essay, see K. Race, “Framing responsibility: HIV, biomedical prevention and the performativity of the law”, *Journal of Bioethical Inquiry*, (2012) 9: 327-338. For a careful analysis of the way discourses of responsibility feature in everyday reasoning around HIV on the part of gay men, see C. Rangel and B. Adam, “Everyday moral reasoning in the governmentality of HIV risk”. Forthcoming in *Sociology of Health and Illness*.

⁷ For an initial attempt to address some of these questions see the final chapter of Kane Race, *Pleasure Consuming Medicine: The queer politics of drugs*, Duke University Press, 2009. On

PREP: Initial apprehensions⁸

This paper is designed as a modest intervention into a situation in which science would render sexual encounters dumb. It is a speculative paper that attempts to make sense of gay men's initial reactions to PREP – whose liminal status I have so far described. My argument emerges from a series of encounters and an overall impression – based on my participation in gay culture – of what I would venture as a surprising state of disengagement with PREP. PREP, I will argue, takes the shape of a *reluctant object*: An object that may well make a tangible difference to people's lives, but whose promise is so threatening or confronting to enduring habits of getting by in this world that it provokes aversion, avoidance – even condemnation and moralism. I will suggest that thinking about gay men's initial engagement (or rather dis-engagement) with PREP stands to tell us much about gay men's self-understanding as subjects of risk in the present moment of the epidemic. If, for Althusser, interpellation describes the “hey you!” moment when a person recognises themselves as a subject of official discourse, we might approach this topic as an inquiry into the conditions of *uninterpellation* – those conditions in which one is led to turn away, to linger in a state of non-confrontation, to avoid recognising oneself as a subject of risk.⁹ The object of PREP forces us to contend with what scares us – not only about risk – but also about sex: The ways in which the condom has operated in the citizenship arena for example not only as a latex but also a symbolic prophylactic against the apparently terrifying prospect of unbridled homosexuality.

ecstasy, sex and relationality see J. Butler, *Undoing Gender*, Routledge 2004 and J. Butler, *Giving an account of oneself*, Fordham University Press, 2005.

⁸ My use of the term apprehension is meant to allude here to the Whiteheadian concept of prehension, the process through which some entity grasps some other entity and makes it an object of their experience. The manner of this grasping may involve cognitive, affective, and intentional dimensions: it may or may not involve conscious reflection. To prehend an entity is to experience it, perceive it, feel it – an event that must be considered in terms of how this experience *affects* the prehending entity. The term invites us to pay attention to the material and situated manner in which things are experienced: Indeed, there is no reality apart from the ways in which various entities grasp each other as they come together in an actual occasion. See A.N. Whitehead, *Process and Reality*, The Free Press [1929] (1978).

⁹ On interpellation see L. Althusser, *Essays on ideology*. Verso, 1970.

By positioning PREP as a reluctant object I do not mean to suggest that PREP is an unproblematic object, or that concerns about PREP are unfounded. PREP poses considerable challenges with regard to its effective implementation, use, and resourcing that all deserve serious consideration. The issues of non-adherence, risk compensation, cost, unwanted toxicity, and the possible development of resistant virus in the context of undetected sero-conversion and suboptimal treatment (which is what PREP would be in such circumstances) are real and must be addressed.¹⁰ However, in this paper I bracket these concerns, primarily because these are not the primary concerns I have encountered when raising the issue of PREP with HIV-negative sexual partners and friends in casual discussion. At the time of writing, people outside the HIV sector hadn't even got that far in thinking about it, in my experience. Rather, what I am attempting to understand is the affective reaction with which news of PREP is often greeted, a reaction of aversion – often powerful aversion and repudiation – among men who are otherwise familiar with, and often have more or less sensible and considered approaches to, the challenges of HIV prevention. Understanding this reaction may be useful for thinking through how health services and educators might present PREP to the relevant publics. It may also help to frame HIV prevention as a matter of affective attachments and investments: i.e. How people come to attach themselves to particular objects, practices, devices, positions and identities in their attempts to avoid – or otherwise navigate – the possibility of HIV infection.

Which is to say, the aim of this essay is not to psychologize HIV-negative gay men, as though PREP were an object that rational folks cannot but want. I object to those forms of psychological reasoning that take the latest health prescription as an opportunity to pathologize the non-compliant and I would want to situate the range of reactions more sympathetically in their historical, cultural and practical contexts. Instead, my hope in pursuing this topic is to contribute to a discussion about how gay men relate to HIV today – especially in circumstances where their practices may be associated with risk. I want to question whether

¹⁰ See generally M. Wainberg, 'Pre-Exposure Prophylaxis against HIV: Pros and Cons', *Retrovirology* 2012, 9(Suppl 1):16

the model of the prudent, rational pre-calculative subject of risk that we customarily work with in the field adequately imagines how we enter into sex.¹¹

My paper is also motivated by the immense difficulty I have experienced as an HIV positive man involved in the field not only in thinking about PREP but in trying to imagine how things must appear and be experienced by those of different serostatus. Rather than interpret this difficulty as some sort of personal shortcoming, I would like to install it as a methodological starting point and default presumption: We do not know what is going on for other people, but must presume *not to know* and be prepared to be surprised by our encounters.¹² In other words, my thinking emerges from my own initial reluctance to think about PREP ... and then a series of dumb questions.

A few dumb questions

Dumb question number 1: I posted a link on my Facebook page last April to an article entitled “A Game-Changer in the Fight Against HIV” from the Boston Globe.¹³ The article was a fairly straightforward, well-written account that outlined the findings from PREP trials and described it as a promising strategy. Given how fed-up we are 30 years on with the persistence of this epidemic and considering the widespread desire for an end to it you would think that news like this would attract a little attention. But from among my bevy of overtly gay Facebook Friends, shown posing at gyms and parties and parades, only one person ‘Liked’ it. Even news about what I had for breakfast attracts more attention.

Now it would be foolish to draw any strict conclusions from this flimsy piece of ‘data’, and there are a number of ways of interpreting the findings. Perhaps it

¹¹ For a classic elaboration of this model of the subject, see Nikolas Rose, *Inventing Our Selves*, Polity Press, 1998: 150 – 168.

¹² On interest, surprise, and ‘learning to be affected’ by the process of research see Stengers, *Power and Invention*, and B. Latour, “How to talk about the body: The normative dimension of science studies,” *Body & Society* (2004) 10 (2-3): 205-229.

¹³ Prichard, M. 2012. A game-changer in the fight against HIV. *Boston Globe*, 26 March <accessed 21 April 2013>.

was the wrong time of day, or a newsfeed issue, or a problem with my recruitment strategy (my friends are very odd and unrepresentative after all). Perhaps it indicates a case of information overload, or there were other more captivating things going on at the time. (Difficult as this line of questioning is to disentangle from the narcissistic preoccupations of Facebook interaction more generally, these considerations might usefully be brought to any survey, online or otherwise. Data is always mediated by the sociotechnical arrangements that make it available to us, and it is good to get specific about these techniques and mediations). Ever the social researcher, I decided to consult with another expert in the medium ... and asked my boyfriend what this appalling response rate could be about. “Well, Liking it could be taken as an admission of wanting or having unsafe sex,” he said, “something that people are reluctant to identify themselves with in public”.

This interpretation is valuable and interesting, not because it is representative or definitive necessarily, but because it gives us partial insight into some of the conditions of articulation and silence around PREP. Expressing a personal interest in PREP involves acknowledging to oneself and to others that one’s practices are not as safe as they could or “ought” to be. This observation could be used to begin to understand the apparent absence of *public* expressions of demand for PREP – an issue that has flummoxed many clinical researchers in the area. But it also opens up a broader set of considerations. Engaging personally with PREP involves confronting oneself, not only as a subject of risk, but as a subject of illicit or socially unsanctioned sex.

Encounter number 2. This exchange occurred after sex with a 25 year old HIV-negative man at his home. We had used condoms, which were conveniently at hand. The guy was clearly well versed in the practices of arranging safe casual sex. After sex we got into a discussion about our interests and work and I raised the topic of PREP. The topic needed some explanation. While he was educated and seemed to be HIV prevention-savvy and had a vague sense of having heard about something along these lines, he was unclear of the details or of what it might consist. After my explanation, he became quite animated and disturbed: I

was surprised how upset he became. He couldn't understand why people could not just use condoms. On further discussion it emerged that he had previously been in a one or two year relationship with a positive man. Since he had managed to sustain condom use even in these challenging circumstances he believed condoms should be a sufficient strategy.

How can we understand this objection to PREP and its relation to an attachment to condoms? This is where considerations of affect and habituation come in useful, and I'm inclined to theorize condoms along these lines as a difficult but nonetheless optimistic attachment. For Lauren Berlant an object of attachment can be understood as "a cluster of promises we want someone or something to make to us and make possible for us".¹⁴ For Berlant, a relation of "cruel optimism" exists when the loss of that something seems unendurable because "the continuity of its form provides something of the continuity of the subject's sense of what it means to keep on living on and look forward to being in the world".¹⁵ I am not sure that an attachment to condoms is a relation of *cruel* optimism exactly (not, at least, when condoms are used consistently and effectively) but for many gay men the promise they offer is the promise of protection from HIV infection. This is a hard-wrought attachment – a carefully habituated practice – which involves incorporating the condom into an affectively charged and potentially disorganizing scene of intensity. Despite the difficulty of this attachment and the conditions that militate against it, many gay men have managed to install it as an habitual and ongoing practice.

I am interested in the sense in which this process of habituation might be considered to have staved off the unbearable immediacy of the threat of HIV/AIDS, especially for those who lived through the height of the gay epidemic in the 80s/90s. Of interest here are the processes through which condom use is transformed from a decisional event into a practice – which is to say, a matter of habit. It might be presumed that consistent condom use is an instance of effective interpellation into risk discourse. After all, isn't this precisely what HIV

¹⁴ Lauren Berlant, *Cruel Optimism*, Duke University Press, 2011, p. 23.

¹⁵ Berlant, *Cruel Optimism*, p. 24.

educators want gay men to do? In becoming habitual, the condom acquires a form that provides a measure of freedom beyond immediacy, staving off the unsustainable “decisionism of a life lived minute to minute” – in crisis mentality.¹⁶ One of the things that condoms have been good for, from this perspective, is avoiding thinking too much – and too intimately – about what at some level is unthinkable: The threat of HIV/AIDS.¹⁷ If condoms *have* functioned as a way of preserving a mode of ordinariness in a situation of unendurable and ongoing crisis, then this would overturn our usual assumptions about the decisionality of safe sex. In the mode of consistency, we don’t *decide* to use condoms. They are used habitually, unthinkingly, and this operates as a source of comfort. The condom habit may in this sense serve as a means of *exempting* oneself from a repeated and traumatic interpellation by risk discourse. As a mode of interpellation, consistent condom use could be considered the type that is enacted in the mode of *avoiding the question*. Of course, there are other mechanisms for doing this – the condom is perhaps the least problematic of the lot (especially given its preventative effects). Consider the assumption, typical among some peers, that *we* are not the intended recipients of these irritating, never-ending, messages and campaigns, those *other* evil barebackers/ young gay men/ scene queens/ sex addicts [fill in the appropriate ‘other’] are.

In the context of this attachment to condoms – which is at once difficult and optimistic – and the emotional energy and investment it involves, PREP is likely to materialize both as a threatening proposition and a challenging interference.¹⁸

¹⁶ Berlant, *Cruel Optimism*, p. 63.

¹⁷ In a phrase that could aptly describe the outbreak of AIDS and its initial apprehension as a community crisis, Lauren Berlant focuses our attention on the “drama of adjustment to a pervasive atmosphere of unexpected precarity”. In these circumstances, people desperately seek around for a habit or a form that might help to preserve the energy it would take to live in a heightened state of unbearable immediacy. Adjusting to living with the threat of HIV could be described, following Berlant, as a question of how we “learn to submit to the passivity and the activity of feeling forced to take on living as a practice, on the way to the deliberate mode becoming a habit, a comfortable gestural rhythm”. Berlant, *Cruel Optimism*, 62

¹⁸ The term ‘interference’ is used by science studies scholars such as Annemarie Mol and John Law to refer to the threat posed by one ontology to another (or multiple others) in the context of ontological multiplicity. For these scholars, the strength and robustness of a particular ontology is always dependent on the various networks, associations, attachments and practices that hold it in place as a stable and enduring reality. Because other networks, associations, attachments and practices always co-exist, sometimes in tension, ontologies are said to “interfere with” one another. But this interference may be more or less antagonistic, serious, consequential, or

What it threatens is not simply the subject's preferences or convictions with regard to HIV prevention, but the sense of continuity that consists in habituated adherence to a particular formal investment in the cluster of promises that is encapsulated in the preventive object. From this perspective, this repudiation of PREP might be understood as a way of countering the threat that a different logic – a different package for delivering on this cluster of promises – poses to this hard-wrought and strenuously maintained attachment.

This is a relevant consideration, I think, for proponents of PREP, who must find ways of anticipating and responding to this sort of resistance. It is analogous to the resistance first encountered in discussions of “negotiated safety” which posed a similar sort of threat to investments in the formal structure of safe sex.¹⁹ ‘Negotiated safety’ was the formulation of Australian social researchers and educators who noticed that some gay men were dispensing with condoms with regular partners of the same HIV status but using them again in more casual contexts. Researchers saw that this could operate as a form of HIV prevention. Coined at a time of immense investment in the condom as the primary guarantor of safety, the concept of “negotiated safety” sparked immense controversy internationally. As it circulated in scientific circles and community discourse, the controversy revealed how powerfully an object (such as the condom) can become stabilized as a placeholder for the investment of anxious energies, as well as what happens when the continuity of its form is brought into question. One of the insights that can be drawn from this episode is the challenge implicit in affirming some people's commitment to consistent condom use while also presenting and articulating PREP among those who may need it. While some proponents insist that PREP is not a replacement for condoms but rather a supplement, I don't think this insistence is realistic. It fails to anticipate how PREP materializes in practical terms, not only as an option but also as a substitute – and, for some, a source of interference. What it interferes with is the

endurable due to circumstances such as proximity or the relative availability of the tension to be ushered into some sort of practical or negotiated co-existence. See Annemarie Mol, *The Body Multiple: Ontology in medical practice*, Duke University Press, 2003.

¹⁹ For an account, see K. Race, “Moving science: Susan Kippax and the politics of knowledge,” *Australian Feminist Studies*, (2008) 23, 58: 543-548.

self-evidence of those attachments and associations that have constituted one of the most basic and enduring ontologies of HIV prevention for many gay men, embodied in the principle of “safe sex”.

To think further about this question of effectively targeting and articulating PREP among those who most stand to benefit from it, my next story raises the question of interpellation, thus extending considerations raised in the previous two scenarios – i.e., how people come to recognize themselves as subjects of risk and possible candidates for PREP. This encounter involved a discussion over dinner with an HIV-negative friend, a thoughtful, intelligent and frank Sydney guy about the same age as me. We’d had discussions before about different experiences of serostatus and sex. Again I was surprised to find that he had never heard about or considered the issue of PREP. His initial response, when I described it, was marked trepidation and surprise. It struck him as a “brave new world” proposition that might open the gates to unbridled sex. Not that there is anything prudish or conservative about my friend. Quite the contrary, as it happens. But when I asked for clarification in a later communication, he wrote ruefully, “I can imagine people stocking up on it pre-Mardi Gras and then behaving like cars at a service station all weekend ... “Fill er up!”” Later, he added, “but I also meant in the novel's sense of strange Sci-Fi medicine and how that affects culture”. On this occasion, PREP raised the spectre of limitless sex as well as technologically changed sexual identities and futures – propositions which taken together are both scary and thrilling and for this reason may prompt defenses.

One of the things that perplexed my friend most about PREP was the temporal relation to risk that it seemed to represent. Despite – or *perhaps because of* – all the efforts to enlist us as prudent and pre-calculative subjects of health, we are in the habit of accounting for sexual risk-taking ‘after the event’, as he went on to observe. The representation implicit in PREP of risk as premeditated is at once more confronting and a different way of identifying the self in the vicinity of risk – not to mention *accounting* for that relation. It relies on the sense of a predictive and intentional subject whose propensity to err is fully present and

apprehensible to that subject in advance. This led to a search for comparisons, during which I suggested the contraceptive pill. But my friend rejected the analogy on the grounds that a pregnancy is terminable, whereas HIV is not - or 'not yet'. (I'm not as convinced about this distinction myself, for unwanted pregnancy may sometimes pose a similar crisis of self-viability for women. The similarities and differences between PREP, the contraceptive pill, and their historical reception certainly deserve further consideration).

This led into a discussion of his own sexual and risk practices, in which he divulged that he had been taking more risks in the recent past; that it had been difficult to maintain condom use; and that he had surprised even himself with the risks he had been prepared to consider in recent memory. Situations that might just a year ago have seemed to him unthinkably risky were now situations in which he found himself tempted to participate.

There is a lot that could be said about this conversation and in many ways it corresponds with other discussions I have had with sexually-active gay friends recently that seem to lend some urgency to the search for new HIV prevention strategies, including PREP. But for the purpose of this investigation, the main point I want to make is that, even though upon reflection my friend was concerned about risk, and about his own inclination to take risks (which he perceived as increasing), PREP was still encountered as a challenging proposition – a proposition with which he experienced some difficulty engaging. What can we make of this difficulty? What is going on here, and what can we draw from this discussion?

The paradox of the planned slip-up

I believe that from a certain perspective at this point in the epidemic PREP emerges as an enigmatic object: The paradox of a planned slip-up. It asks us to pre-empt a possibility that we have become accustomed to accounting for mainly 'after the event', or as an afterthought. As a proposition, PREP asks HIV-negative men not only to *acknowledge* but also take systematic coordinated and

prescriptive action against a risk that one may not be inclined to acknowledge so readily. Or a risk that *may* be acknowledged at some level, but that is rationalized as *not much* of a risk – or as something that happens spontaneously, irregularly, or in the heat of the moment – perhaps in a bid to *protect* oneself from the *confronting* self-interpretation that would consist in understanding one’s risk practice as becoming-habitual.²⁰

It is interesting to contrast this particular orientation to risk with the figure of the barebacker, whose self-identification could be interpreted paradoxically as an ideal instance of interpellation into contemporary risk discourse. The term barebacking emerged in the late 1990s and was quickly defined in the scientific and popular literature alike as the apparently new phenomenon of “intentional unsafe sex” – though a number of commentators questioned the universality of this descriptor. As Barry Adam pointed out in an early article on the topic, intentionality doesn’t even begin to describe the full range of relations to unprotected sex.²¹ Nevertheless, the term inspired popular identification with a speed and force that revealed the poverty of dominant modes of accounting for risk practice and sexual experience, which in their popular expression seem always to require and impute an intentional subject who is free to exercise any choice they please in any given circumstance. Given this history, the self-identified barebacker might be considered to be the exemplary subject of neoliberal risk discourse. His willingness to ‘own’ risk in the mode of foresight and intentionality can be taken to situate him quite firmly in the neighbourhood of PREP’s presumed address.

²⁰ Another HIV-negative friend in the same age group described PREP to me in similar terms recently as “wearing a bullet-proof vest to cross the road.” As a comment on forms of precautionary behaviour, this analogy constructs PREP in terms of overkill and as a course of action that is not well fitted to the risks at hand. The person who used this analogy regularly has unprotected sex with casual partners within what he regards as “tried and tested” risk assumptions and parameters.

²¹ Barry Adam, “Constructing the neoliberal sexual actor: Responsibility and care of the self in the discourse of barebackers.” *Culture, Health and Sexuality*, 7, 4: 333-346. I develop this point to build the argument of my essay “Engaging in a culture of barebacking: Gay men and the risk of HIV prevention,” In M. Davis & C. Squire (eds). *HIV Treatment and Prevention Technologies in International Perspective*. Palgrave, 2010. See also Carballo-Dieiguez et al. (2009) Is ‘bareback’ a useful construct in primary HIV prevention?: Definitions, identity and research. *Culture, Health and Sexuality* 11, 1: 56-65.

By contrast, the reluctant subject does not locate himself at this address and loiters in a state of non-confrontation with regard to risk. In a curious sort of way, then, PREP emerges as the counter-figure of the conundrum that informs some gay men's use of recreational substances to negotiate the pressures of prevention discourse, which I describe in *Pleasure Consuming Medicine* as "Exceptional Sex".²² On such occasions, risk takes on the structure of the exception, in a manner that is at once pre-calculated but disavowed, planned for but not fully acknowledged. Relying on what the popular concept of disinhibition makes available by way of explanations for sexual behaviour, the subject "gives himself a chance to swoon" and escape the pressure of the condom imperative.²³ The paradox here is that this notion of disinhibition is a discourse that is largely apprehended in advance. Thus drug use serves as a way of avoiding the charge of intentionality.

By comparison, PREP asks HIV-negative men to confront the structure of exception head on, as it were: To identify themselves in a general way as subjects of risk in the mode of pre-calculation and intentionality. Perhaps, then, PREP is such a reluctant object in part because it makes explicit something that is difficult to be explicit about from within one of the common orientations to sex and risk among gay men today: The desire to position risk as an *exception* rather than a tendency: a "straying afield of oneself" rather than something as coherent or culpable as a habit or a pre-calculated decision.

As I said in the introduction, these thoughts are necessarily speculative, partial, and incomplete. I see this work as a contribution to the body of literature that turns to sex and pleasure as modes of encounter and relationality in order to put critical pressure on the models of proper personhood that have been idealized in the notion of the prudent, pre-emptive, intentional subject who is always capable of performing risk-benefit calculations in advance.²⁴ One question I hope to

²² K. Race, *Pleasure Consuming Medicine: the queer politics of drugs*, Duke University Press, 2009, p. 164 – 190.

²³ Michael Warner describes this phenomenon memorably as "the poppers effect" in *The Trouble with Normal: Sex, Politics and the Ethics of Queer Life*, Harvard University Press, p. 213.

²⁴ See Butler, *Giving an account of oneself*, and L. Berlant, *Cruel Optimism*, for key examples. On the logic of pre-emption as a mode of neoliberal governmentality see M. Cooper, "Pre-empting

develop in future work is how to understand and account further for dynamics of *uninterpellation*, as I have begun to describe them here – a question whose significance is prompted by PREP, but extends well beyond it.²⁵ For there are broader and equally pressing concerns about the ways in which stigma interferes with care that will acquire special significance in the biomedical prevention context, linked to questions of engagement and uptake of testing and care.²⁶ Which is to say that while the line of inquiry I have begun to develop in this essay might seem like just another set of reasons to put PREP into the “too hard” basket, on the contrary I believe it represents an opportunity to do the sort of thinking that is needed to address subjects of risk, pleasure, sexuality and HIV in their present complexity.

‘Just anecdotal’: a postscript on style/method

I have often been struck by the sense in which the concepts of evidence that prevail in the social scientific and HIV policy field require us to disavow our immersion in sexual cultures and forms of pleasure. It sometimes seems as though the way one attains professional credibility and authority in the field is by objectifying sexual practice; making it seem predictable; and by talking about it as though it happens somewhere ‘over there’, among some group of remote but identifiable others. But this gives rise to a problem that this paper has tried to confront. The very expertise we might wish to cultivate for HIV prevention – expertise in sex as a form of praxis, a mode of encounter, and a source of pedagogy – is actively dissuaded if not undermined by some of the epistemic and

emergence: the biological turn in the war on terror”. *Theory, Culture & Society* (2006) 23, 4: 113-134 and B. Massumi “Potential politics and the primacy of pre-emption”. *Theory & Event* (2007) 10, 2.

²⁵ In the multiple world that science studies gives us ways of analyzing and appreciating, the language of interpellation and uninterpellation - with its emphasis on the obdurateness of ideological structures - is of course somewhat misplaced. This essay undergoes its own reformulation of these analytic terms by approaching the question in terms of the formation of attachments that may or may not interfere with prevailing public health discourses and their imperatives. For a brilliant application of such an approach that foregrounds attachments and takes on cognate questions see M. Callon & V. Rabeharisoa, ‘Gino’s lesson on humanity: genetics, mutual entanglements and the sociologist’s role’, *Economy & Society*, (2004) 33, 1: 1 – 27.

²⁶ See for example Gardner, E., McLees, M., Steiner, J. et al. “The spectrum of engagement in HIV care and its relevance to test-and-treat strategies for prevention of HIV infection”. *Clinical Infectious Diseases* (2011) 52, 6: 793-800

professional frames that prominently organise responses to HIV/AIDS. For whatever else it is, HIV prevention is a problem in the social arrangement of knowledge, i.e. the modes available for accounting for sex; with their regulatory distinctions between subject and object, private and public, actual and virtual, affective and rational, which render certain matters unfit for public discussion, and other matters more or less possible to ignore or acknowledge. By testing these distinctions in this essay, I am trying to instantiate a practical form of knowledge, reflection, speculation, analysis and agitation that need not pretend to withdraw from the sexual field in order to make worthwhile propositions in relation to it.

To this end, I have chosen to adopt a “counter-scientific” approach that aims to destabilize and intervene in questions of what counts as worthwhile knowledge about HIV prevention. I’ve engaged in a bit of “positivist drag” that cites some of the normative conventions of empirical research – all the better to dramatize its failure to live up to them. A Facebook exchange, a conversation with my boyfriend, a conversation with a sexual partner after sex, and some casual after-dinner conversation with a friend. Surely this is all “just anecdotal”? Not a great data set by any measure. On what grounds could it possibly form a basis for legitimate knowledge? And yet these are some of the mundane sites of intimate exchange and sexual learning that will be familiar to many who participate in sexual community. To take them seriously is to revalue sexual experience as an occasion for insight, revelation and curiosity. To the extent that some of the ideas I have offered in this essay might serve as a lure for creative or effective thought, I hope to have demonstrated the value of thinking – however provisionally – with open intimacy.

In post-script, I would like to make a couple of comments about method, as a way of trying to characterise and reflect on my practice here. And there are two main things I want to draw out that I think distinguish this intervention from given practices in HIV social scientific research. The first is the focus on affect. This exercise has proceeded by trying to attend to – and theorize – my interlocutors’ affective responses upon first learning something about PREP. These

apprehensions tended to follow a generalised pattern of interest, surprise, disturbance, and then often some form of repudiation, condemnation or moralism.²⁷ I have argued that this may tell us something about orientations to HIV risk in the sexual present. But it is worth emphasizing that these patterns are themselves dynamic and in process; they should not be understood as the fixed property of psychologized subjects. Affect can be defined as a dynamic domain of prepersonal or transpersonal intensities that emerge as bodies impact one another.²⁸ Even while its contours are informed by cultural dispositions, this register of responsiveness tends to occur relatively independently of language. For this reason, affect is difficult to register by means of the usual qualitative procedures such as transcribed interviews, and calls for experimentation with inventive analytic approaches and methods.²⁹

In other words, I do not see the affective responses I have described in this paper as essential psychological reactions that precede PREP and determine how we respond to it once and for evermore. Apprehensions of PREP will change as PREP enters into various forms of circulation, and it is difficult to predict just what will take place and how. These will depend, in part, on how sex, risk and prevention are discursively, historically and scientifically enacted by present knowledge practices - hence my attention to prevention science. One of the guiding premises of this essay is that subjects emerge *in relation with* specific objects and the manner of their creation: subjects and objects are co-produced. This marks out a more active role for research practices and approaches than might usually be assumed. For whatever else it is, PREP is an event. As Mariam Fraser has explained, “all those who are touched by an event define and are

²⁷ This pattern of response has taken on larger and more institutionalized forms over the course of writing this article, as US organisations such as the LA-Based *AIDS Healthcare Foundation* lobby against introduction of the strategy. Meanwhile, in what has perhaps become ‘the’ paradigmatic instance of PREP-evoked sexual moralism, blogger David Duran has coined the evocative slur “Truvada Whores” – a term which has perversely but (it seems) inadvertently become a wildly chic T-shirt slogan since (D. Duran, “Truvada Whores’, *Huffington Post*, 12 November 2012). See also PREP-blogger Jake Sobo’s powerful retort to this post in his ‘My Life on PREP’ series. J. Sobo, “Does taking Truvada make me a whore?” *LA Frontiers*, 29 November 2012.

²⁸ See generally the essays in M. Gregg and G. Siegworth (eds.) *The Affect Theory Reader*, Duke University Press, 2011.

²⁹ For some suggestions see C. Lury and N. Wakeford (eds.) *Inventive Methods: The happening of the social*. Routledge, 2012.

defined by it, whether they are aligned with or opposed to it,” – in other words, they become part of the event’s effects.³⁰ By confronting relations between prevention science, sex, risk and acknowledgement practices, this paper has sought to participate in its own small way in this process of eventuation.

The second thing I wanted to draw attention to is this paper’s use of anecdote – that widespread but scientifically degraded form of knowledge/relation. And I want to situate the anecdote as a “research device” with the potential to intervene in conventional arrangements of knowledge and intimacy.³¹ I’m not getting auto-ethnographic here: I don’t imagine I’m nearly that interesting. I’m rather more interested in the tactical use of anecdote as a way of deflating the self and sharing a world that is intimately but differently experienced. The dictionary definition of anecdote is “a short amusing or interesting story about a real incident [of private life]”, and as a way of describing the genre this definition is fitting. Since it moves an incident of private life into broader circulation we might say that the anecdote creates some degree of interference with the normal compartmentalization of sex, knowledge, privacy, publicity, intimacy, objectivity etc. I am interested in the anecdote’s capacity to produce a form of knowledge that is partial and fragmentary, but also intimate and textured.³² The anecdote’s performance of its own provisionality is precisely the point here. It contrasts markedly with the sorts of knowledge that the organised field of HIV prevention science purports to produce. Far from predictable, the anecdote participates in a form of reflection that is both conditional and speculative. It can be used to provide a partial glimpse into the way that worlds might come together, or fall apart – the unexpected things that can happen. The anecdote does not seek representativeness. It does not aim to represent the ‘experiential knowledge’ of a given culture or community comprehensively (though it may well give insight

³⁰ M. Fraser, “Fact, ethics and event”. In C. Jensen and K. Rödje (eds.) *Deleuzian Intersections in Science, Technology and Anthropology*. Berghahn Books, 2012, p. 65.

³¹ On the anecdote as a “research device” see Mike Michael, “Anecdote”, in *Inventive Methods*. For other uses in gender and cultural theory, see M. Morris, *Identity Anecdotes: Translation and media culture*, Sage 2006, and E. Probyn, *Sexing the Self: Gendered positions in cultural studies*, Routledge, 1993.

³² In this respect, I am inspired by recent work in speculative design on cultural probes as a research method. See Gaver, W., Boucher, A., Pennington, S., & Walker, B. 2004. Cultural probes and the value of uncertainty. *Interactions* (2004)11, 5: 53-56.

into some of the terms of lived experience). Rather it stages the empirical as an encounter or an event that is specific, contingent, and open-ended. The anecdote would never work as some sort of ‘gold standard’ of authoritative evidence (that would be a scary thought). Rather, it must be thought in “webbed connection” with findings from other knowledge practices, including observational studies, behavioural surveillance, systematic forms of qualitative research, etc.³³

Mike Michael has riffed on the anecdote as a ‘research device’ in which an event is not simply reflected but also acted upon, i.e. performative.³⁴ But Michael is also alive to the sense in which anecdotalization acts upon us; its capacity to disturb given relations of knowledge. From this perspective, the anecdote can be approached as a disordering device – a source of lived impact from which the identities of the research, researcher, and researched may emerge in new relation. Thus I have emphasized the need to be surprised by our encounters, and tried to install this as some sort of methodological principle or starting point.³⁵

I’m also interested in the anecdotes’ capacity to reframe private experience as eventful or incidental rather than deeply individual or always available to complete control. What is it to attend to the incident, and make an anecdote of its occurrence? (A funny thing happened while I was writing this section. I began to theorize the anecdote instead of just telling one). In other words, the anecdote can serve to make a joke of the sovereign subject, staging all those little failures to control one’s actions, or their effects, or abide entirely by their design. This quality directs attention to the contingencies and ‘more-than-human’ aspects of the encounter – whether this encounter is scientific, erotic, mundane, risky or some combination. Given the overly rational figures and promises of the bulk of

³³ On working with situated knowledges and “webbed connection”, see Donna Haraway’s classic essay ‘Situated Knowledges’ in *Simians, Cyborgs, Women: The reinvention of nature*, Free Association Books, 1991. For further thoughts about how to approach some of the knowledge practices that currently operate in HIV prevention science, see Race, K. ‘Framing responsibility’.

³⁴ Michael, ‘Anecdote’, 2012.

³⁵ For further discussion of the relation between ‘learning to be affected’ and interesting science, see Latour, “How to talk about the body”.

HIV scientific practice, we might do well to attend to these dimensions of intimate experience.

Which is to say, the 'incidental subject' of anecdote might serve as one way of refusing the pull of the doctrines of prediction and intentionality that emanate from the disciplinary practices of the health sciences, as described at the outset of this paper.³⁶ It may supply a welcome (perhaps necessary) addition to the rational, intentional subject that has become such a feature of HIV education discourse today. This is the subject who only needs to calculate the risks of particular acts in order to engage in HIV prevention responsibly. Gay men's health promotion is rife today with calculative devices that list the transmission risks of various practices, as though sexual encounters follow some itinerary or checklist that can be worked out in advance like some sort of mathematical exercise. There is nothing wrong with providing estimates on the respective risks of various common sexual practices, of course – especially for those dissatisfied with condoms – and indeed I have observed the operation of these calculations in gay men's sexual practice myself.³⁷ But this is not all there is to sex -- or gay men's HIV education for that matter – which might usefully address questions of an ethico-practical nature more creatively and comprehensively: How to be and what to expect in a range of common sexual relations and scenarios, for example:³⁸ How to speculate about - or even begin to imagine – what may be going on for the other participants, while bearing in mind that you can never quite know for sure; that at some level they will likely be strangers - both to themselves and quite possibly to you – and often this is precisely what makes things interesting. Indeed, such forms of indeterminacy can animate the encounter and contribute to its excitement, becoming generative of forms of experimentation, friction, intensity, responsiveness and collaboration that can be expanded and elaborated with pleasure.

³⁶ On the incidental subject, see also Race, *Pleasure Consuming Medicine*, Chapter 7.

³⁷ Race, K. "Revaluation of risk among gay men," *AIDS Education and Prevention* (2003) 15, 4: 369-81.

³⁸ For a fuller discussion of this point, see Race, K. *Pleasure Consuming Medicine*, pp. 156-63.

To approach private experience as incidental and eventful is to attend more actively and carefully to the contingency of events in their unfolding, and then try and circulate this training of the attention. In the anecdote, objects misbehave. Worlds impact events. People don't just act on things, things happen to people, and this could derail some of the force of those accounts steeped in myths of sovereign self-mastery. It is in this sense that I am interested in the anecdote, as a precise intervention into given relations of knowledge, intimate experience, ideals of personhood, engagements with medicine, etc. At its best, the anecdote is not about me, and it's not about you, but about encounters we might find ways of relating (to) ...