

Who Are the Men in 'Men Who Have Sex with Men'?

by

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Bachelor of Social Work, University of Victoria, 1999
Bachelor of Arts, University of Manitoba, 1996

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Supervisory Committee

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Abstract

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The term 'men who have sex with men' (MSM) as commonly used by HIV/AIDS researchers and policy makers is said to describe an obvious group of men. Or does it? While MSM disrupts the homosexual/heterosexual dichotomy through focusing on sexual practices rather than sexual identity, it remains entrenched in binary understandings of sex and gender.

Influenced by queer and trans theories, a genderqueer methodology is employed to examine what discourses are deployed when MSM are categorized as a seemingly homogenous group. Who are the "men" in MSM and what are the material consequences of MSM discourse in HIV/AIDS work?

Guided by feminist poststructural and Foucauldian theories, this study highlights how MSM discourse functions to exclude trans, intersex, and other non-normative sexed and gendered people while considering the potentially deadly effects of this discourse on those outside of MSM categorizations particularly focusing on its use in the *Canadian Guidelines on STIs*.

Table of Contents

Supervisory Committee	ii
Abstract	iii
Table of Contents	iv
Acknowledgments	vi
Dedication	vii
CHAPTER 1: INTRODUCTION	1
Guiding Ideas	7
Sex and Gender Construction.....	8
Homonormativity	15
CHAPTER 2: GENEALOGY.....	20
Introduction.....	20
Genealogical Approach	20
Gay-Related Immune Deficiency Syndrome.....	24
Men Who Have Sex with Men (MSM)	27
An Eye to Sex and Gender Via Sexuality.....	41
Genealogy Crystallizations	43
Heteronormativity: Dividing the Deviants.....	43
The Penis Makes the Man.....	44
Transgressions: Intelligible and Exclusions.....	46
Conclusion	47
DISCURSIVE ANALYSIS	48
Analyses of First Uses of MSM.....	48
A Gay Death Count – An Analysis of the Glick et al. (1994) Article.....	48
Heroes and Culprits – Discursive Analysis of the Dowsett (1990) article.....	54
Discursive Analyses of Two Authors’ Works Who Engage in MSM Discourse Critiques.....	67
A Case of Mistaken (Self-)Identity: Unmaking Sense of Sexual Discordance – Discursive Analysis of Pathela et al. (2006) Article	68
Articulating Phallogentricity in Sexuality Discourses – Discursive Analysis of Khan’s (2001) Article.....	84
Conclusion	89
CHAPTER 3: METHODOLOGY	90
Beginning.....	90
Queering.....	91
Disturbing Ontology.....	94
Locating Myself	102
(Re)shaping Methodology	103
Practicing a Queer Methodology.....	104
Methods	104
Data/Textual Selection.....	106
Methods of Discourse Analysis.....	109
Evaluation of my Work.....	117

CHAPTER 4: DATA ANALYSIS.....	120
Introduction.....	120
Situating the Public Health Agency of Canada and the <i>Guidelines</i>	120
Guideline Analysis: The Reappearance of Crystallizations	123
The <i>Guidelines</i> : Defining MSM.....	123
Infected Deviants: Reading Epidemiology as Bio-power.....	126
Prevention: Personal Risk Discourse.....	140
Evaluation as Regulation	148
Fiscal Responsibility Justified.....	153
Management, Treatment and Homonormativity.....	155
Conclusion	156
CHAPTER 5: DISCUSSION AND CONCLUSION.....	157
Deviant Discourses.....	157
Surveillance of Deviants.....	159
Neoliberal Discourses.....	160
Phallogentricity	161
The Sex and Gender of MSM.....	163
Material Consequences of Unintelligibility.....	164
How to Erase Those with Non-Normative Sexes, Genders, and Sexualities or What To Do Instead.....	165
Conclusion	167
REFERENCES.....	169

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To my chosen family, you made me explain my work, interrogated if it would actually *do* anything, questioned my subscription to poststructuralism, fed my belly and heart, forced me to play and loved me. I am blessed to call you my family.

Dedication

With this work I honour all those who have challenged, inspired, and blessed me by sharing parts of their lives. Your stories propel me to help change the world to make it a place that not only sees you, but also honours you. Your Teachings have enriched my life and humbled me. Even in death, you still continue to mentor me. For this and much more, I am ever grateful and dedicate my work to our shared pasts, present struggles and a hopeful future. Meegwetch. Ekosani.

CHAPTER 1: INTRODUCTION

Nothing in a man – not even his body – is sufficiently stable to serve as the basis for self-recognition, or for understanding other men.

~ Michel Foucault, *Language, Counter-Memory, and Practice*, 1977, p. 153

I am deeply affected by HIV/AIDS. From taking my own personal steps to prevent HIV to having friends die of AIDS-related complications, AIDS is present in my personal life. The vast majority of my social work experience has been working in an HIV/AIDS community health centre. Upon returning to school to complete my Masters in Social Work, I wanted to delve deeper into examining aspects of AIDS work that have troubled me. In this process, I have come to realize just how much HIV/AIDS has affected my thinking. Being a queer activist and coming to learn about queer theory in my graduate work has also affirmed for me the work that still needs to be done regarding sexuality and sexual health. Particularly, my thinking is significantly shaped by my experiences in trans communities, as a trans service provider as well as being someone who desires trans sexual partners. Experiences in HIV, trans, and queer communities as well as learning about queer, gender, and trans theories within an academic setting have propelled me to question HIV discourse and practice.

While working in the field of HIV, I was exposed to the term “men who have sex with men” (MSM). “It’s what you do, not who you are” is a familiar mantra in AIDS work and it is this focus on sexual activities rather than sexual identity that roots the term MSM. Working in, what was historically, a gay and lesbian health centre and, later what aspired to become, a centre for excellence in HIV/AIDS care situated my practice of

AIDS work within a context that focused on working with sexual minorities. Over the years that I worked at the clinic, I not only worked with people who were HIV positive, but also with trans, intersex, two-spirit and queer people who were marginalized not only because of their HIV status and/or sexuality, but also often because of their gender identity and sex. I have always found problematic how the term MSM is employed in HIV literature and educational materials. It undermined the researched men's claimed identities, ignored their sexual agency and partners, and erased their existences. For example, when MSM terminology is employed as a sexual orientation and when it ignores how "men" sexually identify, this disregards men's sexual agency in choosing sexual partners and acts and making their own meaning (or not) from those experiences and relationships. Can MSM open space for "men" who choose to identify as gay, straight, but also have non-normative (and non-Western understandings of) sexualities? Or will MSM solely be code for being gay or bisexual (with the connotation that some men are in the "closet")? Can MSM terminology only describe biologically assigned adult males? As well, as someone who identifies as queer, however theoretically problematic that may be, I not only have an interest, but a personal stake in how health care professionals work with people who have non-normative sexes, genders, and sexualities.

In this paper, I use the term "queer" in a multitude of ways. As a noun, I use it to reference people who identify as queer – typically people who challenge dualistic and constructed categories such as transgender, bisexual, two-spirit, transsexual, transvestite, intersex and questioning (Manning, 2009). To use queer as an identity can run counter to

the work queer does to circumvent and undermine identity politics. Here, however, I use it to highlight how it has been taken up as a liminal identity in ways that problematize orientation. By this I mean that sex, gender, and sexuality are relational, contextual, historical, and political; queer positions itself against normative spaces and identities made visible by dominant discourses.

Learning about queer theory has challenged my thinking about sexual identity politics and revealed for me various hegemonic influences in the gay liberation movement. These hegemonic influences maintain dominant ideologies as the norm effectively subjugating every other understanding. Troubling binary thinking regarding sexuality (and the concept of sexual orientation itself) has been a central teaching I take from queer theory. Within some realms, queer theory has affected AIDS activism by employing the term MSM to do the specific work of disrupting the seemingly distinct categories of hetero/homo. I see trans and gender theories taking up queer theory's thinking in challenging dichotomous understandings, pushing past sexual orientation and gender to examine constructions of sex. Although the term MSM has significantly shaped how health care providers understand sexual identity, this term does not challenge binary understandings of sex and gender from my perspective. By contesting this hegemonic way of thinking, health and social services become more accessible to those with non-normative sexes and sexualities while at the same time making visible these folks who have been demoralized by and ignored within the medical system.

The purpose of my thesis is to examine constructions of sex and gender in the category of MSM, a term commonly used in HIV/AIDS research to describe a certain group of men through focusing on their sexual practice rather than their sexual orientation. The term MSM has borne some criticism for the underlying assumptions some HIV researchers apparently make when they impose this term in their academic work. For example, Young and Meyer (2005) note that MSM “implicitly refers to people of colour, poor people, or racially and ethnically diverse groups outside the perceived mainstream gay communities [or in other words, White, middle/upper class men]” (p. 1145). The apparent assumption of why these men are having sex with other men is also important. In my experience as a health care provider, the term implies often that there is secrecy or shame in engaging in sex with other men suggesting that these men are wrestling with internalized homophobia as it is usually understood from a Western gay liberation perspective and therefore engage in riskier sex than their “out” gay counterparts. From these two criticisms, we begin to see how MSM is implicitly understood to reference racialized, poor, “lying,” “closeted,” deviant men – connotations that are highly problematic. Although there are several other criticisms of the MSM category, how sex and gender are constructed when this term is employed in research has not yet been explored and it is my intention to do so in my research.

Drawing on queer and gender theories, I analyze how MSM’s gender and sex are constructed and reified in academic literature. Using discourse analysis, I investigate several pieces of significant HIV/AIDS research. I am interested in understanding what assumptions are made about what physiology MSM have; what assumptions are made

about the kind of sexual acts in which they engage; and who is included and conversely, who is excluded in this categorization. These sub-questions hopefully highlight key ways health researchers understand who men are and what makes them men.

My goal is to emphasize how the constructions of sex and gender illustrated by MSM leave out, ignore, and make invisible non-normative sexes and genders. The repercussions of ignoring trans, intersex, two-spirit, and queer people in HIV work literally equal death. When there are no research, support, or services to meet the needs of people with diverse sexes and genders, they are at significantly higher risk of HIV. Is the omission of people with non-normative sexes and genders in HIV work and research rooted in transphobia and heterosexism? I suggest it is. As a queer activist, I want to undo these dominant understandings or at least contribute to disrupting them in albeit perhaps a small, but practical and concrete way. I hope my research is taken up by academics, researchers, health care professionals, public health authorities, governments and even gay, lesbian, bisexual, and transgender (GLBT) organizations in a way that can positively influence the lives and well-being of trans, intersex, two-spirit, and queer people.

I begin my thesis work by exploring some guiding theories that shaped and continue to shape my understanding of sex and gender detailed in the preceding section. I introduce these ideas to situate the reader to my ontology and epistemology. In my genealogy chapter, I use a genealogical approach to trace sites of crystallization that influence how MSM has come to be used, why it is used, and what it does. I explore the early days of

Gay-Related Immune Deficiency syndrome to uncover why and how MSM came into HIV/AIDS work. I then discuss influences within MSM discourse. By examining sexuality, I intend to expose how researchers, public health authorities, and health care providers view sex and gender. I begin by doing this through a discursive analysis of two texts, which Young and Meyer (2005) cite as being the first to use MSM as a category. I continue my discursive analysis of two additional texts in which the authors appropriate divergent uses of MSM. My analysis of these texts highlights the pervasiveness of hegemonic understandings of sex and gender, thus allowing me to apply them to my work regarding the *Canadian Guidelines on STIs: Men Who Have Sex with Men (MSM)/Women Who Have Sex with Women (WSW)* (PHAC, 2008). Before I closely examine the clinical sexual health guidelines, I discuss my ontology, epistemology, methodology, and methods of using a genderqueer discourse analysis in my methodology section. In my data analysis chapter, I examine discourses used in the *Canadian Guidelines on STIs* section on MSM and how they are deployed to construct sex and gender of MSM. In my discussion chapter, I articulate how these discourses work together effectively to construct hegemonic understandings of men. I conclude my thesis by offering some potential alternatives to practice that are rooted in queer theory and harm reduction. Through my exploration of MSM discourse, I expose who these men are by first locating some of the founding ideas I employ in my work in the following section.

Guiding Ideas

My work in HIV and queer life has significantly influenced my thinking and work through how I pay particular attention to sex, gender, and sexuality. The humbling experience of returning to school has highlighted for me what I still have to learn within academia. Queer theory and (feminist) poststructuralist thought have been two significant areas of learning for me. I ground my analysis in my own experiences and use these theories to assist me in examining my experiences and the unsettled feelings I have with regards to the work MSM does. The academic and grey literature I discuss next has informed my work and opened up continuous areas of exploration for me to further my analysis and questioning.

First, I briefly focus on how sex and gender are constructed when the term MSM is employed in HIV/AIDS research. Queer and gender theorists and many feminists have extensively examined how hegemonic understandings of sex and gender are employed to create and maintain gender inequality. I selected a limited number of these theorists to begin my epistemological underpinnings as I explore sex and gender constructions and apply them to my work within MSM discourse. As the breadth and depth of queer and gender theories are clearly beyond the scope of my Master's thesis, I selected several theorists who challenged my own thinking by calling into question the nature of sex and its relation to gender and sexuality. Second, I discuss homonormativity and how it influences my analysis and understanding of MSM. I believe the gay liberation movement is manipulated by capitalism, ethnocentrism, and Whiteness. Acts of homonormativity reproduce themselves and influence how MSM is used in HIV research by stigmatizing those categorized as MSM.

Sex and Gender Construction

In this section I highlight work by feminist, poststructural, trans and gender theorists who have made significant contributions to deconstructing sex and gender. Feminist thought has been useful for analyzing issues regarding power and gender and its effects on “women.” Rubin (1984) notes how we often speak about gender and sex as if they are the same; however, we are generally speaking of gender, a distinction worth noting. Nicholson (1994, p. 79, italics in original) discusses that “*gender* is typically thought to refer to personality traits and behaviour in distinction from the body” that is associated with “biologically given” sex. Or is it? Fausto-Sterling (1997 & 2000) unravels how sex too is a construction. I also want to inject the challenges posed by trans and gender theories to extending examinations and deconstructions of oppression based on gender and sex. Wilchins (2004) argues that feminism is rooted in a dominant understanding of gender, which excludes trans, intersex, and other gender variant people. For me, this is where trans and gender theories have traction in further picking apart constructions of gender and sex. Fausto-Sterling (1997 & 2000), Wilchins (2004), Namaste (2000), Halberstam (1998), Stryker (2006), Thamelitz (2006), Califia (2000), Feinberg (2001), and Pattatucci Aragón (2006) have been particularly useful for me in exploring and situating my own critiques and challenges within feminism as well as trans and queer theories. Rubin (1984) also challenges

the assumption that feminism is or should be the privileged site of a theory of sexuality. Feminism is the theory of gender oppression. To automatically assume that this makes it the theory of sexual oppression is to fail to distinguish between gender, on the one hand, and erotic desire, on the other. (p. 307)

In light of Rubin's critique of the applicability of feminism to examining sexuality, I suggest queer theory is one alternative way to examine the politics of desire. These three theoretical frameworks, feminism, trans and gender theories, and queer theory significantly influence my analysis. For the purpose of this literature review, I attempt to be brief and succinct in outlining my understandings of some influential works that will underpin my thesis research.

Feminist and queer theorists focus considerable attention on how sex and gender are constructed within heterosexist society and the work these constructions do to maintain compulsory heterosexuality, patriarchy, and ultimately, gender inequality (Rich, 1980; Wittig, 1996; Butler, 1993). One reason why these works are significant for me in my exploration of MSM is not only their challenge to heterosexism within feminist discourse, but also how their work reframed how sexuality and gender together result in interlocking heteronormative effects, which broaden and deepen oppression for particular people. Wittig (1996, p. 212) declares, "lesbians are not women" within the "straight mind." She expands on how gender is a tool of heterosexuality, and that "if we, as lesbians and gay men, continue to speak of ourselves and to conceive of ourselves as women and as men, we are instrumental in maintaining heterosexuality" (Wittig, 1996, p. 210). Feminists (who also are significant queer theorists such as Butler, Kosofsky Sedgwick, de Lauretis, Grosz, Ahmed, etc.) pose challenges to how gender, sexuality, and compulsory heterosexuality work together. How these constructions work to make lesbians visible and deviant (Rich, 1980, p. 632) is worth further examination.

Elizabeth Grosz's work on the body is also influential in my developing analysis. Specifically, "Experimental Desire: Rethinking Queer Subjectivity" (Grosz, 1995) helps to tease out distinctions between sex and gender through theorizing the body. Grosz's challenges to Butler's work regarding performativity are important to note as they critique the notion of sex being natural and suggest that "there is an instability at the very heart of sex and bodies" (Grosz, 1995, p. 214). Grosz cites Foucault's claims around sex as a basis for her own understanding; she asserts that sex is a "product or effect of a socio-discursive regime of sexuality" (Grosz, 1995, p. 212). She agrees with Butler that "both sex and sexuality are marked, lived, and function according to whether it is a male or female body that is being discussed" (Grosz, 1995, p. 213). Here I agree with her claim. She contests Butler's claim of gender performativity by pre-emptively asserting that gender is redundant and that exposing the instabilities between sex and bodies is much more threatening (Grosz, 1995, p. 213-214). What is useful for me in Grosz's work is her articulation of how sex has been constructed and used even within queer theory as a natural category. She highlights for me the assumptions of sex and gender and how sex is often viewed as a precursor to gender and sexuality. I would (re-)assert that seeing sex within a dominant framework maintains hegemonic understandings to some extent and erases trans, intersex, genderqueer and two-spirit people whose sex may not be so easily located within the binary confines of male or female.

Another interesting point Grosz makes is with regards to male sexuality, albeit gay or straight. She states, "male sexuality by comparison [to female sexuality], *seems* to be completely straightforward, completely uncontentious, knowable, measurable,

understandable” (Grosz, 1995, p. 223, italics in original). I agree with Grosz that there has been a hyper focus on male sexuality including gay male sexuality (because of the rise of AIDS) and a lack of interest and inquiry into female sexuality or lesbian sexuality as she refers to it. I would contend that although there is an intense study into male sexuality, it is not necessarily as knowable as she describes. I will pay close attention to how her argument may be interpreted within my analysis of MSM discourse. I wonder how or if the racialization of sex and gender and class complicate her assertions, to which I pay attention in my analysis.

In addition, Grosz (1995, p. 226, italics in original) questions:

[a]nd if what constitutes homosexuality is not simply a being who *is* homosexual ... but is a matter of practice, of what one does, how one does it, with whom and with what risks and benefits attached, then it is clear that forces of reaction function by trying to solidify or congeal a personage, a being through and through laden with deviancy.

I also keep this question in mind as I think how MSM came to reflect actions rather than identities. It raises questions for me regarding self-identity, imposed identity, and sexual classifications. Does MSM read as a synonym for gay men? Does MSM implicitly suggest that these men are not “out,” that they are acting in deviant ways beyond just sex with other men (for example sex outside of marriage, or paid sex)? How do dominant understandings of homosexuality regulate, reinforce, and/or complicate MSM discourse? How might dominant understandings of homosexuality depict and construct males and/or men? I keep these questions in mind during my analysis and continue to reflect on Grosz’s challenges and own questions regarding male sexuality.

Upon entering graduate school, one of the first articles I read was Anne Fausto-Sterling's (1997) "How to Build a Man." This piece was and is instrumental in my thinking and approach to gender and sex. Through her understanding as a biologist, Fausto-Sterling deconstructs the scientific/natural category of sex. She situates sex as a social construct much like gender because of how scientists have inscribed the body with meaning from within a heteronormative, homophobic, and positivist paradigm. Her work is also significant because it situates intersex and gender variant people within the conundrums imposed by dichotomous thinking. In *Sexing the Body: Gender Politics and the Construction of Sexuality*, Fausto-Sterling (2000) discusses the importance of social and historical readings on gender, sex, sexuality and sexual acts. She poses several examples throughout time and across cultures to highlight various interpretations of certain sexual behaviours. This is important because she highlights how we cannot decontextualize or separate the meanings we make about particular acts from history, discourse, culture, and multiple contextual situations. For example, the meaning usurped from stories of men and boys engaging in sexual activities together can be read that these males are homosexual, "role playing," "gender inverts," heterosexual – all and/or none of the above (Fausto-Sterling, 2000, pp. 16-20). Imposing discourses upon sexual acts and the effects of this are significant for my work as I examine how "gay sex" is read into sex acts between "men."

I could not possibly look at men who have sex with men, AIDS activism, and identity construction without exploring the work of Michel Foucault (1978), namely, the *History*

of Sexuality: An Introduction. One significant influence of this work on my evolving analysis is how the homosexual is discursively produced. Foucault details how science re-constructed homosexuality from a behaviour to that of an identity when he declares, “the sodomite had been a temporary aberration; the homosexual was now a species” (Foucault, 1978, p. 43). Examining how science has produced sexuality and reinforced heterosexuality as a norm are ideas that shape how I can examine constructions of sex and gender within MSM discourse. As mentioned above, gender is a construction of heterosexuality and although much academic discourse regarding gender centres on feminist critique of hegemonic constructions of women, Haraway (2004) writes, “gender does not pertain more to women than to men” (p. 228). Examining men’s sexual practices will reveal how their heterosexuality/homosexuality are read as well as how these practices aid in the construction of their sex and gender. Exploring how sex and gender are conceptualized via sexual practices will illuminate how health researchers define “men.”

Namaste (2000) critiques queer theory for failing to contextualize gender and sex. Using the example of drag queens, she discusses how “femaleness and femininity are highly regulate[d] within gay male culture” (Namaste, 2000, p. 10). To extend her thinking, I suggest that masculinity and maleness are also highly regulated within gay male culture. This line of thinking may account for the debate between gay men and other non-gay-identified men who have sex with men, which is noted in HIV discourse. In Canada, gay men have critiqued the deployment of MSM in HIV research and academic writing as it negates social and cultural contexts (Ryan, 2000). Gay men have been effective in

resituating HIV discourse and have been a strong influence in shifting the thinking of government, AIDS service organizations, and academics in terms of how sexuality is regarded. In my experience as an AIDS worker, I recall participating in a national meeting regarding stigma where a discussion of MSM and gay men kept coming up over and over. Primarily it was gay men who were speaking to this issue. In fact, no other “men” (including trans men) at this meeting spoke as non-gay-identified men. I suggest that one of the influences of this shift in policy and practice has been to bring HIV into gay men’s discourse and context. Because of their political influence within AIDS work, gay men seem to be more reflected in the HIV field than MSM. But is this so? Is it only gay men and MSM that fall within this discourse? Are these two groups mutually exclusive and polar or rather merging multiple identities and bodies? If gay men are an influencing factor on HIV discourse and therefore MSM discourse, how might masculinity be constructed and regulated within this sphere? It also begs the question of how gay men influence the usage of MSM in HIV discourse. Are there tensions over the term’s use and if so, how are “MSM” represented and by whom? These questions will receive further exploration in my research.

Namaste (2000) focuses on the material consequences of the erasure of trans people from HIV discourses and practices and is significant for my work for two reasons: first, it makes visible the experiences and lives of trans people; and second, it focuses on the impacts of HIV discourse and work on trans people. I see her argument as important to my questions regarding MSM discourse because it is a smaller, but still potent piece of how trans people are negated (and experience the very real consequences of this

negation) in HIV research. She teases out how technologies of science, even social science, render trans people invisible, which has devastating effects.

The body is inscribed with meanings that are culturally, politically, socially, and discursively produced (Foucault, 1977, p. 148). Sex, gender, and sexuality are constructions of science and heterosexuality as well as other hegemonic institutions such as religion. These interpretations produce hierarchical stratifications that interlock the ways oppression works in the world. Homonormativity is one place to examine the effects of these discourses.

Homonormativity

The history of the modern gay liberation movement is deeply shaped by HIV/AIDS. For decades, sexual deviants have challenged dominant, heteronormative understandings of sexuality and found “ways of breaking down monopolies of professional expertise, ways of democratizing knowledge, and ways of credentializing the disempowered so that they can intervene in the medical and governmental administration of the epidemic” (Halperin, 1995, p. 28). HIV/AIDS is a site of contestation of politics, specifically in terms of how identity politics affect the visibility of various sexual identities. I discuss the concept of homonormativity and explain how I use it in developing my queer research methodology.

When gay men and lesbians (or any sexual minorities, for that matter) are viewed under an “ethnic identity model,” it “promotes a view of sexuality as an essentially private matter that produces some discord when individuals are prevented from accessing legal

or civil rights enjoyed by the mainstream” (Hicks, 2008, p. 68). Relating to methodology and to ontological politics, it also essentializes gay men and lesbians as a knowable, stable category. This is relevant to research methodologies in that:

Reliance upon an ethnic identity model also discourages reflexivity about the ways in which sexuality is theorized. So a ‘lesbian and gay affirmative practice’ simply reinforces the sexual identity model, and even suggests, ‘there is no need to develop a new model or theory of social work practice with lesbians, gays, and bisexuals.’ (Hicks, 2008, p. 68-69)

Some gay men and lesbians, primarily those who deem themselves “respectable,” promote certain sexualities and thus take up a homonormative agenda. This has two contrary effects: first, it makes trans, intersex, pansexual and other queer people invisible and deviant; and second, it reconstitutes reverse discourses working against gay liberation by not calling into question what is normal. By making gay and lesbian identities circumscribable (regardless of who is doing this) through an ethnic identity model, we all become quantifiable and fixed. The danger of this is that once we have been sufficiently studied (by the omnipresent, hetero- and homonormative dominant), the hetero-norm is reaffirmed “because heterosexuality is the standard from which others are seen to differ” and homosexuality is reified as an object of study (Hicks, 2008, p. 68).

Homonormativity actively uses hegemonic constructions of class, race, and ability to maintain the “respectable” gay ideal. In order to delve into how homonormativity is shaped by these systems of oppression, I think it is useful to discuss briefly how I am using several terms such as Western, race, and White or Whiteness. While the term “Western” is “virtually identical to that of the word ‘modern’” (Hall, 1996, p. 186), I also

draw on Hall's concept of the West as an idea or concept that functions in multiple ways. Hall (1996) suggests that it (1) allows us to characterize and classify societies into different categories; (2) condenses a number of different characteristics into a single image and functions as a "system of representation;" (3) provides a universal model of comparison for which all other societies are gauged in relation to thus explaining difference; and (4) is the criteria of evaluation against all other societies are measured thereby producing certain knowledges (p. 186). Hall (1996) also argues that the idea of the West functions as an ideology (p. 186). The pervasiveness of Western ideology serves to impose Western values throughout the world. Western thought, namely science in its positivist manner, has been key in developing the concept of race (see Somerville, 2000), which functions as a system of oppression to rank people based on their physicality. Omi and Winant (2002) propose that "race is a concept which signifies and symbolizes social conflicts and interests by referring to different types of human" (p. 123) and encourage us to conceive of it as "an element of social structure" (p. 124). I use the term White (capitalized) to heighten the awareness of Whiteness within my work. Dyer suggests that because White is seen as normal, that we "must therefore begin by making whiteness 'strange'" (1997, cited in Jeffery, 2005, p.412). Discussing how and why I use these terms is important because they are part of my larger project of trying to make strange the idea of "men" as well as exposing how sex and gender constructions are intensely connected to similar essentializing hegemonic hierarchies.

My attempt to develop a queer methodology intentionally does not attempt to reify mobile, unstable "disorientations" (Ahmed, 2006). Instead, it exposes hetero- and

homonormativity. A queer methodology reveals the complex plurality of sex, gender and sexuality. In analyzing the Gay and Lesbian Medical Association's (2006) *Guidelines For Care Of Lesbian, Gay, Bisexual And Transgender Patients* and the Public Health Agency of Canada's (2006 & 2008) *Canadian Guidelines On Sexually Transmitted Infections* with a queer methodology, what is made clear is how sex and gender categories are stabilized within the binary systems of male/female and man/woman (Manning, 2009). In an attempt to minimize the essentializing of sexuality, the terms "men who have sex with men" and "women who have sex with women" are deployed. This conflation of sex and gender not only obscures these social constructions, but also makes invisible intersex, trans and queer people. "Within a binary heterosexual/homosexual paradigm, what is a transgendered person's gender opposite? Or better yet, why must we define our sexuality in relation to gender object choices rather than in relation to sexual acts themselves?" (Thaemlitz, 2006, p. 182). Although the term MSM was initially used to trouble the seemingly distinct categories of homosexual and heterosexual, it is problematic as it is firmly entrenched within the binary construct of sex.

Welle et al. (2006) examine queer youths' existence on the periphery of lesbian and trans communities. Their work troubles dominant heteronormative understandings and problematizes lesbian and transgender hegemony. Similarly, Fausto-Sterling (2000) exposes how "labeling someone a man or a woman is a social decision" (p. 3) immersed in heterosexual understandings of the world. As a biologist and social activist, she diligently and methodically undermines the "natural" categories of sex and makes visible

multiple sex categories. She intentionally locates her own politics within her work by arguing in support of Haraway's observation that 'biology is politics by other means' (1986, cited in Fausto-Sterling, 2000, p. 255). Fausto-Sterling's work exemplifies how even within science, one's politics and ontology can shift one's gaze to uncover existences obscured by the normative frameworks. These approaches reveal how hetero- and homonormativity both work to erase queer existences and stabilize the category of apparent men.

CHAPTER 2: GENEALOGY

Introduction

As Foucault significantly influences my methodology, I conduct a type of a genealogy rather than a literature review. While historical accounts that describe significant events see the passage of time as linear and progressive, a genealogy pays distinct attention to power relations and “examines the political relevance of the past that has enabled the existence of the objective conditions of the present” (Winch, 2005, p.180). Winch (2005) further suggests that a genealogy “may be used to map how a particular discourse came into being, how subjects were selected and objectified, and how the conditions of the present and the ontological status of participants emerged” (p.181). So while a literature review may provide the reader with a detailed account of important history and context, I am interested in the effects of power. Therefore a genealogical tracing will better meet my needs to articulate the discourses influencing MSM. I break my genealogy section into two parts: first, I examine the historical sites that shape MSM discourse; and second, I discursively examine several key articles as snapshots of thought. My discursive analysis of these articles establishes how I analyze the *Canadian Guidelines on Sexually Transmitted Infections* section on MSM.

Genealogical Approach

From a genealogical perspective, Foucault’s “target of analysis wasn’t ‘institutions,’ ‘theories,’ or ‘ideologies,’ but practices It is a question of analyzing a ‘regime of practices’ ... not a history of the prison as institution but of the practice of imprisonment” (Foucault, 1987 cited in Chambon, 1999, p. 56). Following this focus, I am interested not

in studying men who have sex with men, but the practice of creating MSM as a group and a discourse. The practice of naming has material consequences within social work practice and other fields as we can see from the effects of diagnosing someone with a mental illness that can result in committing them to a mental health institution. The practice of naming men who have sex with men is the practice I am interested in exploring. How did this term “MSM” come to be? As Foucault would suggest, genealogy starts with a question in the present and works backwards (Chambon, 1999, p. 54). I explore how researchers and policy makers have generated a social identity or rather constructed another embodied subject. This naming of MSM is an instance where practices and knowledges are co-created, maintained, and expanded. It is the basis for creation of new knowledge and new forms of practice to emerge, one that explains by calling some subjects into being; one that regulates by refuting the existence of others; and one that prescribes by detailing how to deal with MSM.

This act of naming is not the only concern. MSM have become a group that is unquestionably based on their unified gender and sex; it has become a discourse with specific discursive effects and material consequences. I show how these naming and discursive practices, as Foucault (1995 cited in Chambon, 1999) has suggested, are “‘tactical’ constituent elements of strategies of influence” (p. 60). With this Foucauldian approach to genealogy, I am purposeful in choosing to trace selective patterns or moments of crystallization and collect only those sets of features associated with them (Chambon, 1999, p. 60), such as gender and sex constructions. I pay attention to other

manifestations of oppressive regimes such as race, age, and class that are also bound up in the constructions of my particular interest.

I also look for how this term came into HIV discourse and piece together some of the historical, social, and political factors that laid the groundwork for this term to be deployed. I analyze how MSM came into HIV discourse and practice by examining the way researchers and the media conceptualized homosexuality, sexuality, and deviance and by also examining the key underpinnings, critiques, and discursive uses of the term. I show this by exploring the early days of AIDS and the discursive challenges posed by it being originally named the Gay-Related Immune Deficiency syndrome (GRID). By examining how GRID came to be used within HIV discourse, I hope to show how the conflation of gay men and AIDS was established and still influences MSM discourse. Next I describe some of the academic dialogue of epidemiologists, AIDS activists, and public health researchers regarding the use of MSM. I do this to show how MSM is used in multiple ways with varying material effects. Although some who use MSM to disrupt dominant understandings of sexuality, Whiteness, and Western thought may not resist hegemonic sex and gender constructions, what becomes clear is that, although this term is contested, how sex and gender are constructed within the usage of MSM has gone relatively unnoticed.

Following this dialogue, I begin the second part of my genealogical inquiry by examining several texts that are key to the creation of MSM as a discourse. I investigate two texts that are credited with being the first places where MSM was used in HIV research. These

two pieces of academic work “signaled the crystallization of a new concept” (Young & Meyer, 2005, p. 1144). As my lens of analysis is keenly influenced by a Foucauldian notion of genealogy, I am interested in reviewing these texts for how they are seen as products of their time and potentially a discursive site of emergence while calling upon various hegemonic discourses to situate MSM. These texts are: Glick, Muzyka, Salkin, and Lurie’s (1994) work “Necrotizing Ulcerative Periodontitis: A Marker for Immune Deterioration and a Predictor for the Diagnosis of AIDS;” and Dowsett’s (1990) work “Reaching Men Who Have Sex with Men in Australia – An Overview of AIDS Education, Community Intervention and Community Attachment Strategies.” Because these two pieces are credited with being the first pieces of academic work to take up MSM as a demographic characteristic, they have significant influence on setting the stage for how MSM is used in other HIV writing and work. These two works are of interest to me as one is a more medical piece of research while the other discusses community actions. They seem to speak to the divide between clinical and community work which I have often witnessed within AIDS work. This may also speak to the previously addressed uses of MSM by epidemiologists and AIDS activists.

I also scrutinize two research papers that highlight the distinct ways in which MSM is used and how these divergent uses affect the material realm. Therefore, I selected two articles written by various commentators on Young and Meyer’s (2005) article regarding MSM. I selected Pathela, Blank, Sell, and Schillinger’s (2006) article “Discordance between Sexual Behavior and Self-Reported Sexual Identity: A Population-Based Survey of New York City Men.” As this group of authors commented on Young and Meyer’s

(2005) critique of the usage of MSM, I thought examining their work would be interesting because of their advocacy for standardizing sexual identities and practices (Pathela et al., 2006a). My instinct is that epidemiological work in the Pathela et al. (2006) article carries significant weight in the medical community as it is situated within positivist thinking, a pinnacle of scientific examination. Because I anticipate this positioning, I surmise that the discourses it deploys uphold hegemonic understandings and because of its use of dominant scientific perspective, it is rarely seen as anything but true, valid, and objective. In addition, I selected Khan's (2001) article entitled "Culture, Sexualities, and Identities: Men Who Have Sex with Men in India" because of the author's challenges that seem to support and extend Young and Meyer's (2005) work. I expect that the medical establishment views Khan's (2001) article as less worthy because of its qualitative and critical inquiry. However, I am curious about what discourses are deployed and potentially how this author may resist such hegemonic influences.

Through these analyses, I draw a picture of the disruptions, contradictions, and ways in which MSM functions to produce varying material effects. My analysis uncovers the power relations embedded within the discourse of MSM and lay the groundwork for analyzing the *Canadian Guidelines on STI* section on MSM (PHAC, 2008).

Gay-Related Immune Deficiency Syndrome

In 1981, the first reports came out of the United States that people had contracted what is now known as AIDS (AVERT, 2009; CDC, 2001). At that time, AIDS was known as the Gay-Related Immune Deficiency syndrome or GRID (Shors, 2008, p. 438). The United

States Centre for Disease Control (CDC) was credited with naming the syndrome GRID, however, material they later produced refers to “AIDS” and not “GRID” (Findlay, 1991; CDC, 2001). “In 1982, the CDC renamed GRID to acquired immune deficiency syndrome, or AIDS” (Shors, 2008, p. 439). Although the use of GRID was short-lived, the connotation of HIV/AIDS being a gay disease still lingers today. This is significant for my work because it lays the groundwork for how AIDS was discursively connected to gay *men* and later men who have sex with men. Through examining GRID I reveal the conflation of homosexuality with men, which requires further analysis into how this affects the construction of sex and gender of ‘men’ in HIV discourse. I see GRID as a significant keystone to how HIV discourse shifted to be focused around identity. I see that MSM, as an effect of this discursive development, propelled particular ways of thinking that resulted in terms such as GRID. It is important to locate MSM discourse squarely within HIV discourse and to examine the historical roots of terminology that develop and affect sex, gender, and sexuality.

How GRID was associated with gay men and their sexual identity is important to examine as it influences how and why MSM came to be used in health discourse. Early reports of GRID/AIDS directly link the disease to gay men. All of the people initially diagnosed with a “rare form of pneumonia” (known as *Pneumocystis carinii* pneumonia or PCP) were identified as “homosexuals” (Findlay, 1991, p. 20; CDC, 2001, p. 429). The causes of these and other opportunistic infections associated with GRID were unknown at this time. What the *Morbidity and Mortality Weekly Report* from the CDC noted was a suggestion that “case histories suggested a ‘cellular-immune dysfunction related to a

common exposure' and a 'disease acquired through *sexual contact*'" (CDC, 2001, p. 429, italics added). In fact, Dr. Curran, a CDC spokesperson, stated "the best evidence against contagion is that no cases have been reported to date outside the homosexual community or in women" (as interviewed by Altman, 1981, p. A20). Dr. Curran's comment is noteworthy as it makes a distinction between the "homosexual community" and "women" implying that "women" are not homosexuals.

As non-homosexual people started to contract HIV, the term GRID became irrelevant (AVERT, 2009, p. 2). In July 1982 in Washington, DC, the term Acquired Immune Deficiency Syndrome or AIDS was dubbed at a meeting between "gay-community leaders, federal bureaucrats, and the investigative team from the Centre for Disease Control and Prevention" (Kher, 1982, p. A62). Once the term AIDS started to be used within Western society's lexicon, AIDS' connection with the gay community was fixed (Henig, 1983, p. SM28; Herman, 1982, p. 31). Although some newspapers reported that "AIDS victims" (Russell, 1983, p. A1) included people outside of the gay community, they continued to cite deviant (sexual) behaviours such as drug use and prostitution.

In addition to the media, laws have greatly influenced who is considered a "sexual deviant" and they have also played a substantial role in casting gay men and sex workers in the same negative light as "sex offenders," which regulate sexuality in society (Rubin, 1984, pp. 268-271).

[Moral panics] draw on the pre-existing discursive structure, which invents victims in order to justify treating 'vices' as crimes. The criminalization of innocuous behaviors such as homosexuality, prostitution, obscenity, or

recreational drug use, is rationalized by portraying them as menaces to health and safety, women and children, national security, the family, or civilization itself. (Rubin, 1984, p. 297)

Rubin describes how discourse is used to connect “sexual deviants,” allowing for state intervention in the name of public (read: White, heterosexual, middle class family) safety. Associations were explicitly made between abhorrent acts of gay men and their sexually transmitted infections (*The Washington Post*, 1982, p. A2). Reports also suggested “AIDS threatens to move into mainstream America” (Henig, 1983, p. SM28) positioning gay men outside of dominant society, but also in a particular way – as a threat. As AIDS spread, AIDSphobia attached to emerging communities; “before long, people were talking colloquially of a “4-H Club” at risk of AIDS: homosexuals, haemophiliacs, heroin addicts, and Haitians. Some people substituted hookers for haemophiliacs” (AVERT, 2009, p. 4). It is important to note how stigmatization works to make deviant those with HIV/AIDS and its effects on even common vernacular. Examining how the historical discursive developments of GRID and AIDS affected how gay men (and later MSM) is important contextually. Examining these developments expose how researchers understand identity and disease while illuminating how the gender and sex of MSM (including gay men) are constructed.

Men Who Have Sex with Men (MSM)

As GRID shifted to AIDS, so did terminology regarding homosexual men. Language was deployed that distanced gay men from AIDS and allowed greater opportunities for other “target groups” to be associated with the disease. AIDS “activists were angered by the treatment of AIDS and homosexuality as discursively synonymous and concerned

that such a metonymic slippage hampered effective intervention ... attempts at refiguring the discursive field of AIDS by emphasizing acts rather than identities” (Jagose, 1996, p. 20). Queer theory and AIDS influenced each other. Foucault’s work, *The History of Sexuality*, was attributed to be a handbook for AIDS Coalition To Unleash Power (ACT UP), one of the first, most radical, and influential AIDS organizations in the United States (Halperin, 1995, pp. 15-16). Poststructural rethinking of sexuality and sexual identity greatly shaped AIDS activism. “‘AIDS’, then can be figured as a crisis in – and hence an opportunity for – the social shaping or articulation of subjectivities” (Edelman, 1994 cited in Jagose, 1996, p. 95). Social constructivism was one influence in the term MSM being taken up in HIV/AIDS discourse.

In international development activities, men who have sex with men (MSM) terminology was taken up after 2000 (Gosine, 2006, p. 28). Gosine (2006) suggests that “several years earlier, grassroots activists and healthcare workers” began to use the term as a “sharp refusal of the dominant narratives about sexual orientation and sexual behaviour that were being relayed by organizations led by white, gay-identified men” (p. 28) – conceivably a resistance to homonormativity. He goes on to discuss how influential “non-white men living in Western cities” (Gosine, 2006, p. 28) organized to resist Western gay-identification in groups such as Naz Project London, an organization which “provides sexual health and HIV prevention and support services to targeted Black and Minority Ethnic communities” (*Naz Project London*, 2009). Naz Project is not the only organization that has taken up MSM in their lexicon, in fact Gosine (2006) states other AIDS organizations such as Black Coalition for AIDS Prevention and the Alliance for

South Asian AIDS Prevention also challenge dominant and exclusive understandings of 'race,' gender, class and sexuality. The sentiment of why MSM is important for men who not only do not identify as gay or bisexual, but who reject Western values/culture and/or live apart from imperialist Western life is echoed by numerous AIDS activists who work with these men (Gosine, 2006; Khan, 2000; Martinez & Hosek, 2005).

In fact, Khan (2000) suggests that MSM may be useful to describe "males" rather than just "men" as "the word 'male' signifies something else than just trans-generational sex (or paedophilia). It signifies that there are specific cultural differences in our understanding of the word 'sex,' and the word 'man'" (p. 14). Although Khan is (perhaps) speaking specifically about the South Asian context, his critique has other implications. It highlights the important distinction between sex (often connected to biology) and gender (understood primarily as socially constructed) in addition to significations regarding age, sexuality, socio-economic roles, and gender identity. My lack of understanding of 'hijras, kothis/dangas, panthis/giriyas, and double-deckers/dopanthis' should not be ignored. Although I do not suggest that I understand the connotations or roles of these males Khan describes and I attempt to take up Khan's challenge in my thesis, I take up this critique in a potentially different way than intended. However, I do concur with the reasoning, albeit possibly for different reasons, in Khan's distinction between men (which I connect to gender) and males (which I understand refers to sex) in MSM terminology. I take up the proposed distinction of gender and sex not based on age as I understand Khan's argument, but rather to unpack some of the assumptions of who are MSM based on their sex, gender, and race. The crux of what I

will attempt to tease out is around two main ideas: first, that sex and gender are seen in distinguishable ways; and second, that male or masculine identified people do not necessarily have the biology of a “man.”

I take up Khan’s argument regarding assumptions embedded within MSM by agreeing that using the term “male” in MSM is more appropriate than using the term “man.” I argue that because MSM is interested in describing people who have sex, and that sex acts involve people’s bodies, referring to sex rather than gender is more direct. I think that sex refers more clearly to physiology and bodies than gender, which commonly references social roles. In addition, I would argue that how we have come to understand sex categories is steeped in cultural, historical, and political understandings (much like gender); therefore, how we apply the category of “male” to people is also highly problematic. The use of “males who have sex with males” does not necessarily sidestep contradictions of dominant thinking when classifying people with non-normative genders and/or sexes nor does it intrinsically include those “naturally” seen outside of the problematic category of men. Although males may include boys as Khan suggests and perhaps hijras, kothis, and males of other non-normative masculinities, it cites physiology as the rationale for doing so and ignores self-identification. If one’s gender identity is something other than “man,” and yet one’s physiology may be considered “male” by outside observers, how can this still negate those who are intersex, trans, genderqueer and many other people who have non-normative sexes and genders? What are the problems associated with labelling someone’s sex for the purposes of medical research? Does categorizing someone’s sex have a similar effect as categorizing their gender? Do

researchers conflate gender and sex within MSM discourse? What might this effect be? How might this effect solidify dominant understandings of sex and gender? These questions I address further in my findings.

Although I am trying to trouble the hegemonic understandings of sex and sexuality that are employed in the use of MSM in HIV/AIDS research, I see how my critique of MSM can be seen as (and possibly is) racist. I also see how there are multiple people using MSM for complex reasons – particularly some men of colour who reject Western hegemonic understandings regarding sexuality and gender. I, therefore, pay particular attention to my Whiteness and how it may be affecting my reading of MSM. I am keenly aware of trying to locate and expose my own imperialist and Western ideas while attempting to expose how sex and gender are constructed in MSM. The dominant claims of sex and sexuality are tied to other dominant understandings such as race, class, ethnocentrism, etc. Although I pay attention to how these interlocking oppressions are reflected in the discourse of MSM, I pursue my questioning through the lens of sex and sexuality primarily. I am conscious not to re-inscribe one dominant way of understanding for another. With intention and attention to the matter of attempting not to racialize “men” of colour in MSM discourse, I hope to open up multiple ways of understanding sex and sexuality that is not entrenched in a Western, White perspective. I explore the issue of my own dominant thinking of racialization while also holding space for existing critiques of hegemonic understandings of sexuality. I look for places where my critiques support men of colour’s resistance to dominant ways of being. I intend noting how these issues arise and discussing them throughout my thesis.

There are differences between MSM being used to describe an epidemiological group rather than a socio-political one (Khan, 2000; Ryan, 2000; Ryan & Chervin, 2001a; Ryan & Chervin, 2001b). While queer theorists and activists sought a “more textured understanding of sexuality that [did] not assume alignments among identity, behavior, and desire” (Young & Meyer, 2005, p. 1144), epidemiologists employed the term MSM in a divergent way to accomplish different tasks. Since the early 1990s, epidemiologists primarily used the term as a behavioural category in HIV literature and research (Young & Meyer, 2005, p. 1144). The term was employed with the “promise of reducing AIDS stigma, which has been irrationally attached to gay men and lesbians;” and to “avoid complex social and cultural connotations” in hopes of becoming more scientifically and epidemiologically relevant (Young & Meyer, 2005, p. 1144). This flattening of identity was counterproductive to how queer theorists and AIDS activists were taking up MSM and has “not generated more complex approaches to sexuality” (Young & Meyer, 2005, p. 1144) in public health discourse. Although Young and Meyer conclude that the effect is not helpful in disrupting dominant understandings of sexuality, I am curious as to its effects on dominant understandings of sex and gender, a matter I further explore in this thesis. In Canada, it is also epidemiologists rather than activists who have supported the term’s common use. Ryan (2003) critiques the use of MSM within Canadian HIV discourse by claiming that it has “eliminated” gay men from AIDS (pp. 17-18). As part of his work through the Canadian AIDS Society (the most prominent national AIDS organization), Ryan critiques the use of MSM by referencing how many Canadian gay

men felt no affiliation to the term and that it undermined a gay identity. This criticism is echoed as well outside of Canada.

Although other AIDS activists and researchers substantiate Ryan's critique, gay men's health issues still dominate HIV research. Because of this influence, men's sexuality is affected by dominant understandings of sexual orientation. This is pertinent to my research because I propose that men's sex and gender are seen through the lens of sexuality in an MSM discourse steeped in homonormativity. This is a significant influence not only in HIV research, but also the construction of men's sex and gender in MSM discourse. Ryan (2003) even concurs, "the vast majority of studies, particularly since the arrival of HIV, has concentrated on gay men" (p. 4). Upon reviewing the Canadian AIDS Society website and querying MSM, I found a page entitled "Gay Men and MSM." All the documents listed on this page refer solely to gay-identified men (CAS, 2006). What is important to note though is the difference between gay men being objects of study versus contributors to HIV research, prevention, and discourse. Other significant critiques of this website would be Khan's (2000) and Gosine's (2006) challenges to including and not isolating non-gay-identified men, including racialized men, in HIV discourse on MSM. This is a clear example of how non-gay-identified men along with masculine-identified trans, intersex, two-spirit, and queer people are ignored. This also highlights how MSM is used in multiple ways (and with various intentions and results) to exclude people and undo the intended work of MSM of focusing on sexual acts rather than identity. The potential impact of this in MSM discourse is to suggest that gay men and non-gay men have no distinguishing characteristics. I wonder how this

conflation, at best, and ignorance, at worst, affects the construction of sex and gender in MSM discourse.

Young and Meyer (2005) have critiqued MSM extensively in their influential work, “The Trouble with ‘MSM’ and ‘WSW’: Erasure of the Sexual-Minority Person in Public Health Discourse,” published in *American Journal of Public Health*. They critique the use of MSM in HIV discourse in three significant ways: first, on the grounds that it ignores one’s agency in identifying as a sexuality; second, it disregards the social, political, economic contexts of research subjects and how these contexts and connections impact on cultural values and norms, HIV transmission, and resources; lastly, it makes assumptions about sexual behavior based on dominant understandings of same-sex sex acts. A limited number of discussions exist within academic or even grey literature that focus specifically on the discourse of MSM, namely Gosine (2006), Khan (2000), Pathela et al. (2006a), Ford (2006), Boyce (2007), Martinez and Hosek (2005), and Khan and Khan (2006). Gosine (2006), Khan (2000), Boyce (2007), and Martinez and Hosek (2005) speak to racialization and Western ethnocentrism in employing MSM and gay within non-American (White) settings, a critique Young and Meyer (2005 & 2006) echo as well.

There are three direct responses to Young and Meyer (2005) in the *American Journal of Public Health* (Pathela et al., 2006a; Ford, 2006; Khan & Khan, 2006). Ford (2006) argues that although understanding more about “social stratifications” would be useful for public health researchers, there is no “training” or “requirements” for researchers to

do so (p. 9). By simply stating that there are few “minority group members” who are researchers, she constitutes researchers primarily as White and Western (Ford, 2006, p. 9). Pathela et al. (2006a) argue for standardization of both sexual identity and sexual behaviour characteristics, a practice Young and Meyer discourage (2005; 2006). Khan and Khan (2006) concur with many of Young and Meyer’s (2005) critiques and reassert the problems within MSM as it primarily focuses on ‘men’ and not ‘males’ (Khan, 2000) as well as adding a new critique of how it is problematic in applying it to “nonpenetrative sex or men having sex with transvestites or castrati (*hijras*)” (p. 766). This new critique highlights the problems of what researchers constitute as “sex” between males when sex is not the assumed penetrative anal sex. Young and Meyer (2006) respond back to these writers by reiterating their main point that “researchers and public health practitioners need to pay careful attention to the phenomena they describe and use terms that do these phenomena the most justice” (p. 766) as well as concurring with points made by Khan and Khan (2006) regarding men versus males as well as the complications of defining “sex.”

Numerous authors previously mentioned highlight an overarching critique of the usage of MSM: that numerous assumptions are made when the term is used within health discourse. These assumptions become reified and read into the term much like the conflation of AIDS and gay men, which I noted earlier. Although the term MSM is used over and over in HIV research, I suspect its usage is inconsistently applied and lacks clarification of who is included in the definition of MSM. Potentially these acts reify the ambiguity of the term, however further exploration of the effects of these assumptions are

included in my findings. Two specific critiques of MSM terminology that I take up in my work are: how race and class are inscribed in the use of the term from Western, heteronormative perspectives; and how specific sexual acts are assumed and not spoken of explicitly.

The first critique speaks to the dominant image of a gay man as “a white man who is financially better off than most everyone else” (Bérubé, 2001, p. 234). Researchers typically distinguish between (White, wealthy) gay men and “Other” MSM, imposing classist and racist assumptions on MSM. I capitalize the word “Other” to highlight the significance of the act of othering similar to how I want to draw attention to Whiteness. “White men is read synonymously with gay identity” (Young & Meyer, 2005, p. 1145), therefore, MSM are read as the opposite of White and gay. Why racialized men and/or men from non-White/Western cultures have sex with other men is also troubled. The authors expose how Western values are read into Latino male bisexuality, African-American “down low” identity, and Senegalese male sexual encounters (Young & Meyer, 2005, pp. 1145-1146). This is salient for my work because it makes explicit how race and class are constructed under the term MSM and it also exposes the discourse and its effects. How race and class are portrayed in MSM research also underpins the Western social construction of homosexuality.

While MSM discourse pledges to disrupt the binary between hetero/homo, the construction of homosexuality still permeates MSM discourse and shapes researchers’ understanding and deployments of sexuality, sex, and gender specifically under a

hegemonic, White, Western paradigm. As mentioned previously, numerous researchers, namely those with intentions and convictions of disrupting Whiteness and colonial thought, have challenged Western ideas of homosexuality and rejected them by using MSM. Researchers such as Asthana and Oostvogels (2001), for example, note the effects of MSM discourse on the understanding of homosexuality within HIV/AIDS research.

The increased popularity of ‘social constructivism’, an approach acknowledged in changing AIDS discourse which has replaced the term ‘homosexual’ with ‘men who have sex with men’ (MSM). In practice, however, the term MSM is often used interchangeably with that of ‘gay men’ and essentialist assumptions continue to influence both epidemiological analyses of sexual behaviour and the design of HIV prevention strategies. (Asthana & Oostvogels, 2001, p. 707)

The tensions in MSM discourse to reiterate hegemonic understandings of homosexuality and to disrupt dominant understandings of sexuality permeate throughout.

In the United States, one of the consequences of “branding of HIV/AIDS as a disease of gay white men,” is that African American men who have sex with men (and many other groups of people) who did not identify as gay did not see themselves as at risk for HIV (Robinson, 2009, pp.1468-1469). Robinson (2009) argues, “the increasingly black face of HIV today is in part a byproduct of the government’s initial focus on gay white men to the *exclusion* of others affected by the virus” (p. 1469, italics added). Although there are numerous articles and reports that remark on the disproportionately high rates of HIV among African Americans, there is not the same kind of outcry in Canada with regards to Indigenous (including Métis) people. Unfortunately, and some would argue quite deliberately, HIV disproportionately affects Indigenous people in Canada. Although

injection drug use is the dominant mode of HIV transmission among Indigenous people in Canada (PHAC, 2007, p. 49), “MSM transmission” is still a factor in the spread of HIV. I by no means intend to conflate experiences of African Americans and Indigenous people, however, I believe that the effects of ongoing colonization, systemic racism and Whiteness leave their deadly imprint in similar ways. Academics, as well as many racialized and/or queer individuals posit that the specific lack of attention to STIs, mainly HIV, is a tool of colonization, genocide and perpetuation of bigotry (Black AIDS Institute, 2005; Herek & Capitano, 1994; Guinan, 1993; Quinn, 1997; Gilley & Keese, 2007; Thomas & Crouse Quinn, 1991; Watney, 1990). My reason for drawing attention to how colonization continues to work on people of colour and Indigenous people is that *exclusion* is an effective colonial tool as Robinson (2009) has pointed out. I intend to continue and expand on how exclusion works on transgender, intersex, and two-spirit people with regards to HIV prevention, education, and treatment.

Young and Meyer (2005) explain how the second pertinent critique of MSM assumes certain sexual behaviours but fails to actually detail what the specific behaviours are that place MSM at risk for HIV. This is of particular interest for my work as examining the sex acts that these MSM engage in begins to reveal what physiology they have and how sex (both ‘sex’ as in physical acts and sex as in biological categories) is constructed. Young and Meyer’s (2005 & 2006) work has been instrumental for me, not only in validating some of my own concerns, but in further articulating the discursive productions within MSM terminology.

MSM are said to be “UNgroupable [sic]” and yet what they do have in common is “the experience of sex with their own sex” (Dowsett, 1991, cited in Jagose, 1996, p. 20).

The literature reveals that there are no socially or self-defined groups of men that fit into an overarching category of MSM. *What the review shows is that there are just men!!* Fishermen, students, factory workers, military recruits, truck drivers, and men who sell sex, and so on: all these categories of men are to be found in the studies and programmes reviewed. (Dowsett, Grierson & McNally, 2006, p. 5, italics added)

These two quotes speak to the underlying assumption of uniformity of sex and gender within MSM categorizations. Even as an epidemiological category, the connotation is that sex is knowable and stable; that all “men” are the same; and that the act of sex is unique when “men” have sex with one another. Interestingly, these quotes also highlight how sex and gender are conflated and flattened within sexual health discourse. By equating “sex” (as a biological category) with “men,” gender (as a social construction) is blurred as “men” is more often paired with gender and “males” are connected to sex. As well men are described in their *social* roles as workers, signifying that manhood is also related to one’s work, a class-based criteria. What the research is also interested in is what men are doing with their bodies, which would speak more to their assigned sex than their gender identity. In some ways, health researchers are talking more about males who have sex with males rather than men who have sex with men. Fausto-Sterling’s (1997; 2000) work adds in unpacking how seemingly unquestionable categories of sex are social constructions infused with heteronormativity. It sets the stage for critically examining constructions of sex with the same fervour and depth that feminists have brought to examining gender.

Before White, Western academics acknowledged the problems of MSM categorizations and how or if transgender people fit or do not fit into MSM (Gender.org, 2002; Operario et al., 2008; UNAIDS, n.d.), critique from (mainly non-Western) people of colour articulated the complexities of sex and gender within MSM. Khan (2000, p. 14) argues that South Asian cultures have

incredible diversity of identities, desires, and frameworks of expression – a true queer space. Hijras, transvestities [sic], transgendered, gay-identified men, kothis/dangas, panthis/giriyas, double-deckers/do-parathas/dubli, men/males who have sex with other men/males, in all its variety of terminologies, behavioural choices, desires, and constructions.

However, Whiteness and dominant heteronormative Western thought pervades sexual health discourse. “It is the CDC’s current practice not to separate MTF transgendered and transsexual people from their MSM category, with no attention paid to the risks of FTM transgendered people” (Gender.org, 2002). This reduction of trans people based on their assigned biological “sex” is highly problematic and worthy of further investigation. It is problematic because it ignores people’s gender identity and categorizes them based on their sex, which is seen as innate and natural (which is also problematic). In addition, trans people pose (and help to expose) the heteronormativity inherent in the category of MSM. When sex and gender are understood under a heteronormative paradigm, trans, intersex, two-spirit, and queer people do not fit into the predetermined binaries. Showing how non-hetero/homo people are conceptualized within MSM will help to expose how “men” are constructed based on their sex, gender, and sex acts.

MSM theorising has been done within public health and on the periphery of social work. While there are some contributions to MSM discourse from social workers, social work articles tend to focus on the emotional impacts on people living with HIV, HIV stigma, and homophobia within HIV work rather than examining MSM discourse (Stulberg & Smith, 1988; Ryan, 2000; Ryan, 2003). Upon querying the Social Work Abstract search engine with MSM, none of the articles retrieved are actually written by social workers. However, there are numerous people in a wide variety of disciplines that write on issues about which I am concerned as a social worker. Generally these fields are epidemiology, public health, sociology, psychology, nursing, law, medicine, queer theory, and trans and gender theories.

An Eye to Sex and Gender Via Sexuality

Although I spend considerable effort in exploring sexuality within MSM discourse, it is not without the intent of and attention to unpacking the constructs of sex and gender. I use sexuality as a point of entry into analyzing how the category of men is constructed; however, I do not see the relationship between sexuality and sex as it is dominantly understood. Commonly, sex is understood as the building block for sexuality. This view perpetuates the idea that sexuality begins by locating your own sex (which is obviously recognizable) and then locating your object of desire (which is also intelligible within the hetero/homo paradigm). However, if we “invert” which comes first as Foucault suggests and view sex as a product of sexuality, then:

We must not make the mistake of thinking that sex is an autonomous agency, which secondarily produces manifold effects of sexuality over the entire length of its surface of contact with power. On the contrary, sex is the most

speculative, most ideal, and most internal element in a deployment of sexuality organized by power in its grip on bodies and their materiality, their forces, energies, sensations, and pleasures. (Foucault, 1978, p. 155)

By viewing sexuality with a Foucauldian lens, we can begin to see the necessity of sex for the construction of sexuality. The demanding ways sexuality calls us into sex also aids in sex as an identity.

Where sex is taken as a principle of identity, it is always positioned within a field of two mutually exclusive and fully exhaustive identities: one is either male or female, never both at once, and never neither one of them. (Butler, 1992, p. 351)

I use this framework to expose how sex and gender are not only often conflated, but how this is done through the deployment of sexuality discourses. My articulation of my understanding of sex and gender centre my analysis for how I unpack the dangerous construction of “men.” I expose several crystallizations of discourses that impact on the understandings of men deployed in MSM discourse. I expose the workings of heteronormativity via homonormativity to divide the deviants, how the penis is central to the construction of men, and the unintelligibility of people with non-normative sexes, genders, and sexualities. I articulate these effects of hegemonic discourses on the construction of sex and gender through analyzing four texts: “Necrotizing ulcerative periodontitis: A marker for immune deterioration and a predictor for the diagnosis of AIDS;” “Reaching men who have sex with men in Australia – An overview of AIDS education, community interventions and community attachment strategies;” “The importance of both sexual behavior and identity;” and “Culture, sexualities, and

identities: Men who have sex with men in India.” I trace the deployment of discourses in these articles to expose their on-going use and effects on MSM construction.

Genealogy Crystallizations

In this section, I discuss three crystallizations of MSM discourse. I begin to explore how hegemonic discourses re-emerge and influence the construction of “men” in MSM. I begin by exposing deviant discourses, then the power of phallogentricity, and finally the effects of unintelligibility. After introducing these discourses, I discursively examine four texts that act as points of crystallizations in MSM discourse. It is through examining these texts and my articulation of multiple discourses that will situate my lens of analysis in examining the *Canadian Guidelines on STIs* section on MSM in my data analysis chapter.

Heteronormativity: Dividing the Deviants

Throughout the four articles I review, heteronormativity is a strong foundation on which MSM discourse is built. Although AIDS activists and queer theorists attempted to disrupt the hegemonic establishment of heteronormativity by devising the term “men who have sex with men,” it has clearly been used to do just the opposite in most of the HIV literature I have analyzed. Heteronormativity works in multiple ways to do many things in MSM discourse, from reifying gay as privileged and White to solidifying homosexuality as an innate human characteristic. Initially, I show how MSM is constructed as synonymous with gay men in the Glick et al. (1994) article. As the term was used further, we are able to see how MSM was refined to separate the gay-identified

MSM from the non-gay-identified MSM. This action resulted in two effects: first, it resituated gay as White and privileged; second, it othered “non-gay-identified MSM.” Through the act of othering, gay-identified MSM became the acceptable and heroic deviants while non-gay-identified MSM were constructed as, at best, misguided or closeted and, at worst, liars, the culprits of HIV transmission. Although homonormativity is a force within the act of dividing deviants, I cite heteronormativity as the overwhelming justification for these actions because, in the end, gay/homosexuality/MSM are deemed deviant. By the rules of “pure” heterosexuality, all MSM have transgressed the appropriate, acceptable, and respectable lines of sexuality.

While heteronormativity works to situate itself as normal and maintains its dominance, it does this so effectively because of its interlocking connection with other oppressions such as racism, classism, sexism, etc. The ontology of many of these systems of oppression maintain power by operating with definitive, conclusive, and finite categorizations. By equating homosexuality as natural as well as the deviant opposite to heterosexuality there is little room for non-normative sexualities to emerge or exist. As I demonstrate in my analysis of these articles, if sexuality is seen within this hegemonic, dichotomous framework then so are sex and gender as they are used in the maintenance of dominant sexuality.

The Penis Makes the Man

Although it may seem blatantly obvious that penises should be a topic in MSM writing, eerily and I found that penises were infrequently discussed. I find this interesting as it

leaves the reader to draw conclusions from existing discourses about sex, men, and penetration to deduce what kind of sex MSM are engaging in as well as who these men are. The absence of the penis in condom discourse is regular practice and solidifies how “natural” it is to not even mention the male phallus. This practice solidifies the obvious centrality of the penis in sex. Although there are numerous kinds of anal sex, I show how, when it is mentioned in these articles, the reader is again left to deduce what is being inferred. Contrary to the invisibility of phallogentricity, Khan (2001) engages in a unique and rare discussion of the role of the phallus, particularly the penis, in making a man. I further explore his discussion of hijras and their castration as a rite of passage to non-men status. I also highlight what has been absent in constructing men in MSM discourse. What is absent from MSM discourse underscores what is taken for granted: penises make the(m) men.

I establish how another discursive effect in many of these articles is that gender and sex are seen as synonymous. Men are males (unless they are not adults). Men’s bodies become the site of affirmation of their maleness, manhood, and masculinity. Even how their insatiable sex drive is constructed suggests that the sexual “heat” “needs” to be released and implies how their bodies have innate functions beyond their control (Khan, 2001). This way of thinking supports the idea that “sex” is both a biological category and an innate need to be fulfilled. This fixes bodies to nature, which is then applied to sexuality categories. Desire becomes a mere “natural” function of the body, removing agency from men and therefore solidifies sex and sexuality as innate categories beyond human self-identification.

Transgressions: Intelligible and Exclusions

Heteronormativity defines the transgression of MSM as engaging in sexual acts with same sex partners. However, this is not the only kind of transgression that I identify in analyzing these four articles. I propose that there are at least two kinds of transgressions, each with various material effects on the named deviants. First, there is the transgression that is defined to secure heterosexuality as normal. This transgression is seen within a binary context and therefore can be posited as “the” opposite. For example, homosexuality is the well recognized polar to heterosexuality. Yet, MSM discourse reveals further transgressions committed specifically by non-gay-identified MSM – the (second) transgression of straight-identified men out of “exclusive” heterosexuality. This act, although it confounds, is still intelligible because it exists within a binary framework. These men’s assertion of a straight identity although they have acted in sexually “discordant” ways adds another element of deviance to their status in MSM discourse.

I interrogate the several other groups named in the articles that remained obscured and excluded, namely *hijras*, bisexual-identified or -behaving men, “transvestites,” and men with vaginas. In similar ways, these groups of people are misrepresented, excluded from analysis, ignored, and denied existence. *Hijras* are seen as “passive homosexual” men; bisexual-identified or -behaving people confounded researchers and are excluded from data sets because of their non-normative behaviour; “transvestites” are mentioned, but not further investigated; and men with vaginas are rationalized as an error in questionnaire development. These four groups of people were deemed unintelligible by researchers

and were discarded. Yet while some of these people may identify as men, others may not. However, the rigid sex and gender constructions in MSM discourse fortify who men are and who they are not.

Influenced by Butler's (1990) concepts, I focus my attention to unintelligibility rather than incoherence because I see unintelligibility as the negation of existence rather than the lack of cohesion of a subject. While further research would be useful in examining incoherence in MSM discourse, my interest lies in how people are deemed impossible to exist, a dangerous effect of discourse with serious material consequences.

Conclusion

Discourses of deviance, phallogentricity, and intelligibility are deployed within MSM discourse and effectively are used to construct the sex and gender of these men. Heteronormative ideas of "homosexuality" are used to construct the deviant. However, MSM discourse takes up these ideas and reinscribes racist and classist understandings upon culprit deviants to uphold the hero deviants. Discourses of phallogentricity are used to deploy a pervasive confirmation that men are men because they have penises. It is through this deployment that trans, intersex, two-spirit, and queer people become unintelligible. They are viewed within a binary of sex and gender, which makes them invisible. I now expose how these discourses are used within four texts that engage in MSM discourse.

DISCURSIVE ANALYSIS

Through my articulation of these three discourses, I have exposed their workings within MSM discourse. I will now discursively analyze four texts to show how they appear, reappear, and are deployed. I will discuss the effects of these discourses on constructing sex, gender, and sexuality within MSM discourse. My interrogations of these documents will situate my discursive inquiry in my data analysis section.

Analyses of First Uses of MSM

A Gay Death Count – An Analysis of the Glick et al. (1994) Article

In summary, “Necrotizing Ulcerative Periodontitis: A Marker for Immune Deterioration and a Predictor for the Diagnosis of AIDS” (Glick et al., 1994) is an academic research article arguing for necrotizing ulcerative periodontitis (NUP) to be added to the list of AIDS defining illnesses. The authors argue that out of the forty-four “patients” that they saw during their study 72.9% of them died within 24 months of being diagnosed with these incredibly painful and destructive mouth ulcers (Glick et al, 1994, p. 395). As much as this article sounds like a death count, which arguably it is, it speaks to the discussions at the time in the early 1990s where health officials were defining and redefining AIDS across the globe.

As AIDS was first seen as a “gay (men’s) disease,” numerous groups who were affected by HIV were underdiagnosed, misdiagnosed, and/or remained undiagnosed based on their demographic information. Women who were HIV positive were more likely to contract cervical cancer as a result of their physiology and decreased immune system (Wark,

1993; CAS, 1999; Smith & McGovern, 1998). People who had HIV and used injection drugs were at higher risk of contracting illnesses such as pulmonary tuberculosis (TB) because of society's devaluing of drug users which often resulted in inadequate housing and lack of access to medical care (Smith & McGovern, 1998; Farmer, 1997). As a result, numerous groups of people remained unnamed in the crisis of the AIDS epidemic and an AIDS diagnosis which directly affected their ability to claim disability benefits and such social supports.

The Centre for Disease Control (CDC) defined AIDS in the United States, but CDC's definition had considerable global effect as well. Initially, the CDC relied on positive HIV tests and AIDS defining illnesses to mark a diagnosis of AIDS. However, influenced by the privatized American health care system and limited social safety net, U.S. government public assistance programs including the Social Security Administration adopted the CDC's AIDS definition as the eligibility criterion for these social services. "This was a problematic and inappropriate usage of the case definition, because the definition was intended for purposes of epidemiological surveillance and not to measure the disabling effects of HIV-related disease" (McGovern & Smith, 1998). In 1990, people with HIV-related diseases, but undiagnosed with AIDS, brought a class-action lawsuit because they were unable to access American public assistance programs. As a result of this lawsuit and much lobbying by AIDS activists and health care providers, in 1993 the CDC changed the definition of AIDS to reflect a positive HIV test, a CD4 cell count below 200 as an AIDS defining-illness (Centres for Disease Control and Prevention, 1992).

The Canadian definition of AIDS is different and is much more in line with the World Health Organization. Health Canada states that:

In Canada, AIDS is diagnosed if a person has:

1. undergone testing for HIV and received a positive result and
2. has one or more of the clinical illnesses, or indicator diseases, that characterize AIDS.

This is the current definition of AIDS (2002) and is uniform across all Canadian provinces and territories. This definition also applies to 48 countries of the World Health Organization European Region, Australia and New Zealand. (CAS & Health Canada, 2002, p. 10)

One critique of the American definition of AIDS is that it requires blood work to be done which, in many parts of the world, is inaccessible and unaffordable. In my experience in HIV, I worked with a public health provider and AIDS activist from Uganda. She stated that if South Africa (one of the more affluent African countries) were to test everyone for HIV, it would exceed South Africa's entire health care budget for one year. Given the various diagnoses of AIDS and the material consequences briefly touched on, how governments decide who has AIDS and who does not greatly affects access to health and social services which cannot only improve the quality of someone's life, but also prolong it. So although Glick et al. (1994) argue for NUP to be included as an AIDS defining illness, it continues to link gay men to HIV and perpetuates HIV as a terminal illness. It continues to see no difference between sexual activities and sexual identity let alone any variation in gender or sex beyond the prescribed binary categories.

When Glick et al. (1994, p. 394) reported their results they “categorized” people based on their “HIV transmission category.” However, I argue what they actually named were two distinct categories. The first category is related to identities people either take up or to which they are subjected. Generally the identities are tied to activities or behaviours. To draw on Foucault’s (1978, p. 58) thinking regarding “scientia sexualis,” people’s actions have been contrived to be representative of their essence rather than simply as activities in which they engaged. Their identities are categorized by their engagement in activities that may or may not have resulted in their HIV seroconversion (Terry, 1995, p. 152): men who have sex with men (MSM), injection drug users (IDU), men who have sex with men and who are injection drug users (MSM/IDU), and heterosexuals. The second group of people are defined by the transmission mode, not on a prescribed identity. These categorizations do not identify people based on who they may be, but rather on a specific activity that they engaged in such as being recipients of blood or blood products and people who were “infected congenitally” (Glick et al, 1994, p. 394). It is more clearly understood how the second grouping of people contracted HIV. With the first group, one could interpret that simply *being* an MSM or IDU would give you HIV. So although MSM makes its academic *début* in this article, it has not disrupted the conflation between *who* you are and *what* you do, nor has it highlighted a difference between MSM and homosexuals.

In Glick et al. (1994), Figure 1 depicts someone with NUP and the description refers to a “homosexual man” (p. 394). It is the caption that I am intrigued by. In the results section of the paper, the researchers describe further demographic characteristics including the

fact that “thirty-eight (86.4%) of the patients were male homosexuals (MSM)” (Glick, 1994, p. 394). Interestingly enough, MSM seems to be a synonym for male homosexual. No distinction is made between these potentially divergent groups. No description is given as to what either term means. The researchers do not operationalize the term MSM even though it is the first time MSM is used in an academic research article. Further, the authors discuss “non-MSM” as a category, but again with no clarification of its significance.

The authors note that “the male homosexual population was further evaluated to assess possible racial differences” (Glick, 1994, p. 394) and then describe the prevalence of NUP among Caucasian and African-American MSM. So again, male homosexual and MSM are interpreted as synonymous with one another.

In recounting the demographic category of “gender,” Glick et al. (1994) group people into two categories: male and female. The authors make no division between sex and gender. This act, for me, has two very important effects: first, this conflation of sex and gender erases any acknowledgement of the social construction of either category. What is interesting is how throughout the article “male” homosexuals are “men” who have sex with “men.” In my analysis, the authors do not mean anything different when they use these terms as they often use them interchangeably. I am also curious about the conflation of male and men. The article never refers to homosexual “men” or “males” who have sex with “males.” To me this is a sign that the authors do not make a

distinction between sex and gender the same way that they do not distinguish between sexual identity classifications.

Second, by conflating sex and gender, male and female are solidified as the only two options in either gender or sex categories, thus reifying a hegemonic and dualistic understanding of these two concepts. Conflating sex with gender melts gender down to a biological category, as the authors refer to gender and then describe people in terms of sex classes. This erases any way for research participants to identify in a gender identity contrary to, or outside of (solely) male and female. As well, it negates the existence of those people who articulate that their sex category is neither simply male nor female.

The authors position men who have sex with men as male homosexuals and articulate them as an “HIV transmission category.” And yet, “heterosexual” becomes a transmission mode as well but remains untroubled by MSM. These two classifications exist as mutually exclusive and are seemingly used in opposition to one another. The only potential acknowledgement of the difference between sexual identity and sexual practices is when the authors note “the correlation between transmission category and development of specific disease entities may be attributed to sexual transmission or certain sexual practices” (Glick et al, 1994, p. 395). Yet, this admission does little to explain how this is significant or what the sexual practice may be or do anything that would enable someone to prevent them from acquiring HIV, AIDS, or NUP. In addition, associating NUP primarily with MSM and then suggesting that it may have something to do with sexual transmission suggests that MSM are the only people who have

unprotected sex or who have contracted HIV through sexual activities. This is significant because this positioning suggests that there is something innately more risky about the kind of sex MSM have than the kind of sex everyone else (read: heterosexuals) has. It situates MSM as deviant based on “risky” sex practices that cause various illnesses.

I see gender and sex constructions in MSM and HIV discourses as rooted in dominant ideas of sexuality and sexual activities. By examining how researchers see the expression of sexuality through naming peoples’ objects of desire, I can examine how sex and gender are seen and how hegemonic discourses of sexuality are deployed. In other words, when researchers state the gender or sex of their subjects, in this case men, and locate with whom these men have sex, again men, they have articulated the sex and gender of their research subjects. The reader is left to extrapolate from the intertextuality established throughout the article as set up in the demographic category of “gender” described by the authors. Intertextuality refers to the reader making generalizations about the “connectivity” between discourses (Talbot, 2005, p. 169). When this gender/sex conflation remains unquestioned or uncomplicated within research presented, as in the Glick et al. (1994) example, it solidifies dominant and hegemonic understandings of sex and gender. Men are male and women are females and there are no other options.

Heroes and Culprits – Discursive Analysis of the Dowsett (1990) article

G. W. Dowsett (1990) sets a much less medical and much more community-oriented tone as the title suggests in his article, “Reaching Men Who Have Sex with Men in Australia. An Overview of AIDS Education: Community Intervention and Community Attachment

Strategies.” He articulates the need to focus prevention and education strategies on sexual practices and not sexual groups. However, much like in the Glick et al. (1994) article, why the term ‘men who have sex with men’ is used is not explicitly discussed. Deploying homonormative discourse, two groups of MSM are articulated: gay-community-identified MSM and other MSM. Gay-identified men are positioned as champions of the AIDS epidemic by organizing highly effective prevention programs and strategies, while the “Other” MSM are the culprits who spread the disease. He suggests greater efforts by health care providers to deal with “these” MSM as the gay community has clearly “protected itself” (Dowsett, 1990, p. 191). He also suggests that efforts need to be focused on collective action that shifts MSM “culture” to incorporate “safe sex” practices. However, this is not the only conclusion that one can draw from this article. Analyzing it with a keen interest in gender and sex construction illuminates not only how homosexuality is constructed, but also how the concept of masculinity is deployed as well as practices of Othering that distance MSM from gay-identified men.

The author draws parallels between sex and sexuality to show the naturalness of the term “homosexual.” By referencing “male homosexual,” (Dowsett, 1990, p. 186) he draws on dominant discourses of sexuality that suggest sexuality is as inherent as sex is. In other words, by referring to a sex category (male) and “homosexual” in the same phrase, he partners these two identity markers together and anchors their collective and connective innateness. This action removes any cultural, political, or social connotations from “homosexual” and suggests its inherent characteristics are unquestionable. By deploying “homosexuality” as a natural category, he seemingly does not appear to be imposing any

values when he refers to men who have sex with men as those who engage in “homosexual” behaviour. These men may reject this imposition of these White, Western ideas and may in fact classify their behaviour as something other than “homosexual.” The author draws on discourses of Whiteness to solidify objectivity and neutrality. He does this through deploying the naturalizing discourse of homosexuality suggesting that it is not a Western construction, but rather an innate and neutral category. Dowsett’s classification solidifies the hegemonic concept of “homosexuality” as something natural.

In addition to normalizing “homosexual” behaviour, he positions homosexual behaviour as the opposite of heterosexual behaviour. By disregarding MSM’s other sexual partners, Dowsett (1990) uses “homosexual” behaviour to describe an interaction rather than exploring the breadth and depth to various sexual encounters that MSM may have. For example, although the author speaks of MSM and homosexual behaviour, he suggests that the non-gay-identified men may be married, or may identify as bisexual (Dowsett, 1990, p. 193), which contests the simplification of “homosexual” behaviour. He acknowledges that these men have sexual partners other than men. By describing these men as “married,” he implies that their marriage partners are women, as marriage at this time and place was understood to exist solely between a man and a woman. He also describes some men as bisexual, which reinforces the concept of attraction to two genders – men and women. Through these discursive moves, he positions homosexual behaviour and heterosexual behaviour as natural opposites, thus engaging homonormative and heteronormative discourses. For example, he does not suggest that some of the MSM may have bisexual behaviour nor suggest the naturalness of it. Instead he plays into well-

established oppositional and binary categories of hetero/homo that support the normalcy of heterosexuality. Reinforcing this dichotomy between hetero and homo, Dowsett (1990) not only takes up hegemonic understandings of sex, gender, and sexuality, but also erases the existence of anyone not positioned firmly within these binaries effectively deploying homonormative discourses.

Dowsett's (1990) argument also then posits "gay" as the social and "cultural" word for "homosexual." I argue that this is a deployment of reverse discourse as it maintains heterosexuality's dominance and situates "gay" as a cultural minority. Reverse discourses reconstitute dominant discourses about the Other from a subjugated position (Manning, 2009a, p.1). Further in the article, the author refers to gay-identified MSM, which establishes "gay" as a self-identification, a luxury that "Other" MSM do not have. To reinforce the concept of "gay" as a culture, the author speaks of the "Gay and Lesbian Mardi Gras" as a "cultural festival" (Dowsett, 1990, p. 189), which also situates "gay" people as a distinct cultural group or within an "ethnic identity" model (Hicks, 2008, p. 68). Hicks (2008) argues that when gay men and lesbians articulate themselves within an ethnic identity model, they take up liberal ideas that result in assimilation into heterosexual society and ultimately promote homonormativity (p. 68). Here, engaging in homonormative discourse, Dowsett begins to draw the distinguishing and dividing line between gay men and MSM. I see his attempt to situate gay men as heroes as an effect of homonormative discourse for two reasons. First, he attempts to normalize gay men by displaying their heroic efforts to combat HIV. Second, in the process of valourizing gay men, he articulately others "non-gay-identified MSM" and situates them as the new

deviants within homonormativity. While he constructs this argument, it would not be coherent without the underpinning discourses of heteronormativity and homonormativity from which he draws.

“This slowing in the new HIV infection rate, particularly among men who have sex with men, would appear largely due to the substantial AIDS education programs undertaken among gay and bisexual men” (Dowsett, 1990, p. 186-7). This sentence begins the positioning of gay-identified MSM as heroes and saviours not only because they have “slowed” the spread of HIV, but also because of their hard work in AIDS education. I want to caution the reader that I am not minimizing the work that has gone on in community-based AIDS service organizations to stop the spread of HIV and care for those affected by HIV/AIDS because I, too, am part of this movement and spent eight years directly working for such an organization. I mean no disrespect in this and my critique is not located here. It is located at how this characterization of gay men’s education efforts sets them up as heroes at the *expense* of “Other” MSM who are implicitly to blame for the rise of HIV. Very clearly the author has classed, racialized, and segregated these “Other” men away from the White, middle-to-upper class, sexually experienced, and collectively-oriented gay men. Dowsett’s articulation of heroes and culprits is a product of his political, social, and economic surroundings. His division of men simply is supported within homonormative discourses, which are premised upon colonial thought, racism, and neoliberalism.

Although Dowsett establishes gay men as heroes, he also attempts to highlight gay men's rebelliousness.

The [HIV prevention] programs are decidedly pro-homosexual sex ... the idea of *sleaze* capitalizes on the fact that sexual desire has an element of the unknown, the racy and the daring, which constitutes part of its excitement. This approach invokes a subcultural metaphor – it is (homo) sex as transgression. (Dowsett, 1990, p. 190, italics in original)

Here, I interpret the author's suggestion of a "subcultural metaphor" as taking up a reverse discourse insofar as "homo sex" is an act against heterosexuality. It supports the notion of homosexuality as the opposite of heterosexuality and maintains heterosexuality as normal. However, the author has constructed gay men in a very normative manner, reinforcing hegemonic ideas of homosexuality. One of these normative ideas is that gay men are White, and middle to upper class and another idea is that gay men only have sex with other men. Yet another idea is that gay sex is shocking as it stands in opposition to heterosexuality. I certainly believe the construct of heterosexuality has been devised to maintain normalcy; however, it is the infatuation with acts of transgression, which I find interesting. I understand what Dowsett suggests is the reason why gay men enjoy gay sex so much is because it is outside of what is deemed acceptable, that it is, in fact, "sleazy." And yet, he argues that gay men are heroes, but at the same time defiant against heterosexual ideals. This is a place of tension and contradiction in the positioning of gay men and MSM.

In describing a traveling "drag troupe" of HIV educators, he exemplifies their act as a perfect example of "sleaze" (Dowsett, 1990, p. 190). Within gay male culture, there is a

history of drag queen performance as social critique (Halperin, 1995, p. 29). However, Namaste (2000) argues that drag in the context of the gay men's community segregates expressions of femininity to a very specific locale – the stage. Femininity is acceptable only as entertainment but its embodiment off stage is unacceptable to gay men. Further, she states that “relegating such gender performance to the stage implies that gay men do not ‘perform’ their identities, they just *are* ... drag is something you do; it is not someone you are” (Namaste, 2000, p. 11, italics in original). I align my critique of the naturalization of homosexuality with Namaste's claim that gay men just “are.” Their sexual identity, gender, and therefore, sex are innate even though they may be deviant in opposition to heterosexuality as this hegemonic discourse dictates.

Further, Namaste argues that this act of regulation of gender excludes transsexual and transgender women from the gay community as well as from HIV/AIDS education materials (2000, p. 12). What is also fascinating to me about Dowsett's statement about “drag” is that it is an example of “sleaze.” I interpret this equation of sleaze and drag as a transgression, which is risqué. However, I argue that it is more of a transgression of gender/sex than sexuality, which makes it risky. Dowsett's conflation of sleaze and drag then, in my mind, situates this gender/sex transgression as suitable only for the stage. Namaste's argument about the regulation of trans identities within gay men's space confirms for me that the aspect, which is “alluring” to Dowsett is related to gender/sex disobedience and not necessarily to sexual explicitness of the material. Namaste (2000) quotes Sandra Laframboise who articulates the irony of the very few HIV/AIDS education and prevention materials appropriate for transgender people: “We were in the

forefront for gay community activities. We raised thousands of dollars for your projects, transvestites on the stages. And now we're here, and you're putting us aside again" (p. 12). So as much as drag is acceptable within the gay men's community, it is relegated to one specific and limited area. Gender/sex transgression is tolerable for entertainment, but it is used to divide gay men from those who Dowsett may consider "sleazy" off stage. Although these performers may identify as gay, those who do not, but do take up similar or related subjectivities, are not only made deviant but are ignored in Dowsett's description and thus within homonormative discourses.

Seen as a taboo form of sex, Dowsett highlights the prevalence and repercussions of anal sex as well as who is having it.

As anal intercourse is *the* vector of transmission in male homosexual behaviour, prevention strategies focus on that particular practice and on those who practice it. It is worth noting that anal intercourse is not the most frequently practiced sexual practice among men who have sex with men. We also know that not all men who have sex with men actually practise anal intercourse. Nor is this practice unfamiliar to heterosexual man and women. Furthermore, much male homosexual sex does not, in fact, transmit HIV. Therefore education efforts rightly concentrate on eliminating unsafe sexual practice, that is, the focus is on high-risk practice, and not high-risk groups. (Dowsett, 1990, p. 187, italics in original)

With several disclosures and preconditions, the author discusses anal sex and articulates its normality among not only MSM, but also heterosexual men and women. This articulation of the assumption that "gay" men only have anal sex and that they alone only have it is challenged. He also challenges the hegemonic discourse of heteronormativity in suggesting not only what acts are considered sex, but also that heterosexual sex

partners practice anal sex too. In my work experience, I spoke with nursing students about queer sex. My co-presenter and I would ask the class what kind of sex they thought gay men and lesbians had. Their answers, in my mind, were predictable: anal sex and mutual clitoral masturbation, respectively. There were often a few students who also suggested that oral sex may happen, but a conversation regarding what is sex in the context of queer relationships generally ensued. My point here is that health care providers do not necessarily know the realms or bounds of sexual practices, but rather often make assumptions about what is “sex” to people who do not engage in sexual activities solely with the opposite sex.

Dowsett explicitly counters pre-conceived notions of “gay” sex and dominant discourses of heterosexuality by suggesting that even heterosexual people have anal sex! He expresses the work that the term MSM is to do in focusing on sexual practices rather than identities. However, I question whether he could go further in focusing on sexual practices rather than identities on two counts: first, the practice of anal sex is ambiguous; and second, he fails to explain what is risky about anal intercourse. Dowsett praises the gay-community AIDS organizations for being sexually explicit in their marketing of “safe sex,” so why not be explicit? The author demonstrated how the phrase “Cum on me, not in me” was more useful than “no exchange of bodily fluids” (Dowsett, 1990, p. 190). Why not talk further about what it is about anal intercourse that is risky? Is it the potential for microscopic tears in the anal canal from the insertive object? Is it seminal ejaculation that can pose a risk to the receptive partner? Or is it both of these things? Something completely different? Inasmuch as there are multiple ways of having “gay”

sex, there are also multiple ways of having anal intercourse, each of which carry a varying degree of risk depending on what object/body part is doing the penetrating, if there is even penetration, and/or numerous other factors. If we conceive of anal intercourse as diverse kinds of sex much like multiple ways of having “gay” sex then we can see how talking about ‘safe sex’ for those outside of the sex and gender binaries needs to be explicit in its direction. Simply saying “wear a condom” does not suffice.

In a similar vein, Dowsett (1990) refers to “male-to-male sexual activity” (p. 188). Again this generically describes sex. In fact, it actually describes who is having sex rather than the sex acts themselves. Dowsett (1990) continues to say that “initially AIDS education was directed towards gay-community-identified men, and concentrated on presenting information about AIDS and HIV transmission and on urging them to practise protected anal intercourse, i.e. to use condoms” (p. 188). Here I deduce from the author’s suggestion, the “men” he is discussing have a physiology that is dominantly understood as male. Deploying hegemonic discourses of phallogentricity, he locates their sex based on his understanding/assumption that they have penises that ejaculate semen. At his insistence, I also deduce that when he refers to “protected anal intercourse” he is describing penile-anal penetration, which may or may not include the insertive partner ejaculating. This makes sense within a dominant paradigm of male homosexuality as well as under the practices of phallogentric discourses. My project, however, is to disrupt this understanding and show how it excludes those who exist on its periphery, in objection to it, or beyond its scope.

The simple message of “use a condom” is also problematic within the context of what is commonly understood as woman-centred reproductive health care. Because heterosexual ‘women’ are generally not the ones wearing the condoms (and there are numerous problems with obtaining female condoms), negotiating this with their ‘male’ sex partner who is supposed to wear it can be challenging for numerous reasons. If HIV prevention were as easy as wearing a condom then we all could conceivably prevent HIV transmission by fashioning some condom jewellery. Although this example seems outlandish and sassy (which it is), what is not is the case of a woman with whom I worked at the HIV clinic. She had earnestly worn a condom on her fingers while having sex with her husband and was confounded when she tested HIV positive. Having very little interaction with Western medicine or health care professionals, she mistook her nurse’s direction to wear a condom with literally serious consequences. Although this is an example of a woman who seroconverted from ‘heterosexual’ sex, it is still a powerful example of how naturalized the discourse of condom use has become based on assumed physiology and predictable and presumable sex acts based on distinct sexual identity categories.

Dowsett (1990, p. 191) clearly defines who the “other men who have sex with men” are:

Men, less economically and sexually secure, who are in circumstances where an interest in male-to-male sex is difficult to explore or reveal, are less likely to have made effective behavioural change in response to the threat of HIV infection.

By doing this he allows the gay-identified men to remain unnamed. This discursive tactic is common within the practices of Whiteness and homonormativity. With naming a

section of the paper “Education for other men who have sex with men,” (Dowsett, 1990, p. 192) he solidifies that line between “them” and gay-identified MSM. Dowsett (1990) outlines that “these MSM” include:

men who may be new to male homosexual sex, or who may live away from the inner-urban gay communities, or who, as bisexual, may not identify with gay communities; they may be from class backgrounds where an interest in male-to-male sex is more difficult to explore, or from ethnic groups where such sexual activity has other cultural significance. (p. 192)

Although many of the circumstances Dowsett discusses may prevent men from connecting to the gay community, what this does is other them and establishes the gay community as White, wealthy or middle-class, and sexually experienced. It leaves the onus on these “Other” MSM to deal with HIV in isolation from the “gay community” which has “protected itself” (p. 191). This is a discursive effect of homonormative discourse. Although Dowsett acknowledges that the “aim is not to incorporate these men into gay communities, for many of them are happy with their sexual identity and lives, and have no wish to participate in gay-community life,” (p. 192) he also suggests that these “Other” MSM “are less likely to have made effective behavioural change in response to the threat of HIV infection” (p. 191). I interpret his latter statement to suggest that if these “Other” MSM were wealthier, out and attached to the gay community that they would not be contributing to the spread of HIV. By defining whose behaviour is hard to change, it identifies “Other” men as poor, not “out,” and more likely to have unsafe sex because of these factors. It establishes “gay” men as rich, out, and not the people ‘spreading’ HIV. Through the extra discursive application of homonormative discourses, it situates gay men as the heroes and “Other” MSM as the culprits.

Another example of how Dowsett (1990) others non-gay-identified MSM is in his exploration of young men:

These men are particularly vulnerable to confusion about HIV transmission and are often inexperienced in negotiating sexual encounters. They often lack the friendship circles and social networks within which they can explore their sexual interests and deal with AIDS-related issues ... what young man having sex for the first time recognizes that he is about to exchange a body fluid, even if he can remember the phrase in the heat of the moment? (p. 193)

As much as Dowsett advocates for focusing on sexual practices versus sexual groups, he deploys dominant discourses of stratification to reinscribe various groups as those who are behaving problematically. Taking up reverse discourses, he has carefully constructed gay men's behaviour in a very clear, active, and collective manner and isolated "Other" MSM outside of this construction deliberately. In this example, he suggests that young men are "vulnerable," "confused," "inexperienced," and "lack friendship circles" (p. 193). He also positions them as instinctive and irrational through his rhetorical and scornful question. This suggestion of men being instinctive and irrational particularly when it comes to sex and the "heat of the moment" is not new. Khan (2001) also speaks to men's insatiable desire and inherent need for sex as one reason why MSM engage in such risky sex.

The discourse of men's unquenchable sex drive is one deployment of heteronormativity. Through heteronormative discourses, homosexuality and homosexual behaviour are naturalized; Dowsett exalts gay-identified men as the good homos who conform to

acceptable behaviours of deviancy within a heteronormative framework. Those MSM who do not subscribe to identifying with the gay community are othered explicitly and implicitly, which separates these men from gay-identified MSM thus appropriating discourses of homonormativity. By using “sleaze” to promote HIV education, Dowsett attempts to show how rebellious gay men are. However, his description highlights the regulation of femininity (commonly understood as the opposite of masculinity), which provides a glimpse of who else may be affected by HIV other than “men.” However, there is no effort made to elaborate on who Dowsett is describing other than highlighting their sleaziness. This effectively erases and maintains the invisibility of people who may identify as transsexual, transgender, and/or transvestite within HIV prevention work. I argue this is the effect of discourses of intelligibility, that is, being comprehensible. In my discussion of anal intercourse, I highlighted how normalizing the discourse of condom use is and how it implies particular body parts upon which a condom is used. By exposing phallocentric discourses, I stress how male/masculine identified people without semen-ejaculating penises are excluded from this discourse within MSM. Dowsett replicates these discourses, as are done throughout numerous discussions of MSM. Discourses are so pervasive and effective because of repetitive and multiple deployments and MSM discourses effectively maintain hegemonic understandings of sex and gender.

Discursive Analyses of Two Authors' Works Who Engage in MSM Discourse Critiques

A Case of Mistaken (Self-)Identity: Unmaking Sense of Sexual Discordance – Discursive Analysis of Pathela et al. (2006) Article

Pathela, Blank, Sell, and Schillinger (2006a) critiqued Young and Meyer's (2005) article that cautioned researchers to be mindful of how they use MSM in their writing. Pathela et al. (2006a) argue for a standardization of sexual identity and sexual behaviours, a practice Young and Meyer (2005 & 2006) discourage. In "The Importance of Both Sexual Behavior and Identity," Pathela et al. (2006) have asserted that non-gay-identified MSM's self-reporting of their sexual identity should not be used to assess their HIV and STI risk factors. Essentially, the authors postulate that their behaviour is discordant with their sexual identity. I argue that the hegemonic heteronormative discourses upon which Pathela et al. (2006) draw to construct sexuality solidify dominant discourses of gender and sex. They take up existing discourses, which splice gay-identified and non-gay-identified MSM while reifying these two classifications as stable binaries. Discourses of heteronormativity situate these two groups against one another and recreate these categories as mutually exclusive thus undoing the intentioned work of MSM. It also imposes sexuality borders, which extend to gender and sex, in divisive ways that support heteronormativity and homonormativity.

Naturalization of Sexuality

As in Dowsett's (1990) article, Pathela et al. (2006) reinforce the naturalization of sexuality. They extend exploration into how one's claimed self-identity is in discordance with their sexual behaviour. By arguing this claim, they essentialize and solidify sexual identity as static and non-transgressive. In many ways, they undo the work of MSM in challenging the binary of hetero/homo by "proving" that some, namely non-gay-

identified MSM, are acting in ways that are contradictory. For example, in addition to excluding all bisexual-identified or -behaving people, they focused their study on men who “exhibited purely heterosexual behavior or purely homosexual behavior” (Pathela et al., 2006, p. 417). Rooted in heteronormative discourses, excluding people who have sex with only men and women, inadvertently suggests that sexuality exists on a linear spectrum of “exclusively” homosexual to “exclusively” heterosexual with very few people in between. This suggests that regardless of how people identify that they have an intrinsic sexuality based on dominant understandings of heterosexuality and homosexuality. It undermines people’s self-identification by suggesting that their sexual behaviour is not in accordance with their sexuality.

Pathela et al. (2006) argue non-gay-identified MSM “because [of their] secrecy about their sexual identity ... may be distanced from the gay community” (p. 416). I argue that these non-gay-identified MSM are NOT secret about their sexual identity because in fact they identified as straight in Pathela et al.’s (2006) survey. But Pathela et al. (2006) deploy homonormative discourses by imposing a dominant understanding of sexuality and its innateness onto these men by suggesting they are closeted gay men. This positions sexuality identification as mutually exclusive and stable, an idea rooted in heteronormative discourses. In addition, the authors attribute these men’s “distance from the gay community” (Pathela et al., 2006, p. 416) as connected to their lack of a *correct* self-identification and not issues related to imperialistic Whiteness or other such problems. Ironically (because gay is infused with homonormativity and Whiteness), the researchers classify gay-identified MSM as overwhelmingly rich, very well educated, and

White compared to non-gay-identified MSM who are more likely to be poor, racially diverse, and “foreign-born” (Pathela et al., 2006, p. 419-420). Again because of the differences highlighted in this study, I interpret the way in which Pathela et al. (2006) ignores these differences to suggest that sexual practices should unite gay men regardless of their experiences of race, class, or where they were born. For me, it affirms that Pathela et al. (2006) deploy a discourse of sexuality as innate, stable, unifying, and distinct.

Distinct and Separate, but Still Deviant

Although Pathela et al. (2006) construct sexuality within a hegemonic paradigm and through heteronormative discourse, they position homosexuality (regardless of self-identification or imposed classification) as deviant. Specifically, they position gay men above non-gay-identified MSM in a hierarchy of deviance. I interpret this positioning of gay-identified MSM against non-gay-identified MSM as a practice of homonormativity, firmly rooted in heteronormativity. I argue that this polarization situates gay-identified MSM as the acceptable deviants. This affirms their position as noble heroes while relegating non-gay-identified MSM to the place of abhorrent deviants and the culprits of HIV transmission. Throughout the article, Pathela et al. (2006) consistently compared “gay-identified” MSM to “non-gay-identified” MSM. First, this act posits gay as normal by defining “non-gay-identified” as being absent of what is expected and therefore, being defined by their perceived deficit of a gay identity. Second, by constructing these two categories as a mutually exclusive and dichotomous dyad, the work MSM was intended to do in disrupting the binary of hetero/homo is effectively undone. These are two effects

of dividing deviants discourse. In this case, good gay/bad homosexual men have replaced hetero/homo. Deploying positivist and expert discourses, straight-identified MSM are deemed “discordant” in their sexual behaviour and that their behaviour is abnormal even within a hetero/homo paradigm. They transgress both identifications and their transgression relegates them to a culprit position within HIV discourse.

Bisexuality offers a potential challenge to understanding sexuality within this hegemonic, dichotomous framework. However, the authors expunged this complication by excluding bisexual-identified or -behaving men from the study (Pathela et al., 2006, p. 417). This exclusion is an example of how challenges to dominant epistemology and ontology are often intentionally ignored. Even though *bisexuality* takes up binary thinking in terms of sex and gender, it does trouble the hetero/homo canon.

If we conceive of the invention of homosexuality to assert heterosexuality normalcy (see Sullivan, 2003, p.51; Fuss, 1991, p. 3; Foucault, 1978; Wittig, 1996), then any transgression against straight becomes Othered similar to homosexuality. Acts are not simply actions, but instead signify one’s “true” identity. When one’s sexual behaviour is outside of what is acceptably perceived as “purely” heterosexual, even a heterosexual self-identification will not save one from deviant classification. Though homo is positioned as opposite to (or mirror image of) hetero, non-gay-identified MSM are still relegated to the category of deviant. In the Pathela et al. (2006, p. 418) article, “risky behaviour” is defined as “a combination of 2 response categories: 2 or more sexual partners in the previous year and no condom use during the last sexual encounter.” Based

on my health care experience, this construction of risk seems random and does little to actually assess risk of HIV transmission as it only asks about a very short and limited amount of time. Although the researchers are using these definitions simply for the purpose of classification, the danger of categorization even if only intended for research purposes must be acknowledged. The consequences of classifying who had AIDS by the CDC was taken up by social services in ways that had material effects on those outside of its construction. Because AIDS has been conceived of as a consequence of male homosexuality and therefore synonymous with sexual deviance (Asthana & Oostvogels, 2001, p. 709), I interpret these criteria as heterosexist and phallogocentric.

Pathela et al. (2006) and Dowsett (1990) similarly deploy the discourses of phallogocentricity. Yet, it is useful here to discuss phallogocentricity in some detail to examine how this discourse is used in Pathela et al.'s (2006) article. Thompson (1991, p. 12) claims "'phallogocentricity' identifies the centrality of the phallus in defining and structuring relationships of domination. Further, she states:

The problem with the penis lies in its function as the symbol of the only 'human' status (or subjectivity, or sense of self, or personal identity) given recognition under conditions of male supremacy. As the phallus, the penis functions as the sign marking sexual difference. But again, sexual difference in and of itself need not give rise to domination. Domination is ensured to the extent that the penis, in its role as phallus, serves to separate out two mutually exclusive and differentially valued categories of individuals, penis bearers and non-penis bearers. (Thompson, 1991, p. 14)

From the lesbian feminist perspective from which Thompson writes, she articulates the need for the phallus to 'make' a man. While her argument reinforces sex as a binary, I

argue that “non-penis bearers” or those “men” who are named as transsexuals are dominated by phallocentricity albeit in very different ways. While those non-penis bearers are often understood to be “women,” I would argue that phallocentricity also dominates people who may not identify as women such as female-to-male transsexuals, trans men, or female-bodied and masculine-identified genderqueers in this same category, for they would not be seen as “real men.” In addition, those female- or feminine-identified people who reject the label of a man are ridiculed by phallocentricity as well. Furthermore, intersex and some two-spirit people, for example, may identify with both the masculine and feminine or neither and are also subjugated by phallocentricity. While phallocentricity may work in different ways upon various people, it holds tight to the idea that the penis is the utmost important characteristic in determining manhood.

Thompson continues to say that the act of sex is centred on the penetration of the penis; “unless the penis is present and active, and the action results in ejaculation, sex cannot really be said to have happened” (1991, p. 16). While Thompson centres her argument on the subjugation of ‘women,’ I think her idea is useful in paralleling a similar oppression of the receptive ‘male’ partner in ‘sex’ that MSM engage in. For me, it begins to link the receptive partner with femininity and femaleness and undoes the ‘manhood’ of this person. How the receptive MSM partner identifies is irrelevant in the discourse of phallocentricity for the centre of the act is clearly focused upon the penetrative partner and his assertion of masculinity and manhood. Yet, when the penetrative partner is straight-identified and the receptive partner is seen as male, then the discourse of

phallocentricity links with heteronormative discourses to construct straight-identified or non-gay-identified MSM as deviant.

Further to Pathela et al.'s (2006) construction of risky behaviour, they suggest that promiscuity (one form of sexual deviance) is irresponsible and that every kind of sex a person has should involve a condom and a semen-ejaculating penis. This is an effective deployment of deviant discourses rooted in heteronormativity. What would happen if risk were constructed as any sex that did not take steps to reduce the transmission of HIV? Risk is part of life. So how do our ideas about what is acceptable risk and what is unacceptable uphold hegemonic understandings of sex and sexuality in order to produce deviants? The influences of risk discourse on constructions of sexual deviancy are considerable and their interactions and effects warrant further investigation, which I undertake in my data analysis and discussion chapters.

In fact, this definition of risk reveals a tension of deviance in the Pathela et al. (2006) article as most (95.6% to be exact) of the non-gay-identified MSM only had one sex partner over the last year while the almost half (48.1%) of the gay-identified MSM had more than one sexual partner (p. 421). With their established definition of risky behaviour, almost all of the non-gay-identified MSM did not practice "risky" sex. Although most of them (95.6%) claim to have only had sex with one person within a year, Pathela et al. (2006, p. 421) draw the conclusion that their risk is located with whom they (likely) had sex – gay-identified MSM. Contrary to their own definitions of risk, the authors continue to assert that non-gay-identified MSM are practicing risky sex "because

their single male sexual partner may themselves have had multiple sex partners in the previous year” (Pathela et al., 2006, p. 423). The researchers suggest that it is those who are gay-identified who are “at higher risk than other men for HIV infection and STD acquisition” (Pathela et al., 2006, p. 424) and directly connect it to their gay-identification. This may be because of how the researchers have constructed risk, which is rooted in homophobic discourses and plainly connects deviant sexual behaviour to gay-identified MSM (Pathela et al., 2006, p. 421). This tension bounces the culprit position and age-old homophobic ideas back to gay-identified MSM.

One of these entrenched homophobic ideas that influences MSM discourse is the idea that gay men have a death wish. Butler (1992) exposes how death has been constructed as the “telos of male homosexuality” where this death wish renders gay men intelligible within heterosexuality (p. 359). Further she refers to the perception that AIDS is “*caused by gay sexual practices*” (Butler, 1992, p. 358, italics in original). Asthana and Oostvogels (2001) also remark on the recent trend to situate homosexuality as itself a disease. Further, they claim, “by ‘remedicalising’ homosexuality, the epidemiological style of practice used to construct and define AIDS represented a new form of social control” (Asthana & Oostvogels, 2001, p. 709). In their discussion, Pathela et al. (2006) articulate that self-identification of sexual orientation should not be used to assess for “risky behavior” (p. 417). What Pathela et al. (2006) have redeployed is the discourse of homophobic and heterosexist pathologies by reconfiguring them to apply to MSM. Essentially, they have removed self-identification from the rhetoric of a gay death wish and simply apply it to all men who engage in sex with other men regardless of their self-

sexual identification. The gay death wish idea is implicit in “risky behaviour.” Behaviour actually gets attached to bodies through sexual identity constructions and therefore “risk” reserves itself not for *how* people are having sex, but rather *with whom* people are having sex.

Drawing on imperialist and White discourses, Pathela et al. (2006, pp. 419-420; pp. 422-423) also describe non-gay-identified MSM demographically. Their categories support the claim that gay is White, rich, and extremely well-educated. Although their demographic information alone does not other non-gay-identified MSM, their discussion does. They postulate that the reason why foreign-born men may have not identified as gay is because of a “miscomprehension of survey questions” even if the interview was conducted in a language other than English (Pathela et al., 2006, p. 422). Further they suggest “foreign-born men in New York City who have sex with men were reluctant to associate their behavior with a gay identity” and that they may be “reluctant to acknowledge homosexuality or tend to use a more narrow definition of what homosexuality constitutes” (Pathela et al., 2006, p. 423). This argument disregards the (neo-)colonial and homonormative influences, which are prominent within the dominant gay men’s rights movement. By simply stating that “foreign-born men” may be “reluctant” to identify as gay ignores the resounding objections and rejections of African American and Latino men to the racism in gay men’s community (Martinez & Hosek, 2005; Gosine, 2006; Khan, 2000; Bérubé, 2001; Robinson, 2009). As well, by locating the lack of gay identification with “foreign-born men,” this move reinscribes racist and imperialist ideas of immigrants, deviance, and their willingness to subscribe to the

American cultural melting pot. It conflates sexual practices with connection to the “gay community” and supposes that the concept of homosexuality is a natural category parallel to the innateness of sex.

In the same paragraph that discusses the significance of these “Other” MSM’s racial and national identity, the authors note that “these straight-identified men who have sex with men, most of whom also have sex with women, will exchange sex with ‘gay’ men and transvestites but only in the role of the insertive (anal or oral) partner” (Pathela et al., 2006, p. 423). This is significant to me because I interpret this intentional analysis of otherness as also pertaining to how the sex partners of these men are also othered. By this I mean that it is in this example, and only this example that the authors mention people who are not clearly sexed as male or female. What is also interesting to me is that the researchers use gay in quotes to distinguish them in some significant way. Discourses of intelligibility, heteronormativity and homonormativity are deployed in these acts. What do the authors mean by “gay” here? Why is it in quotations? How might being the “insertive” partner aid in a particular construction of masculinity? How does this also suggest that being the insertive partner means that this person has a penis? Although the authors acknowledge that being the insertive partner is a lower risk activity for the inserter, the focus of their argument centres on MSM. I interpret this focus as a surveillance of these people’s transgressions of heterosexuality both in terms of having sex with men as well as having sex specifically with those who also transgress sexuality, gender, and/or sex boundaries, namely “gay” men and transvestites. I argue that what is paid the most attention to by those who uphold hegemonic thinking are these

transgressions across defined sexuality, gender, and/or sex boundaries rather than the kind of sex they may be having with people who would put them at risk of HIV infection.

Sexual Discordance

Pathela et al. (2006) describe straight men who have sex with women and gay men who have sex with men as concordant in their sexual identity and behaviour while they name straight men who have sex with men as discordant (p. 419). Sexual behaviour may only be understood as discordant if one understands sexuality and sex behaviour within a certain framework. In my interpretation, this framework sees sexuality as stagnant and rigid identifications where people *are* their sexual identity in “exclusive” ways. There is no room for fluidity. Rather any variance away from what is “purely” homosexual or heterosexual behaviour is deemed deviant through patrolling these clearly defined boundaries. Within my framework, I see that these clearly defined sexuality borders are not only patrolled waiting to demark those who dare escape its reach, but these sexuality restrictions also define acceptable and respectable presentations of gender and sex. I see this as the deployed effects of heteronormative and intelligibility discourses.

If we limit the discussion to sexuality, we can see how gay and straight align under the hegemonic framework that Pathela et al. (2006) reconstitute through heteronormative discourses. I view this alignment of gay and straight as a homonormative act that situates normative acting and identifying people within one realm and those who do not abide by these limitations within another. It is not simply positioning these transgressors outside of normalcy that is problematic. It is the establishment and indictment of them as the culprits of HIV transmission that is cause for concern as well. By focusing on

transgressions of sexuality, the researchers appropriate dominant sexuality discourses, but also the pillars or effects of these discourses, namely sex and gender. Their conclusion that straight men should not have sex with other men suggests that straight identity should be reserved solely for those who behave in this manner. It solidifies this category and suggests rigidity in understandings of sexuality and sexual behaviour. This restrictive thinking is simply not reserved for sexuality. As sex and gender are constructs that are seen as foundational to or the material results of sexual identity, this way of thinking extends to these realms as well. Those outside these intelligible positions are unspeakable and incoherent. Inadvertently, this ontology suggests that men are men and women are women. They leave bisexual men out of the analysis possibly because they cannot be easily categorized and/or because they transgress finite sexuality lines. Those who commit a similar kind of transgression with sex and gender (authors identify them as “transvestites”) are not included in their analysis, but merely mentioned as a possible source of HIV.

Calling out men with “discordant identity-behaviour” by claiming they are deviant also suggests these men really are not who they say they are. It suggests they are mistaken about their identity. Rooted in dominant discourses of Whiteness, one could draw the conclusion from this article that it is not being “out” that is problematic. However, from the authors’ conclusions as well, one could surmise that, you have to re-align your identity to be concordant with your behaviour. In other words, you must claim a gay identity, but you are still doomed, for it is “gay-identified men who have sex with men

[who] were found to exhibit risky behaviour” (Pathela et al., 2006, p. 423). The authors also conclude that

In fact, compared with men who have sex with men and report concurrent sexual partners or such activities as ‘bare backing’ (intentional unprotected anal intercourse) or those with diagnoses of recurrent or concurrent STDs, straight-identified men who have sex with men may not play a substantial role in fueling the current STD and HIV epidemics among men who have sex with men. (Pathela et al., 2006, p. 423)

However, with these conclusions, the researchers still assert,

persons reporting sexual identity that is discordant with their sexual behaviour may engage in riskier sexual behaviours than those with concordant identity and behaviour. The former group could play an important role in the spread of sexually transmitted diseases. (Pathela et al., 2006, p. 416)

What I deduce from these contradictions are several key points: first, non-gay-identified MSM are mistaken about their true sexual identity; second, if they just were to embrace their gay identity, they too would appropriately join the correct group of deviants; and third, it is various transgressions across gender, sex, and/or sexuality lines that are explanations for the spread of HIV. These deductions are rooted in a compulsory heterosexual framework that supports the normalcy of heterosexuality at the expense of ostracizing and demonizing anyone who resists its boundaries.

Gender/Sex Construction of New York City Men

To examine the gender/sex of New York City men described in Pathela et al’s (2006) article, it is helpful for me to make explicit my own understanding of sexuality, sex, and intelligibility as it is informed by Butler and Foucault. Butler (1992) extends Foucault’s

argument regarding the intelligibility of sex and argues that, “to qualify as legitimately human, one must be coherently sexed. The incoherence of sex is precisely what marks off the abject and the dehumanized from the recognizable human” (pp. 352-353). The consequences of “any social displays of nonidentity, discontinuity, or sexual incoherence will be punished, controlled, ostracized, reformed” (Butler, 1992, p. 350). I argue that these consequences have deadly material repercussions that result in exclusion of transgender, intersex, and two-spirit people from HIV prevention, education, and treatment. In addition, those who also transgress the concordant sexual identity-behaviour schema also are deeply affected by being othered and named culprits.

Within my framework for analysis, I see that Pathela et al.’s (2006) understanding of sex and sexuality clearly adhere to only allow room for males and females to exist. Their articulation of gender/sex is appropriated from heteronormative discourses, which does not see sex or gender different from one another nor does it see these categories as overlapping, intersecting, or not oppositional. The question they pose “During the past 12 months, have you had sex with only males, only females, or with both males and females?” clearly exemplifies this point (Pathela et al., 2006, p. 417). Although the authors mention “transvestites” in their article, they do not allow room for transvestites or other people of non-normative genders or sexes to be available in their questioning. Transvestites are conceived of within binary and oppositional understandings of sex and gender; a transvestite is typically understood as a male “patient [who] is erotically interested in himself with fantasized female genitalia and breasts” generally in addition with an interest in “almost always female attire” and sometimes with “women as [a] kind

of erotic target” (Freund, Seto, & Kuban, 1996, pp. 687-688). Clearly, a transvestite must fit clearly within the boundaries of male or female; their existence is unintelligible if it is not constrained to this understanding.

Interestingly enough Pathela et al. (2006) ask men about having vaginal sex with other men in their survey; the interviewer is instructed to define sex as “oral, vaginal, or anal sex, but NOT masturbation” (p. 418, italics in original). However, later in the article, the researchers comment on this clarification of sex and suggest that it was not an error and try to account for it. They claim that:

it is possible that this unique method, in which men were asked about same-sex partners first and the accompanying definition of sex included vaginal intercourse, resulted in misunderstanding of the question and misclassification of heterosexual men as homosexual. (Pathela et al., 2006, p. 423)

Clearly the researchers continue to deploy dominant discourses of sex and sexuality that do not allow men to have vaginas. This assertion of men without vaginas ignores trans men, intersex, and two-spirit people who identify as men as well as possibly possessing a vagina.

In addition to disallowing men from having vaginas, I deduce from Pathela et al.’s (2006) interpretation of sex that it generally revolves around a (semen-ejaculating) penis. I conclude this based on previous references to anal sex such as their account of “bare backing;” they associate these activities with being high risk. They are only high risk if the penetrative instrument is a penis or a sex toy that is shared between multiple partners (CAS, 2004, pp. 24 & 27). However, the researchers do not clarify what the insertive

instrument is, but allow the reader to draw their own conclusions, therefore appropriating broader discourses effectively to frame a construction of coherence. The coherence exposes that because they are discussing men who have sex with men they are referring to penile-anal sex. These researchers leave the reader to draw on dominant discourses of gay men's sex to explain what is inferred.

Califia (2000) asserts

more often than straight sex, gay sex assumes that the use of hands or the mouth is as important as genital-to-genital contact. Penetration is not assumed to be the only goal of a sexual encounter. When penetration does happen, dildos, fingers are as acceptable as (maybe even preferable to) cocks. (p. 194)

What if we were to shift the heteronormative idea of gay men's sex to Califia's version? Would it be as easy to draw upon the intended meaning and riskiness affirmed by Pathela et al. (2006)? Men's sex could not be as easily understood because fingers or sex toys could then be the penetrative objects and may even reconfigure the risk associated with anal sex.

In addition to disallowing men to have vaginas, Pathela et al. (2006) deploy hegemonic discourses of heteronormativity by solidifying gender and sex as stable, coherent, and mutually exclusive categories. In their questioning of how many sexual partners participants had, they separate the men from the women and ask "During the past 12 months, with how many men have you had sex?" and "During the past 12 months, with how many women have you had sex?" (Pathela et al., 2006, p. 418). In addition, the questionnaire allows researchers to categorize their answers in the following manner,

“number of male sex partners” and “number of female sex partners” respectively (Pathela et al., 2006, p. 418). Effectively this conflates sex and gender identification to suggest that men are males and women are females. Again this displays no allowance for those of us who exist outside of these borderlines, which successfully excludes and erases us from not only MSM discourse, but also HIV discourse.

Effective Consequences of Discordance

The Pathela et al. (2006) article clearly operates from a hegemonic understanding of sex, gender, and sexuality. Identity categories on all fronts are reified and demark these hegemonic heteronormative identities as stable, dualistic, polar and mutually exclusive. Tensions exist within these researchers’ use of MSM as culprits; discourses of heteronormativity and homophobia are deployed by marking straight-identified MSM as deviant for they have trespassed the sexual identity-behaviour lines established and also by reigniting the age old homophobic pathology of gay men as death wishers. By focusing on the transgressions of both of these groups, excluding bisexual -identified or -behaved people from the study, and ignoring “transvestites” completely, Pathela et al. (2006) establish clear boundaries for who is a man and who is not. Their deployment of hegemonic discourses of sexuality upholds dominant understandings of men within the well-established compulsive heterosexual paradigm.

Articulating Phallogentricity in Sexuality Discourses – Discursive Analysis of Khan’s (2001) Article

Khan (2001) speaks to the construction of (dominant Western) sexuality and the impact it has on MSM discourse in India. He explains his intentional use of males who have sex

with males versus men who have sex with men in detail. By deconstructing Western sexuality discourses on available Indian sexual identities, he is highly critical of the pervasiveness of hegemonic sexual constructs namely homosexuality. Through his descriptions of the role of family, duty, and age, he begins to position his use of MSM outside dominant uses of it in HIV research, prevention, and service delivery. His explicit unpacking of several dominant sexuality constructions has allowed me to continue the deconstruction of gender and sex through similar tactics.

As Khan (2001) challenges dominant Western thinking that pervades throughout MSM discourse and HIV work, he begins to articulate how manhood is “defined by socio-cultural duties and obligations to the marriage partner, family, and community” (p. 107).

He also argues that

factors such as sexual invisibility, gender segregation, joint and extended families, homosocial and homoaffectionalist culture, male ownership of public space, shame cultures, *izzat* (honor) in the community, compulsory marriage and procreation, gender constructions where male and female roles are based upon duty and obligations as much as upon biology, and where adulthood is as much defined by duty as by age frame Indian cultures and, therefore, identities. (Khan, 2001, p. 107)

Khan (2001) clearly describes various factors that contribute to identity that fly in the face of dominant Western understandings of sexual identity. By doing so he also argues that, at least within an Indian context, “identities shift, change, and shape themselves according to context, place, social situation, need, and desire. There is often little sense of continuity, but one of fluidity” (Khan, 2001, p. 106). Khan’s (2001) articulation of sexual identification is in direct opposition to the dominant understanding of sexuality

that is articulated in MSM discourse. Although he makes available multiple and complex sexual identities and deconstructs maleness to some extent, his work and the work of those with similar positions simply do not permeate dominant thinking ways of portraying MSM in HIV discourse.

Khan (2001) recounts several males' sexual history to exemplify MSM within an Indian context. A number of these stories note these males' first sexual experiences with another male; often it is between the ages of eleven to thirteen (Khan, 2001, pp. 100-102). Several of these accounts speak to these boys having sex with older men. Part of Khan's (2001) intentional use of male rather than men in MSM is to highlight that not all males are men – in fact, some of them are boys. This articulates one distinguishing factor in the construction of men in MSM, namely age.

Khan (2001) later discusses how patriarchy establishes male power that includes seeing “boy children as social capital, and control of land, economic and cultural resources by men” (Khan, 2001, p. 109). Khan (2001), however, further defines the role of boys in relation to men by stating “young boys, who are neither seen as men nor women, have been historically defined as sexual objects desired and penetrated by men” (p. 107). Khan (2001) clearly highlights the role of patriarchy in the construction of manhood by exploring how men's sexuality is phallogentric and “self-absorbed” (p. 110). He discusses how sex is centred on (penile) penetration and the “need” for men to “discharge” (Khan, 2001, p. 110); here he references the Freudian idea of the insatiable male libido.

The author continues to deconstruct Western ideology of sexuality and explore its implications on MSM in India. Although he does not explicitly say so, he points out several challenges of Freudian thought on sexuality that have been critiqued by feminist scholars as well (see Irigaray, 1985). Specifically he speaks to the dominant concept that suggests that manhood is connected to penile penetration. Whom they are penetrating is nearly irrelevant because the “sexual behavior becomes depersonalized. In this, the sex act becomes brutalized whether it is between male and female or male and male” (Khan, 2001, p. 110). To extend Khan’s (2001) argument, I suggest that this superfluousness of the gender and sex of the receptive partner aids in securing the penetrative partner’s sex and gender as hegemonic men because the interaction revolves around his penis. Khan (2001) also suggests that “who does the penetrating in a sexual act becomes important for male self-definition and prestige” (p.109). This sex act connects the man’s masculinity, manhood, and maleness by solidifying his own sexual “needs” through domination, and connecting it with his penis, which becomes a symbol for these aspects of his identity.

Something curious happens when Khan (2001) describes the meaning of *maasti*, “a Hindi term which means mischief and often has sexual overtones when it is used between young men” (Khan, 2001, p. 112). He argues that because *maasti* is not seen as “real sex” that it becomes invisible and denied. Here we continue to see sex between men as something unspeakable and deviant.

In addition to their sex being invisible, the receptive penetrative partner also gets

relegated to the status of “not-man” (Khan, 2001, p. 107). Khan (2001) describes how *hijras* are viewed within Indian society as the “third sex” and yet described within Western paradigms unfittingly as “transsexuals, transvestites, or ‘passive’ homosexuals” (p. 107). In Khan’s (2001) explanation of a *hijra*, he explains *hijra* identity in absence of manhood specifically because “they are castrated as a sacrifice of malehood” (p. 113). In this explanation of *hijra* identity, I perceive their identity as “not-men” as deeply connected to their lack of testicles. Because of their lack of “maleness,” how are they included in MSM? Or are they? Does their lack of “male sex organs” exclude them from what is recognizable and therefore exclude them from MSM discourse?

What is also interesting to me is the idea that *hijras* are understood in Western frameworks as “‘passive’ homosexuals.” Under this framework, someone who is passive regardless of their self-identification, becomes associated with “not-men” including those who may actually identify as men. I interpret this conflation of gender identity and sexual orientation as a common dominant heteronormative and patriarchal action. Certain feminist critiques may argue that women are then too constructed as non-men. However, my critique would be that anyone outside of the rigid definition of “man” is seen as a non-man within this paradigm. By examining this conflating action within a paradigm that does not recognize more than two sexes and two genders, we begin to see how those who are gendered and sexed outside of male/female and man/woman are made to be unintelligible, ignored, and misread within dominant, Western thought and specifically within HIV work.

Conclusion

Through examining four articles that each engage in MSM discourse, I exposed the workings of multiple discourses that influence and shape the sex and gender of MSM. Using a genealogical approach, I traced how historical events have influenced the creation and use of MSM. By exploring the discursive construction of GRID and AIDS, I exposed how multiple discourses impact on MSM discourse. While there are numerous articles regarding MSM from which to choose, these four represent for me snapshots of how researchers, community workers, and AIDS activists view MSM and have deployed the discourses of heteronormativity, phallogentricity, and intelligibility. The first two articles by Glick et al. (1994) and Dowsett (1990) crystallize the first usages of MSM in HIV research and reinforce how hegemonic discourses can be deployed even though queer theorists and AIDS activist attempt to resist these discourses through their intended use of MSM. Although MSM is used in divergent ways, this highlights the need for the extra discursive to make these ideas coherent. My genealogical approach emphasizes the effects of these discourses. Similarly, the latter two texts by Pathela et al. (2006) and Khan (2001) also use MSM in conflicting ways. My genealogical analysis has drawn on the discourses of deviance, heteronormativity, phallogentricity, and intelligibility to make sense of how these multiple uses are coherent. My exposure of these discourses and their effects on constructing sex and gender of MSM frames my analysis of the MSM section of the *Canadian Guidelines on STIs* in the chapters following my methodology and method sections.

CHAPTER 3: METHODOLOGY

I begin by outlining my methodological framework focusing on my research ontology and epistemology. As a social work practitioner who values interdisciplinary dialogue, I enter into the discussion of MSM discourse from a poststructural, feminist, genderqueer, and trans social work perspective. I use a genderqueer discourse analysis, which is significantly influenced by queer, trans and gender theories, experiences, and critiques. I then describe how I am taking up discourse analysis as the primary method through which I explore the question: “Who are the men in MSM?”

Beginning

Particular ways of thinking lend themselves to understanding the world in only certain ways. Dichotomous thinking infuses numerous research methodologies, limiting what is allowed to exist. These ways of thinking and being negate queer existences because those who identify as queer live in a liminal space between the binaries within sex, gender and sexuality. Thus, queer methodologies are vital for exposing hegemonic linear ways of being and thinking that analyze, categorize and psychiatrize those outside of such polarized identities. My goal is not to delimit what queer or genderqueer methodology is, but rather to add to the discussion regarding ontology and epistemology and how this may shift our gaze in a queer research inquiry. I argue genderqueer methodologies provide space for the multiplicity of strangeness to exist as their disruption of normalcy and otherness (Kumashiro, 1999) is explicitly political. Queer and genderqueer methodologies deconstruct truth claims, question dualistic ontology and queer/straight lines.

Queering

As described earlier, I use queer as a noun to describe a particular group of people yet, I also use queer as a verb. To queer something is to question normalcy by problematize its apparent neutrality and objectivity. Britzman (1998) locates what queer theory can do as a practice: “Queer theory is not an affirmation, but an implication. Its bothersome and unapologetic imperatives are explicitly transgressive, perverse, and political” (p. 82). Queer resists definition, uniformity and cohesion. It examines how normal is made specifically with regards to sexuality.

Heteronormativity took root in queer theory, as it made explicit how heterosexuality positions itself as neutral, normative and dominant. Similarly, the “new homonormativity” is a set of “politics that does not contest dominant heteronormative assumptions and institutions but upholds and sustains them” (Duggan, 2003, p. 50). Duggan explains how these neoliberal views get taken up by gay men and lesbians as a way to normalize their existences. I argue that drawing these lines of normalcy is done at the expense of queer, trans and intersex people and reconstitutes us as invisible and/or deviant. In response, I take up queer in multiple ways to expand on its relationality, disruptions to normativity and intrinsic deviance.

Although the violation of compulsory sex/gender relations is one of the topics most frequently addressed within queer theory, this body of knowledge rarely considers the implications of an enforced sex/gender system for people who have defied it, who live outside it, or who have been killed because of it. (Namaste, 2000, p. 9)

Transgenderists, feminists, and some queer theorists (see, for example, Fausto-Sterling, 1997 & 2000; Stryker, 2006; Wilchins, 2004), push queer theory beyond simply examining the discursive production of sexuality. Where queer theory primarily disrupts the seemingly stable categories of homosexual and heterosexual, gender and transgender theories take this disruption further by problematizing how sex and gender are socially constructed and required. Gender and transgender theories also tease out neoliberal agendas embedded in the hegemonic lesbian, gay, bisexual and transgender (LGBT) movement. These theories offer ways not only to make visible and centre intersex, transsexual, transgender, two-spirit, pansexual and genderqueer people within discourses where we have often been objects, but critique the “natural” construction of sex much touted by science.

I have begun to realize that my own understanding of queer has begun to feel somewhat limited for me as I am developing my own queer methodology. This is primarily because I see that “queer” questions issues of sexuality and identity. Although I think articulating a queer methodology is useful, I see developing a genderqueer discourse analysis more fitting for me for several reasons.

First, I am beginning to see that as many of my epistemological understandings are situated within queer theory, I veer off towards trans and gender theories because they critically expose dominant understandings of sex and gender constructions in a way that is limited in some feminist and queer thinking. Second, I am interested in sex, gender, and sexuality and how these three areas are dependent on each other. I am keenly

interested in their balancing act in which understandings within each of these areas are underpinnings for the others. By this I mean that, as I explore sexuality (which is consistently negotiated in tandem between desiring subject and objects of desire), I realize how dominant understandings of sex and gender are reified and accepted as truth. As I question these underpinnings, I sense that my work extends beyond what is traditionally seen as queer theory. I am beginning to realize that my analysis is queer, but it is also (and perhaps better articulated as) genderqueer. I see genderqueer honing in on understandings specifically regarding sex and gender constructions; this is where my influences of trans and gender theories gain momentum and traction. For me, a genderqueer subjectivity shifts a queer subjectivity by questioning dichotomous understandings of sex and gender. It allows room for people of various sexes and genders that may be liminal, or challenge these dominant understandings.

I want to acknowledge that I do not see genderqueer as an umbrella term for transgender, transsexual, intersex, or two-spirit people, but rather a parallel subjectivity that is fluid, shifting, and in need of interrogation. I partner trans, intersex, and two-spirit critiques with a genderqueer analysis not in a unifying (or colonial) sweep, but as a way to show how multiple existences are affected by dominant hetero/homonormative, White, Western and classed understandings of sex and gender. I see an overlapping relation between queer and genderqueer. It is on these grounds that I am interested in questioning the sex and gender constructions of men who have sex with men. So even though I am articulating a queer methodology, I wish to refine my analysis to a genderqueer discourse analysis.

Disturbing Ontology

Modernist ontology permeates multiple research methodologies. “An ontology is a theory about what the world is like – *what the world consists of*, and why” (Strega, 2005, p. 201, italics added). Modernist ontology inscribes binary constructs in ways that maintain sexual and gender dominance. When researchers fail to question the dualistic nature inherent in certain methodologies, these social, physical and political hierarchies are perpetuated. Methodologies located in positivist paradigms are marked by dichotomous ways of being and thinking, yet some interpretative and emancipatory methodologies are also influenced by this ontology. Conversely, ontologies that embrace complexity, multiplicity and inconsistency are more likely to be useful in producing queer methodologies. Queer methodologies need a “continuous questioning and deconstruction of all knowledge,” particularly knowledges claiming objectivity and truth (Hammers & Brown, 2004, p. 88).

During the ‘Age of Reason,’ modernist practice produced and classified knowledge (Hall & Gieben, 1992, p. 8). “Deeply embedded in these [modernist] constructs are systems of classification and representation, which lend themselves easily to binary oppositions, dualisms, and hierarchical orderings of the world” (Tuhiwai Smith, 1999, p. 55). These binary constructs are not limited to sex and sexuality, but also significantly frame constructions of race, ability, and other systems of oppression. Somerville (2000) describes how race and sexuality were classified and enmeshed to construct deviant, knowable and subordinate objects. Wittig (1996) points out, “this necessity of the

different/other is an ontological one for the whole conglomerate of sciences and disciplines” she calls the “straight mind” (p. 210).

Positivist scientists view these classifications as objective, neutral and true suggesting they are removed from all social, cultural and political influences. Numerous theorists (Fausto-Sterling, 1997 & 2000; Foucault, 1978; Hammers & Brown, 2004; Tuhiwai Smith, 1999) critique science for its claims of objectivity, which produces “patriarchal knowledge and work against knowledge of the realities of gender relations” (Ramazanoglu & Holland, 2002, p. 49). Adrienne Rich (1987, cited in Hammers & Brown, 2004, p. 85) argues that, “objectivity is a term given to men’s subjectivity.” To work against objectivity and to position subjectivity in research is necessary in queer methodologies. Although I do not want to position subjectivity as the opposing binary mate to objectivity (as this would be contradictory to my claims of rejecting binaries), I propose to problematize subjectivity by exposing the complexity and contradictions within one’s own subjectivity.

In interpretative and emancipatory research paradigms, a researcher can reproduce dominant modernist representations by restricting their own complexity to a binary identification as an insider or outsider. Several feminist theorists complicate the insider/outsider quandary by blurring or queering the line between these dichotomies. Fine (1998) ‘works the hyphen’ between Self and Other and suggests “researchers probe how we are in relation with the contexts we study and with our informants, understanding that we are all multiple in those relations” (p. 135). Tang (2006) explores occupying

insider and outsider roles by “oscillating” between each role, “signifying both being hesitant or embracing of the roles participants might have allocated for me ... [having] the agency to switch in between roles if necessary or to remain straddling in ambiguity” (p.14). Lal (1996) questions the politics of self in proposing, “with each threshold of an insider boundary that one crosses, there would seem to be another border zone available for one’s definition as outsider” (p. 196). In these ways, subjectivity can and should become murky, unstable and contradictory by resisting a clear and contained identification within the insider/outsider polarity.

Hammers and Brown (2004) point out, “‘situating’ of oneself ... would not only re-organize the researcher (subject) – researched (object) relationship to be one that is non-hierarchical, equitable, and respectful, but make as central direct, material experience and reality” (p. 87). Although identifying one’s subjectivity does not entirely level the power dynamics within research, I agree it is necessary to resist claims of objectivity while helping to identify power relations at work within a research project. Although in my own research I intend to focus on pieces of written research as my “informants,” I still critically engage with what it means for me to embrace subjectivity as I explore sex and gender construction. What does subjectivity look like within my research context? I think that it means that I still need to locate myself within my project as well as explore why I am doing this work. Subjectivity also allows for multiplicity and complexity to *be* within the research – something that objectivity would clearly reject. Subjectivity and reflexivity within research is well grounded in feminist and emancipatory research approaches (Fine, 1998; Lal, 1996; Namaste, 2000; Ramazanoglu & Holland, 2002;

Strega, 2005; Tuhiwai Smith, 1999). What I hope to promote is a kind of subjectivity that complicates, questions and deconstructs power relations, discourses and working assumptions within queer and genderqueer methodologies.

I see value in claiming space for queer and genderqueer subjectivities so those of us objectified by science can tell our own stories and lay claim to knowledges previously made deviant and invisible. However, my specific interest is to expose the techniques/technologies of “making normal” (Brock, 2003). Rather than focusing on deviancy (such as queer, trans, intersex, etc. subjectivities), I want to focus my attention on how “deviant designation can be used to suppress, contain, and stigmatize difference how the rules c[a]me to be made and who gets to be ‘normal’” (Brock, 2003, p. XIII). I am particularly interested in genderqueer methodologies that examine how those who study non-normative sexes, genders and sexualities discursively produce us. My unapologetic and purposeful mission is to poke holes in, deconstruct and destabilize the hegemonic understandings that have classified, ignored, persecuted and killed us. By understanding how sex and gender are constructed in MSM discourse, I am contributing to destabilizing dominant ways of thinking particularly about queer, trans, intersex, and two-spirit people. My politics of resistance is deeply rooted in my subjectivity. My subjectivity positions my ontological perspective to incorporate genderqueer, two-spirit, trans, intersex and non-normative sexed, gendered and sexual people within the world.

Because of its multiplicity, complications and contradictions, a queer ontology challenges modernist ideas of binary, stable categories. As ontology shapes what existences are

made possible and visible, a queer methodology reveals and makes possible genderqueer and trans lives, experiences and encounters. A queer methodology, therefore, has a distinct ontology and epistemology. Although queer remains elusive, contextual and unstable and should continue to resist solidification, a queer methodology is incongruent with research paradigms rooted in a dichotomous way of thinking and being, epitomized in classical sciences such as biology, psychiatry and medicine.

My own view of the critique of science is significantly informed by feminist, anti-racist (feminist), anti-colonial and poststructural analyses and their well-established critiques of the effects of science's discursive productions and material tyranny. "Feminists have struggled to expose scientific knowledge produced by particular male selves in particular social locations" (Ramazanoglu & Holland, 2002, p. 37). Terry (1995) suggests, "biological arguments about race had long been seen as the handmaidens of racism, just as those about gender were identified to be a central part of the architecture of sexism" (p. 155). How well oppression works is based largely on interlocking configurations of oppressions. Somerville (2000) examines how contingent the making of race and homosexuality are:

My aim is not to replace a focus on gender with that of race but rather to understand how discourses of race and gender buttressed one another, often competing, often overlapping, in shaping emerging models of homosexuality, I suggest that the structures and methodologies that drove dominant ideologies of race also fuelled the pursuit of knowledge about the homosexual body: both sympathetic and hostile accounts of homosexuality were steeped in assumptions that had driven previous scientific studies of race. (p. 17)

Foucault traced the discursive production of sexuality through science in the *History of Sexuality, Vol. I* and argued the “domain of sexuality has been increasingly constructed in terms of scientific knowledge, which he terms ‘scientia sexualis.’ Sexual science has been concerned with classifying, analyzing and examining sex in minute detail ... [and] constitutes sex as a problem of truth” (O’Brien, 1999, p. 131). Although science has been highly critiqued, newer or rather reconstituted forms of positivist thought are also being questioned as to their utility for disruptive queer agendas.

Within a Foucauldian framework, LGBT research conducted as part of advanced liberal governmentality can be seen as a tool of self-regulation and reverse discourse. Grundy and Smith (2007) emphasize how social science research raises the “thorny issue of ‘ontological politics’” (p. 300) and caution the usefulness of these tools as “LGBT social science makes some queer realities real at the expense of others” (p. 299). They point to the Canadian 2006 census for making visible those in same-sex relationships and making invisible transgender, intersex, transsexual people as well as LGBT and queer people not in same-sex relationships.

We have not arrived as individuals, but as relationships. It is not gay men and lesbians who have arrived, but same-sex couples It is part of the way in which our membership as sexual minorities in the Canadian nation is mediated through the lens of respectable relationships. (Cossman, 2002, cited in Grundy & Smith, 2007, p. 303)

The undercurrent of Grundy and Smith’s argument is useful in highlighting another characteristic of queer methodologies – that is, rejecting attempts to legitimize and solidify shifting, mobile existences. One feature of this act centres on how respectability gets taken up and who gets constructed as reputable within heteronormative frameworks.

This feature of respectability is one I associate with a homonormative agenda as it advocates for rights and benefits for “normal” people at the expense of people who are constructed as deviant. Some important questions to ask in an effort to guard against reconstituting this normative agenda in methodology are related to the research’s ontology and epistemology: Who is getting measured and who is not getting counted? Can you quantify something fluid and shifting?

Philosophically speaking, Ahmed (2006) proposes a queer phenomenology. Phenomenology looks to describe the lived experience or the essence of a phenomenon. The idea of intentionality of consciousness is also significant in a phenomenological study as

this idea is that consciousness always is directed *towards* an object. Reality of an object, then, is inextricably *related to one’s consciousness of it* (emphasis added). Thus, reality, according to Husserl, is not divided into subjects and objects, thus shifting the Cartesian duality to the meaning of an object that appears in consciousness. (Creswell, 1998, p. 53)

What links phenomenology as a research methodology and Ahmed’s ideas of queer phenomenology are their attention to orientation and ontology. Ahmed (2006) suggests “a queer phenomenology might offer an approach to sexual orientation [and racialization] by rethinking how the bodily direction ‘toward’ objects shapes the surfaces of bodily and social space” (p. 68). She continues to expand on how this approach “would function as a disorientation device; it would not overcome the ‘disalignments’ of the horizontal and vertical axes, allowing the oblique to open up another angle on the world” (Ahmed, 2006, p. 172). For a research methodology, queering the *orientation* of the researcher or calling

into being a queer ontological perspective would support phenomenology as a queer methodology. Crucially, however, though existences are only able to *be* if we are conscious of them, Ahmed (2006) warns:

queer is not available as a line that we follow, and if we took such a line we would perform a certain injustice to those queers whose lives are lived for different points. For me, the question is not so much finding a queer line but rather asking what our orientation toward queer moments of deviation will be. (p. 179)

Her question can also speak to cautions of queer methodologies: to not solidify or essentialize our orientation within a research paradigm, but to examine the moments of otherness, the strange, the deviant, the disorientation. Although my methods of discourse analysis are not phenomenological in approach, I take up Ahmed's attention to disorientations rather than adhering to or being influenced by phenomenology as a research methodology.

My approach is from queer, trans and gender theories and poststructural perspectives. I note that Namaste (2000) critiques these theories for their lack of contextuality and demands that researchers be reflexive. As I have described above, my application of queer theory includes interrogating how sexual deviance came to be labelled as such as well as how fluid and ever-shifting gender, sex, and sexuality are. For me, these ideas are also rooted in poststructural thought, which challenges absolute existences, welcomes multiplicity, and deconstructs power relations.

Locating Myself

If I discuss my own identity within this paper, will I be reproducing my own oppression in taking up reverse discourses, which reconstitute dominant discourses about the Other from a subjugated position? If I declare myself genderless and sexless, and thus immune to these categorizations, I ignore how sexism, transphobia, heterosexism and misogyny have forever changed my life and my body. If I locate myself solely within theoretical frameworks of poststructural feminism and queer and gender theory, will this simply reflect only my thinking and not my physical being? As methods are to methodology, so is my body connected to my subjectivity.

Would it suffice to say I am genderqueer? Likely not. What is not read in this declaration is my race, class, age, ability (or are they read as dominant in each of these categories?), nor is my sex or sexuality intact. I have experienced life as a female bodied, White, middle-class, queer femme from English-speaking Canada. These identities written upon me shape how I experience and understand the world: “we embody the discourses that exist in our culture, our very being is constituted by them, they are a part of us, and thus we cannot simply throw them off” (Sullivan, 2003, p. 41). What is not so clear is how I transgress heterosexual gender norms and that I have also experienced the physical consequences of patriarchy, heterosexism and homonormativity through incest, surviving a late diagnosis of cervical dysplasia and domestic violence. There are few spaces I exist in where I can definitively mark which category I fit. Binary systems within sex, gender and sexuality are problematic for me not only personally, but also politically and ideologically. Although I have been an activist for more of my life than

not, critical race, queer and gender theories have given me language and ideas to examine the ways in which I am in the world in my inconsistent, ever shifting and multiple ways.

Because I take up sexual deviant subjectivities, I am invested in my own research. My interest in men who have sex with men stems from several different places. First, I am interested in interrogating the “who” in MSM discourse as I want to disrupt the hegemonic understandings of sex and gender conveyed in the usage of this term – these are my politics. Second, I am interested in continuing to work within the field of HIV and sexual health; my experience influences my interest. Third, I am part of the community of queers who feel the day-to-day and institutional effects of the dissections of sex and gender. I have not only witnessed the atrocities and dangers done when excluding trans and intersex people from health care, but have also experienced this first hand as a genderqueer. I have investments in myself, the people I love, and those with whom I share these struggles to deconstruct gender and sex in order to sabotage the power of their effects.

(Re)shaping Methodology

Several researchers, theorists and academics have taken up queer methodologies (see, for example, Halberstam, 1998; Holliday, 2000). My goal is to articulate what is unique about a queer methodology and show how I use it in my work. I propose queer and genderqueer methodologies that are shifting, changing and becoming. I argue queer methodologies have a particular interest in a way of being that centres a particular kind of politics – a queer ontology. Conceptualizing ways of being beyond the binary systems of

positivism means that certain existences come into view. The goal of my queer methodology, at this particular time, is to do several things: first, to challenge invisibility, normalcy and stability which are produced by dichotomous understandings; second, to resist neoliberal assimilation and reverse discourses; and last, to expose and deconstruct respectability, heteronormativity and homonormativity. Specifically, I challenge binary understandings of men's sex and gender in HIV research. I resist dominant understandings of sexuality and sexual practices that take up dominant stratifications. I question if, and how, men who have sex with men are seen as deviant, and conversely who is then seen as respectable, and who does it serve for them to be viewed in this light? For my own work, discourse analysis, as it is informed/situated within a queer methodology, is of particular interest as I examine HIV research findings. Situating my work within queer methodology enables me to ask questions rooted in a poststructural feminist perspective in a way other methodologies prohibit.

Practicing a Queer Methodology

A queer and genderqueer analysis unearths these undercurrents which remain obscured by a normative approach and partially invisible even through a LGBT lens. In this section I expand on how a queer methodology can expose and disrupt these deadly agendas and, more precisely, how I use a genderqueer discourse analysis.

Methods

It is more of a question of increasing the *combative power* of potentially subversive forms of knowledge than of simply attempting to amplify their 'truth-value'; more a tactics of sabotage and disruption than a straight-forward

head-to-head measuring up of supposed truth with a 'truer' counter-example. (Hook referencing Foucault, 2001, p. 536)

My queer methodology situates the methods, which I use to deconstruct the categories of sex and gender in the terminology of MSM. I am particularly influenced by Foucault's application of genealogy, discourse analysis, and qualitative, inductive methods. I particularly see the usefulness in discourse analysis as a method of inquiry that exposes power relations, an explicitly political action. The disruption to normal that discourse analysis can do fits well for me in my ontological and epistemological stances and what I want to accomplish in my genderqueer methodology. I also attempt to distill a genderqueer discourse analysis, which focuses keenly on ways in which sex, gender, sexuality, and sexual practices are read and power relations are instilled in them, specifically regarding deviance. Similarly to how Hook (2001) describes making visible subjugated subject positions, I seek to make this part of my political agenda in my work. I describe how I answered my research question by using these methods of inquiry/inQueery.

As the work I am trying to do in developing a genderqueer discourse analysis is new to me as well as a evolving methodology, it is important to discuss what I see the nuances of this method doing. With a genderqueer discourse analysis, much like discourse analysis in general, I am interested in power relations, but my attention is specifically focused on how normalizing techniques and technologies are used with regard to sex, gender, sexuality, and sexual practices. My version of discourse analysis is more aligned with feminist poststructural discourse analysis than with critical discourse analysis. My reason for this is that I am interested unequivocally in power relations and how they function as

well as the material implications of them rather than the textual, more literary details of discourse. My feminist commitments to examining gender and power significantly influence my work and use of discourse analysis, while my intrigue in poststructural (constructionist) understandings of gender and sex question some important fundamentals within some (essentialist) feminist thought. I feel that feminist poststructuralism informs my lens of analysis while queer and trans theories propel me further to expose hegemonic, binary, and normative thinking in regards to sex, gender, and sexuality.

McWhorter (2004) reminds us that “our sexual identities, as well as the notion of ‘sex’ that seems to undergird them, are products of normalizing power” (p. 45). Taking her insight into consideration, I pay attention to constructions of deviance as well as the assumptions made around “normal” sex, gender, and sexuality. I do this by reviewing what is said about those with non-normative sexes, genders, and sexualities just as much as what is not said about those who fall easily within dominant understandings of these categories. This is an emerging process for me and in retracing my steps, I articulate or re-articulate how I have conducted a genderqueer discourse analysis.

Data/Textual Selection

In selecting my data, I examined a Canadian health policy related to MSM and HIV. My selection of text was influenced by my findings on where MSM is used. By this I mean as I examined further how and where MSM has been used, I allowed my research to guide my selection. I am interested in influential pieces of text - texts that have material effects on people's lives. Because of my interest and investment in the material

consequences of discourse I reviewed the section of the *Canadian Guidelines on Sexually Transmitted Infections* (PHAC, 2008) entitled “Men Who Have Sex with Men and Women Who Have Sex with Women” produced by the Public Health Agency of Canada (PHAC). This text contains clinical guidelines for how to assess people for STIs including HIV. At the end of the document, a special appendix is included on MSM and women who have sex with women (WSW), which I reviewed as my primary text. These clinical guidelines are a primary resource for health care practitioners who are conducting sexual health assessments.

While I had initially proposed to analyze three to five articles I argue that analyzing one text in great depth not only fostered my use of discourse analysis, but also prompted me to look deeper at the effects of MSM discourse. Through my genealogy chapter, I was able to quench my curiosity about what was said when MSM was first used as well as how it is used currently. I was also able to establish my argument for how MSM discourse is used to regulate gender and sex. These learnings positioned me well to delve into analyzing the *Guidelines* section on MSM.

I selected the *Canadian Sexually Transmitted Infections Guidelines* section entitled “Men Who Have Sex With Men and Women Who Have Sex With Women” (PHAC, 2008) for several key reasons. First, as it is produced by the Public Health Agency of Canada, it encapsulates what I see as the federal government’s approach to working in HIV assessment and reveals the gender, sex, and sexuality assumptions made. Second, I selected this text because it focuses on practice. As my interest is in the material

consequences of MSM discourse, I wanted to analyze text that spoke to how MSM discourse affects interactions in HIV assessments. Third, as a regulating and governing body, the PHAC not only produces clinical guidelines, but it also has significant influence over how regional health authorities and health care services provide service. In my experience in working within a health clinic that eventually came under the funding scope of a local health authority and also received funding from PHAC, there was a growing and forceful push to adhere to standards set out by government. Funding became tied to reaching “standards of care” established by regulating health authorities through the process of accreditation. In addition to the effects on clinical practice, government had significant influence over what was a worthy service to fund. Project funding was allocated based on what the government saw as important at any given time, so I propose that how the government understands MSM affects what projects get funded as well as how health care providers assess for HIV risk. Governing bodies such as PHAC have power to not only “guide” direct practice, but also to control what services are available to people affected by HIV/AIDS. For these reasons, I selected the MSM section of the *Canadian Guidelines on STI*.

Methodologically speaking, I selected this one text to analyze based not only on its significance to practice in Canada, but also because one text allowed me to investigate with penetration and fervour. Chambon (1999) argues, “by examining concrete practices in their most minute details, we can question institutional mechanisms and gain a new understanding” (p. 59). To maintain the scope of a Master’s thesis, I selected only one

document to review. I resisted the temptation to examine a larger volume of work so that I could analyze this text in depth.

I suspect that MSM's influence and sustained use in HIV discourse is rooted in epidemiologists' use and propagation of the term. I found through my genealogy chapter that this is the case; therefore, I analyze this kind of text rather than one produced by HIV activists. Winch (2005, p. 181) suggests that 'data' for a Foucauldian genealogy should be "drawn from 'practical texts' that provide rules, opinions, and advice on how to behave in a certain fashion. These texts are themselves objects of a 'practice' in that they are designed to underpin everyday conduct." For this reason I selected the *Canadian Guidelines on STI* to review because it not only speaks to "advice on how to behave," but because it is a prescriptive guideline of practice drawn up by a governing authority.

Methods of Discourse Analysis

A textual piece of governmental policy comprises my data. For this reason, discourse analysis is my chosen methodology, as I link the use of the term and the discourse surrounding MSM with how it reconstitutes and reproduces dominant systems of power (Hastings, 1998, p. 192; Gavey, 1989, p. 464; Hook, 2001, p. 526). The meaning that is made through the use of MSM is done so through language (Gavey, 1989, p. 463) and therefore is weighted within a historical, cultural and political context. The examination of underpinnings within this term will expose how this term works, what it does, and what assumptions or "discoursal common sense" (Gough & Talbot, 1996, p. 226) are called upon for MSM to do the work it does. Focusing on the work that MSM does is

important because “it is through discourse that material power is exercised and that power relations are established and perpetuated” (Gavey, 1989, p. 464).

My method of examination consisted of careful and purposeful reading and re-reading of these texts, paying attention to multiple effects such as categorizing, privileging, ignoring, making invisible, making normal, and the like. As my subjectivity and ontology work together (and are contingent upon each other) to make available certain set of questions, I read these texts to highlight what is troubling for me about them. I paid attention to what is not troubling me and probed as to why. Because I see my own subjectivity affected by my work, I reflected on how I see the discourse matching my own assumptions and understandings. I also examined the coherence of my own identity construction within my work and how it situated my lens of analysis. My data analysis began in many ways as I compiled and read for my literature review. I noticed my reactions to the texts; noted questions and comments as I read; and reflected on these. I also paid attention to lingering phrases that stayed with me after I read the texts. Often when I read, certain words or concepts surfaced in my thinking and caused me to examine them further. I explored these lingering ideas as points of engagement with the texts that exposed further meanings and inflections. This part of the analysis is intuitive and reflective based on my own experiences, body, and thinking. How I am situated within this world gives me an ability to read (into) texts in a particular way that exposes heteronormative and homonormative assumptions and discourses.

I was curious about how MSM discourse arose, but also how it is used, and the effects of its use particularly on regulating gender and sex boundaries. I was interested in how MSM is used to impose researchers' understandings of sex and gender regarding a group of people that they see sharing the same sex and/or gender. I am fascinated primarily with points of research and writing that point to tensions within a binary understanding of gender and sex. How do researchers make sense of trans and intersex people? When do they fall under the category of MSM and when do they not? Who falls into this category and who does not? Are trans women more likely to be included in MSM or are trans men? What are the material effects of including and excluding people with non-normative genders and sexes in the category of MSM?

I am intensely curious about the discursive practices of MSM. For me, I understand discourse to vary from language in a specific way that is critical for me to pay attention to in my analysis. I see language referring to the meaning of words or rather the intention behind the words that are spoken or written. Language is important as it we attempt to understand the intention of the piece, which situates the reader in relation to the writer or speaker.

When we understand the 'intentions' of a piece of language, we interpret it as being in some sense *oriented*, structured to achieve certain effects; and none of this can be grasped apart from the practical conditions in which language operates. It is to see language as a practice rather than an object. (Eagleton, 2008, p. 99, italics in original)

Here we can see that language practices, similar to discursive practices, ask the interpreter to draw upon "common" knowledge in order for meaning to be made.

However, discourse varies from language in that discursive practices focus on power relations and truth making. It is through power relations that we see how power works in relations; “power is exercised from innumerable points, in the interplay of nonegalitarian and mobile relations” (Foucault, 1990, p.94). So while language practices are interesting, I am keenly interested in the effects of discursive practices as they have systemic material consequences.

Discursive practices speak to the combination of naming and the material effect of these labelling actions. For example, a psychiatric diagnosis is one way in which a discourse is used to *do* something to someone. This diagnosis may be used to “treat” them, which in cases of homosexuality and gender identity dysphoria have included “treatments” such as shock therapy. Hook (2001, p. 537) states “once we consider the discursive utterance ... as an action, as a practice ... then this utterance seems to start verging on the territory of materiality and becomes more easily linked to the array of physical activities.” What work does naming “men” in MSM do? Whom does it benefit? And at whose expense? What other discourses are drawn upon to make sense of MSM? I looked for how practices get taken up because of the possibilities made available through MSM discourse. I am interested in how MSM discourse functions as a practice that draws lines of what is possible within the discourse and what is impossible or invisible. Second, I see language as a constituent of discourse; discourse tells language what to do (Gee, 1999). Discourse exemplifies a specific way of thinking that is regarded as normal and does not need explanation. Discourse uses language to do the work of conveying hegemonic ideas. What seems to have always been part of the dominant lexicon, in this case the

field of HIV/AIDS, but actually reflects a certain kind of knowledge. I am curious about how MSM came to be used within HIV as well as how it is taken up and what people mean by it. Does it mean gay? Does it mean gay men? How does MSM function in a way that homosexual or gay men does not? How does it function in a similar way? What are the effects of these (possibly conflicting) uses of MSM?

As I read this text, I posed several questions in order to address my curiosity about how men's sex and gender are constructed in MSM:

- a. What meta-narratives and/or other discourses are required for the reader to draw upon in order to understand where the limits are in the category of "men?" In other words, what is required for these texts to be coherent?
- b. How are people excluded from the category of MSM? And on what grounds are they excluded?
- c. Who is included in the category of MSM and why? And why are they included?
- d. How might MSM's sexual practices enlighten the researcher's understanding of MSM's sex and gender? Are there discourses of heteronormativity and/or homonormativity?
- e. How might researcher's understandings of MSM's sexual practices compound and/or challenge dominant understanding of race, sexuality, sex and gender?
- f. How might the various political and epidemiological reasons why MSM has come to be used in HIV work be realized? What are the material effects of these divergent uses of MSM?

The above questions helped me to identify how researchers and policy analysts deploy dominant discourses regarding the sexes and genders of MSM. Because of my genealogical interest in how MSM discourse came to be, I paid attention to places where there are conflicting uses, understandings, and conclusions about MSM.

As I learned more about discourse analysis, I sensed new ways to pay attention to various elements that furthered my own analysis of the text. To date, my knowledge of discourse analysis has been influenced by Foucault (1977, 1978, 1981), Gavey (1989), Gough and Talbot (1996), Hastings (1998), Hook (2001), van Dijk (1996), Fairclough (1996), and Talbot (2005). These discursive practitioners highlighted for me the following particular insights: focus on materiality of discourse (Hook, 2001); role of reflexivity (Hastings, 1998; Gavey, 1989); how discourse functions as a technology of institutions (Fairclough 1996); how access to discourse shapes power relations (van Dijk, 1996); and attention to coherence in identity construction (Gough & Talbot, 1996). These are several ways that I paid attention to text and explored these notions in my discourse analysis. Two particularly useful techniques in my research were the notion of coherence and focus on materiality of discourse.

Gough and Talbot (1996) discuss how “coherence is a useful focus of attention in the examination of identity-construction in discourse” (p. 216). This is important to my thesis for several particular reasons. First, coherence speaks to not only the ‘surface’ reading of a text (linguistic specificity such as syntax, grammar, lexicon, etc.), but also to the ‘underlying’ meanings. These underlying meanings are suspended upon knowledge

and discourses that are not necessarily explicitly laid out in the texts, but refer to a set of beliefs and assumptions that situate the reader and the writer (and the objects/subjects of study as well) within a broader discourse and set of power relations. I saw these grander narratives in the text amounting to heteronormative assumptions and gender/sex dichotomous thinking. These discourses situate the writer and anticipated reader as heterosexual and clearly fitting within the hegemonic gender and sex binary paradigm. I focused on “assumptions about the social world that are set up in such a way that they are not asserted, but readers still need to supply them to read a text as coherent” (Gough & Talbot, 1996, p. 226).

Hook (2001) discusses a significant problem commonly seen within discourse analysis in focusing simply on the textuality of discourse. He claims that ignoring the ‘extra-discursive’ and discursive practices within discourse undermines and negates the power relations implicit in them. Following Foucault’s work on discourse analysis, Hook (2001) warns against the mere “markings of a textuality” and suggests that specific attention needs to expose the “*physicality* of [discourse’s] effects, in the *materiality* of its practices” (p. 537, italics in original). What is particularly useful for me here is a double meaning of “physicality.” Hook (2001) speaks to the material consequences and discursive practices that collapse textual/material and see them as inseparable and contingent on one another to highlight how discourse is the “violence which we do to things” (Foucault, 1981, p. 67). In my thesis, I am also interested in looking at how physicality of discourses creates certain identities, specifically the construction of sex and gender. Physicality here can imply not only the discursive practices, but also highlight

what physiology MSM have, that is made visible and invisible through discursive practices. The act of using discourses to create identities visible through discourse is also an element I paid particular attention to in my readings of the text.

Although there are no unified methods in conducting discourse analysis (Potter & Wetherell, 1987, cited in Gavey, 1989, p. 467), I also paid attention to details in the text and read between the lines. By details in the text, I am referring to phrases that are used that require the reader to be complicit in the thinking of the author. This speaks to the need to analyze coherence in the academic work I am reading (Gough & Talbot, 1996). Reading between the lines also connects to the idea that there are meta-narratives or “world-knowledge” (Gough & Talbot, 1996, p. 218) that are required for the pervasiveness and persuasiveness of the discourse to establish, maintain, or perpetuate power-infused meaning.

Although my methods of discourse analysis may not be well established at this point, what I did was make explicit not only my reactions to the text, but also my thinking that makes available my critique and analysis. Hastings (1998) adopts a similar strategy of “present[ing] the data, analysis, and conclusions in such a way that the reader is able to assess the researcher’s interpretations and claims” (p. 196). This way of developing my analysis speaks to my current position as I am also still formulating how to take on a genderqueer methodology within my work through discourse analysis.

Evaluation of my Work

I struggle with how my work should be evaluated considering I am attempting to develop an emerging methodology. As my work is of a critical, analytical, political, and intuitive nature, it should not be evaluated using the standard measures of rigour and validity (Strega, 2005, p. 228). Instead, Strega (2005, p. 229) suggests three standards by which to evaluate feminist poststructural research: first, the political usefulness of the research; second, who will benefit from this work; and third, the researcher's ability to examine their own reflexivity and complicity. An additional measure of how well I accomplished my goals is to view my work for its readability. That is, how well have I explained my thinking that exposes my own analysis? This is partly reliant on how well I articulate my subjectivity, describe examples, and clearly draw conclusions (Hastings, 1998, p. 196).

Will this research have catalytic validity, or in other words, will it matter (Potts & Brown, 2005, p. 277)? Is this research in line with anti-oppressive practices? In other words, have I exposed power relations? Will this research have positive effects for people of non-normative genders, sexes, and sexualities? At the end of a hard day's work of deconstruction, what might be done about anything (Cameron, 2001, p. 965)? In short, these are my intentions. Discourses constitute and (re)produce power relations, which have significant material consequences. I see MSM as a discourse not only because of how often it is taken up in HIV work, but also because of what the term does to the people it attempts to categorize.

As described earlier, there is much critique about the term's use in racializing and stigmatizing men with regard to class and nationality. Who is counted and how they are

included in the use of this term has direct effects on what services are delivered to certain men and not to others, what funding is allocated to particular populations of “MSM,” and reproduction of dominant and Western views of sexuality, sex, and gender that are used to perpetuate racism, classism, and colonial thought. “[T]he more we will be able to tie discourse to the motives and operations of power-interests, the more analytically visible discourse will become, and as a result, the more politically (and ontologically) robust our analyses will become” (Hook, 2001, p. 531). “Our analyses” contribute to shifting and changing social work and discursive practices. For me, this research is important because if sex and gender are seen in a similarly binary way to how sexuality was previously seen (hetero/homo), then a significant number of people are excluded from HIV research, prevention, education and, ultimately, sexual health. Where are trans people in MSM? What about two-spirit people or intersex people? Or people who do not fit nicely into either category of male/female or man/woman such as genderqueers? The intent of my work is to trouble these assumptions of gender and sex embodied in HIV research and illustrated through the discourse of MSM.

Hook (2001) offers a useful insight on how discourse analysis should be viewed that emphasizes my commitment to political action through my interrogation of MSM. He suggests that detailing the “underlying forms/conditions/criteria of reasonable knowledge on the basis of which truthful statements can be made” would serve to “expand the generalizability of discursive analytical work beyond the level of targeted, analyzed text” (Hook, 2001, p. 525). Highlighting these meta-narratives, or coherence as Gough and

Talbot (1996) suggest, will expose how discursive practices have material consequences and make certain subject positions visible and others invisible.

Two ways in which I can suggest how my work should be evaluated are: how well I explain and make explicit my own thinking, and how well I expose dominant knowledges for “[e]xposing these points of vulnerability [gaps and shortcomings in the specific text] is infinitely preferable to the attempt to unravel the great ‘unsaid’ precisely because the latter risks simply reproducing discourse rather than arresting its activity” (Hook, 2001, p. 536). I provide a trail of my reflections that helps to situate the reader as to how I analyzed the data and arrived at my conclusions as well as my further questions. This area of evaluation requires further reflection and attention specifically to respond to ideas of rigour and validity often situated within positivist research.

CHAPTER 4: DATA ANALYSIS

Introduction

I explored in previous chapters the emergence and re-emergences of some key crystallizations in MSM discourse. Although I showed how these discourses are revealed in several texts, my project would be all for nothing without focusing on the material consequences of these discourses. For this, I further expose how these discourses are taken up in a text that specifically is written to guide clinical sexual health practices in Canada: the *Canadian Guidelines on Sexually Transmitted Infections (STIs)* (PHAC, 2008). By drawing on my genealogical crystallizations, methodology and methods, I begin my analysis by further situating the *Guidelines* to explore how and why the Public Health Agency of Canada creates these practice procedures. Next, I analyze the section of the *Guidelines* that is specifically dedicated to men who have sex with men. Finally, my discursive analysis reveals how the *Guidelines* draw on established discourses while simultaneously continuing to perpetuate them. I highlight some key threads in my analysis that I take up in depth in the following chapter.

Situating the Public Health Agency of Canada and the *Guidelines*

While public health is a shared domain between federal, provincial, and territorial governments, the Public Health Agency of Canada was established in 2006 to “contribute to federal efforts to identify and reduce public health risk factors and to support national readiness for public health threats” (Tiedemann, 2006, p. 9). With the federal Minister of Health presiding over PHAC, its mission is to “promote and protect the health of Canadians through leadership, partnership, innovation and action in public health”

(Tiedemann, 2006, p. 9; PHAC, 2009). Essentially PHAC is the federal government department that oversees issues of national public health. This is significant for two reasons: first, PHAC is a national body that provides “leadership” to three levels of government – provincial, territorial, and municipal (PHAC, 2009); second, PHAC has legislative authority to do this work. The scope and power of PHAC are significant factors in how influential the *Guidelines* are to practitioners in the field of Canadian sexual health.

Endorsed and published by PHAC, the *Canadian Guidelines on STIs* are most often seen as the definitive Canadian standard for “prevention, diagnosis, treatment, and management of STIs” (PHAC, 2008, p. 11). Medical journal authors often cite the *Guidelines* in their articles to confirm the legitimacy of their arguments (McKay, 2007, p. 57); to rally “public health and clinical professionals to join together in the fight to get STI epidemics under control” (MacDonald & Wong, 2007, p. 176); and to refer physicians to its protocol (Mann et al., 2004). In my research, I have not been able to find any critique of it. After conducting a literature review in Web of Science, Academic Search Complete, and CINAHL with full text, I was only able to find two articles published on the 2006 or 2008 *Guidelines*’ revisions: “Canadian guidelines on sexually transmitted infections, 2006” (MacDonald & Wong, 2007); and “What’s new in management of sexually transmitted infections?” (Kropp et al., 2007). Most of the authors of these articles also authored parts of the *Guidelines*: Noni MacDonald (external reviewer), Tom Wong (chair), Rhonda Kropp (section chair), Cathy Latham-Carmanico (member), and Marc Steben (section chair). Finding only promotional articles affirms for

me the *Guidelines* universal and significant influence in guiding sexual health practices in Canada.

The Expert Working Group (EWG), charged with authority from the PHAC, wrote the *Guidelines*. A group of prominent sexually transmitted infections “experts from the fields of medicine, nursing, laboratory, public health and research have volunteered their time and effort as authors and reviewers to maintain updated, evidence-based recommendations for the prevention, diagnosis, treatment and management of STIs in Canada” (PHAC, 2008, p. 11). While the PHAC suggests scientific rigour of the EWG, simultaneously the *Guidelines* are underplayed as being recommendations and not rules (PHAC, 2008, p. 11). While the 2006 *Guidelines* were revised in 2008, the process used to arrive at these recommendations is described in the 2006 version. Each chapter reflects a composition of literature reviews, a “minimum of four rounds of blinded expert review, three within the EWG and one with at least two external reviewers,” and final chapter approval from EWG (PHAC, 2006, p. 1).

I would suggest that the *Guidelines* are situated as authoritative and hegemonic through the devices I have noted: the writers are positioned as experts by their academic credentials and the exclusion of personal information, such as their membership in the communities that the *Guidelines* addresses; the phrase ‘evidence-based’ positions the work as scientific; and the use of blind expert review positions the work as neutral and objective. (Manning, 2009)

The creation of the *Guidelines* has clearly been situated within a positivist model that privileges science and its apparent neutrality and objectivity. While this epistemology may be useful within the realm of diagnostics, it has limited application when working

with people. By this I mean, I show how this way of thinking lends itself to binary positions and linear thinking that negates the existence of trans, intersex, two-spirit, and queer people.

Guideline Analysis: The Reappearance of Crystallizations

My reading and re-reading of the *Guidelines* has affirmed, complicated, and troubled my own ideas about MSM. In this section I share my analysis and display my thinking of the *Guidelines*. Many of the interconnected ideas I exposed in my analysis in my genealogy chapter reoccurred here. While I continue to see the dominance of multiple discourses at work within this document on clinical practice guidelines, I began to question my own thinking and its usefulness. I question how this work could be taken up (and out of context) and used in homophobic discourses to negate the work I am specifically trying to do. I explore the text with an eye to crystallizations of discourses I named previously in my thesis, but as well I look at my own complications in my analysis. I see this level of analysis as part of my reflexivity as a researcher. Although I reflect on my positioning, I take a broader view that has helped me to see through my own tensions.

The *Guidelines*: Defining MSM

The document begins by defining who are men who have sex with men (MSM) as well as who are women who have sex with women (WSW). Although I pay particular attention to MSM in this clinical piece, I am intrigued by how WSW is paired with MSM. First, this situates the reader in understanding that MSM and WSW are outside of the norm because they have their own section within the *Guidelines*, which is placed as a separate

appendix at the end of the document. Because they are articulated outside of the general guidelines, I interpret this positioning as reinforcing their separateness and thus deviance. They are intelligible because of their marked difference. What this also infers is that the norm, which does not need specific referencing or acknowledgement – a privilege of dominance – is exclusively heterosexual-behaving people. Second, this convenient and simplistic pairing suggests an allegiance or at least a similarity between these two groups of outcasts. As I have often experienced within the straight world, there is an annoying assumption that gay men and lesbians are friends; that their shared deviance of “same-sex” love is a stronger bond than their differences in gender, sex, class, race, ability, etc. More often than not, this has not been my experience within the LGBT community nor is it the experience of many people within my queer social network. While this pairing of MSM and WSW seems natural to the “straight mind” (Wittig, 1996), it is not necessarily the case within these marginalized communities. To me, this pairing conflates nameable sexual deviants together, erasing their differences and suggesting their homogenous nature (pun intended).

The articulation of gender is clear within the definition of MSM and WSW; these two groups have their gender defined for them as men and as women. This affirms heteronormativity’s dominant understanding of sex and gender while erasing the possibility of not identifying (solely) as a man or a woman. This reinforcement negates the availability of gender as being something fluid, complex, divergent, mobile, and multiple. By situating sexuality, or at very least sexual behaviour, *upon* the premise of heteronormative understandings of gender reifies gender as a building block to sexuality

thus securing its naturalness and establishing its centrality. This action fortifies dominant discourse of gender as sex.

While gender and sex reification is solidified, what also is drawn upon in the definition of MSM and WSW is the discourse of homosexuality. I have previously highlighted the idea that sexuality is as natural as sex is. Here again, this discourse is drawn upon to expose the natural sexuality of MSM and WSW. “Men who have sex with men (MSM) may have sex with men exclusively, or with both men and women, and may self-identify as gay, bisexual, or heterosexual” (PHAC, 2008, p. 1). As I have exposed in Pathela et al.’s article, the idea of discordant and concordant identity situates the patient as having a case of mistaken identity. While the patient may believe they are straight or gay, as is dominantly articulated, their behaviour *reveals* their “true nature.” Although this action undermines the patient’s self-identity according to Young and Meyer (2005), I argue that where the invisible researcher is positioned is more important. By constructing the patient’s or participant’s identity as mistaken, the researcher ascends as the “knowing one,” the one who can decipher. The omnipotence of the researcher or clinician to name the patient as MSM and their omniscience of the patient’s true sexuality reinforces a strong link to positivism through the objective search for “truth.”

This discourse of mistaken identity undermines the self-identity of the patient or participant while affirming the knowingness of the researcher or clinician. It also solidifies sexuality as a static, concrete, and constant identity, erasing any mobility, shifting, or complexity. This dominant understanding of sexuality is also conveyed

through words like “exclusively” and “both,” which not only establishes sexual identities as mutually exclusive categories, but also as binary. The binary nature of MSM and WSW affirms sex and gender options as being “exclusively” either man or woman.

The section of definitions in the *Guidelines* is followed by an exploration of the epidemiology of “reportable sexually transmitted infections (STIs) among MSM” (PHAC, 2008, p. 1). While this thinking may portray an obvious logic in understanding how to “treat” (in both senses of the word – work with and diagnose) MSM, it establishes them as deviant. Before I expose how I draw these ideas into view, I think it is necessary to explore the significance of “reportable” STIs.

Infected Deviants: Reading Epidemiology as Bio-power

As I have discussed earlier, PHAC’s role is to provide a coordinated effort in fighting the spread of infectious diseases. One way of doing this is by studying the epidemiology of these infections. In order to accomplish this task, the government requires provinces to report the number of people who have certain diseases.

As of January 2003, HIV infection was legally notifiable in all provinces and territories except British Columbia; however, it is expected to [and did] become notifiable in British Columbia on May 1, 2003. Eight provinces and territories had HIV reporting legislation in place by the mid- to late-1980s. The remaining five will have instituted legislation between 1995 and 2003. (Centre for Infectious Disease Prevention and Control, 2003, p. 9; PHAC, 2004)

Often this information not only includes how many people in each province are infected with a mandatory reportable disease, but also information pertaining to the area in which the person is living, their age, gender, “ethnicity,” and transmission mode (PHAC, 2009).

When HIV first became a mandatory reportable disease, numerous people objected to the mandatory nature of reporting. Medical associations and community-based AIDS service organizations argued that it might affect the likelihood of someone voluntarily going for HIV testing (Jayaraman, Preiksaitis, & Larke, 2003, p. 679). While I understand and value the epidemiological information gleaned from this process, this concern is not my only one. My other concern is of a Foucauldian nature, and is skeptical of surveillance. I speak to this further once I have exposed the remaining nuances of reportable infectious diseases.

What information is provided to municipal, regional health authority, and provincial public health officials as well as laboratories is a matter of under provincial jurisdiction. While nominal (and non-nominal) testing is used in BC, each province decides their own requirements be it nominal, non-nominal, or anonymous screening practices. The province of BC considered making HIV a nominal reportable infection, meaning that the government would know the names of people who were infected with HIV (Quandt, 2002, p. 35). Although non-nominal HIV testing (that is a personal code identifying you with your blood, but not traceable to anyone but the facility where you were tested) is available in BC, my own experience is that more often than not doctors have put my name on the vial of blood without asking me my preference. In addition to significant concerns of informed consent and breach of confidentiality, my experience as a health care professional also affirms the regularity of these instances.

How do testing protocol and procedures shape my critique of the epidemiology within the *Guidelines*? How the information is collected, how it is used, and who it serves affect my analysis of the “data” presented in this appendix of the *Guidelines*. While I explore some of the nuances of reportable diseases, I question how surveillance is used. If I conceive of the surveillance of infectious diseases as a tool of power, I become incredibly skeptical of its use and effects. I do acknowledge the importance of collecting this “data” and want to note conflicted feelings I have in interrogating the significance of STIs surveillance, something to which I later speak. In addition, if we replace the idea of epidemiology with Foucault’s notion of bio-power, the relations of power become visible.

Bio-power is a conceptual tool that makes it possible to analyze historically how power has come to work in relation to the human body Sexuality is located at a privileged intersection between the individual and the population. It is a target of self-knowledge and the essential means to regulate the reproduction of a population. (Chambon, Irving & Epstein, 1999, p. 270)

In fact, Foucault (1978, p. 140) argued that the deployment of sexuality would be one of the great, and most important, technologies of power. By viewing epidemiology as a form of bio-power, I am able to interrogate these truth claims and make visible their political underpinnings and material consequences. Here, I interrogate the claim made in the *Guidelines* that the “incidence of syphilis, gonorrhea, Chlamydia, genital herpes, hepatitis A virus (HAV), hepatitis B Virus (HBV), and HIV infections has risen among MSM in Canada and internationally since the mid-1990s” (PHAC, 2008, p. 1). I do this by examining the “recent outbreaks of syphilis among MSM” (PHAC, 2008, p. 1). While I acknowledge the reappearance of the syphilis epidemic in Canada and the devastating

effects it disproportionately has had on marginalized populations, I am still unsettled about how this epidemic has been portrayed as an MSM disease.

On my first read through this part of the *Guidelines*, I accepted what was being described. I did this not because I was reading with an uncritical eye, but because the discourse of diseased MSM (read: gay men) is so normalized that even someone intentionally looking for these discourses is sometimes not attuned to them. As Gough and Talbot (1996) suggest, I effectively drew upon “discoursal common sense” in order to construct coherence in the epidemiology section (p. 226). The discourse of diseased MSM is so effective that I deployed it myself in having “expectations about who people are, what they are like and the kinds of social practices they engage in” (Gough & Talbot, 1996, p. 224).

It was only on my second read through where I was examining the meaning of lymphogranuloma venereum or LGV did I stop to consider the meaning of the list of diseases MSM contract. As Gough and Talbot (1996) suggest, I began to draw on my own social locations to expose the heteronormative discourse. I started by noticing the list of references regarding the MSM syphilis outbreak. I looked them up in the references and noticed that they were all American sources (PHAC, 2008a, p.1-2). I then began to look at the *Epi Updates* regarding syphilis on the PHAC (2009) webpage. Notably, there were several outbreaks of syphilis among older men and younger women in Edmonton where 90% were contracted through “heterosexual” sex (Gratrix et al., 2007, p. 64); “heterosexuals” in Yukon (PHAC, 2005); and 91% of cases in Winnipeg

were “heterosexual” (WRHA, 2004, p. 6). Calgary, Montreal, Ottawa, and Toronto are named as MSM outbreak areas (Gratrix et al., 2007, p. 61). Yet, there are also considerable syphilis outbreaks in heterosexual communities in Edmonton, Yukon, and Winnipeg (Gratrix et al., 2007; WRHA, 2004; PHAC, 2005).

Certainly MSM have been affected by syphilis, but to allude to syphilis being contained within the MSM population is misleading. As I discussed previously in my genealogy chapter, researchers’ understandings of “modes of transmission” are drawn from dominant understandings of sexuality, sex, and gender. Heterosexual-identified MSM certainly complicated the dividing line between the gay and straight communities. My point in interrogating the bio-power of syphilis is to undermine the notion of sexually transmitted infections being synonymous with MSM or “sexual deviants.” As I have argued previously, this conflation with gay men, disease, MSM, and deviance is a recurring crystallization in my analysis of MSM discourse. These conflating and dividing practices present contradictions and reveal the multiple ways deviance discourse is used divergently. MSM are sometimes separated from gay (White) men and sometimes they are not; this is one example of the divergent use of MSM. However, no matter how MSM is used, one thing remains elusive and dominant: the “normal” people. The flipside of the deviance discourse is it situates heterosexuality in its seemingly “normal” place that is above and out of reach of such consequences of deviance.

While the *Guidelines* highlight what seems to be an extraordinary list of STIs that MSM contract, they also identify the “unsafe sexual practices” in which MSM engage:

“unprotected anal intercourse (otherwise known as bare-backing); an increase in the number of sexual partners; partner-finding on the Internet; other anonymous partnering venues (e.g. bathhouses); recreational and non-recreational drug use; and unprotected oral sex” (PHAC, 2008, p. 1). By having a separate appendix for MSM and WSW, there is no need to explain how this may be different or similar to the unsafe sex practices of those of the “norm.” By exposing the naturalness of these “unsafe practices,” I argue that it acts as another way to label those with non-normative sexes, genders, and sexualities deviant. For example, “unprotected anal intercourse” asks the reader to draw upon their stereotype of the gay male sex act. Here we extrapolate that what is inferred is that penile-anal penetration is gay male sex. This is also based upon the notion that, if gay men are “males,” they each possess an ejaculating penis. In analyzing Dowsett’s article, I discussed how condom discourse has become normalized and that readers must draw on other dominant meta-narratives. I see this example as an extension of condom discourse as well as deviance discourse.

In order to further expose some of the underpinnings in other examples of “unsafe sexual practices,” I examined how risk is constructed in the *Guidelines*. Halperin (2007, cited in Berrong, 2008, p. 44) argues “public discourses about 'the return of unsafe sex' have contributed to the repathologizing of homosexuality.” The dominant discourse of gay men’s barebacking is viewed as a deviant act as the *Guidelines* suggest. This is one example of how the study of the disease becomes about controlling and regulating populations. But to reframe this highly scrutinized sex act, Halperin affirms that risk is an ordinary part of life and gay men’s engagement of bare-backing may be a form of

abjection. “[A]bjection achieves a spiritual release from domination by derealizing its humiliating effects — by depriving domination of its ability to demean the subject;” it “offers a way of understanding the motivation of marginalized individuals without representing their acts as either intentional or unintentional” (Halperin cited in Berrong, 2008, p. 45). Viewing gay men’s engagement in ‘unsafe sexual practices’ within this framework supports the philosophy of harm reduction versus harm elimination.

Harm reduction

is an approach to policies and programs for people who use drugs [and practice other activities which require risk taking] which is directed towards decreasing the adverse health, social and economic consequences of drug use and drug distribution [and other forms of risk taking] to the individual user and the community. (CAS & CHRN, 2008, p. 6)

Having worked in HIV/AIDS in the setting I did, harm reduction is still praxis for me. Not only did I employ harm reduction philosophy and practices in my work, but I also taught harm reduction to other service providers. I was very involved in the Manitoba Harm Reduction Network planning media events to promote these principles and practices. Although harm reduction is interpreted and applied differently as it has no authority overseeing its application, my analysis of the *Guidelines* is that they take up the language of harm reduction, but ask the readers to draw upon abstinence-based ways of thinking. I expand on this point later when I discuss prevention. The idea of harm reduction and what is considered safe and unsafe is part of old harm reduction rhetoric. While the concept of “safe sex” has developed to “safer sex” to reflect that no exchange of bodily fluids is completely safe, what has not been discussed is whether there is an

alternative for “unsafe.” While safer sex discourse acknowledges the inherent risk in sex, the binary opposite to safe sex is still unsafe sex. The binary in safe sex discourse is resurrected by this lack of discursive development allowing the reader to draw on dichotomous ways of thinking about sex; that is, sex is either unsafe or safe. Effectively this undermines harm reduction principles by suggesting no risk in sex is the goal.

Further I want to disrupt the seemingly neutral language used to describe “unsafe sexual practices.” While the Canadian AIDS Society claims that “two risk factors account for the increase of HIV transmission: unprotected sexual behaviours and unsafe injection drug using practices” (CAS, 1997, p. 1), the *Guidelines* suggest there are many others. But are there really? I question what the actual risk factor is in the increased number of sex partners. Is it the frequency of sex or it is the fact that it is often conceived of as being unprotected? Is partner-finding on the Internet a risk factor or is what kind of sex someone has the risk factor? Can computers transmit STIs and HIV? Decena (2008, p. 400, italics in original) argues the risk factor of “non-disclosure” of sex partners for MSM of colour is not really a risk factor; he states, “having sex with women and men is not intrinsically risky. What matters for risk assessment is the frequency of reported *unprotected* penetrative anal or vaginal sex with a potentially infected male or female partner.” Decena’s argument clearly articulates similar concerns I share with what is conceived of as a risk factor. I question what dominant ways of thinking and constructions of deviance are perpetuated through these reproductions of deviant discourse.

Similarly, why is anonymous partnering considered to be risky? What is inherent about knowing someone's name that makes having sex with them less risky? Does naming anonymous sex venues as sites of deviancy attempt to sever and regulate non-heterosexual space? As typically "gay" spaces, I argue that bathhouses exist on the margins of society because of homophobia and sex surveillance. With the *Guidelines* claiming that these spaces are part of unsafe sexual practices, these spaces are marked with another layer of deviant status.

Decena (2008) discusses the role of compulsory disclosure of risk factors in reducing sex risks. Similar to my arguments, he argues that there are several flaws in what is viewed as a risk factor. His critique of public health pressures for MSM of colour to disclose their sexual activities to their female sexual partners suggests that the intended consequence of this act is to effectively "*quarantine* them from heterosexuality" (Decena, 2008, p. 403, italics in original). His argument suggests the heteronormative and homophobic nature of the material consequences of MSM discourse; if a non-gay-identified MSM, especially if he is a person of colour, transgresses the acceptable lines of heterosexuality, he will be exiled from heterosexuality when he attempts to return and marked as deviant to justify his ostracization from the norm. This goal of quarantine, to use Decena's phrase, even occurs within the *Guidelines* section on epidemiology. While MSM of colour may be quarantined from heterosexuality, similar consequences are intended for HIV-positive MSM. The *Guidelines* suggest that the "lack of knowledge of their own and their partners' STI status, including HIV, is a concern" (PHAC, 2008, p. 1). To extend Decena's quarantine argument, abstinence discourse emerges again to

suggest that if HIV-positive MSM were to disclose their status to their sex partners that it would effectively quarantine them to celibacy. This idea of quarantining HIV-positive people is one of the original tenets of AIDSphobia, which is tied to homophobia and heteronormativity.

The idea of eliminating certain bodies from “public spaces” is articulated throughout Kawash’s (1998) discussion of the homeless body as the “material counterpart to the phantom public” (p. 322). She argues that “the exclusive nature of the public is produced and secured by materially blocking the bodies of those deemed undesirable and illegitimate” (Kawash, 1998, p. 323). While homeless people and people who use bathhouses are not mutually exclusive or completely inclusive groups, I think her ideas have relevance to the discussion of space and regulation in MSM discourse. The *Guidelines* declare bathhouses deviant spaces or, at very least, unsafe and risky places. In addition, taking up Decena’s quarantine argument, MSM are to be removed completely from the public domain. Effectively, this divides these spaces from worthy public spaces fit for normative people. As in the early newspaper articles of the 1980s, homosexuals, or those who have sex with other members of the “same” sex, specifically those who contracted the “gay cancer,” are effectively excluded from the public not only figuratively, but also literally (see Altman, 1981, Kinsolving, 2005; Robertson, 2002).

The *Guidelines* list “recreational and non-recreational drug use” as another “unsafe sexual practice” in which MSM engage (PHAC, 2008, p. 1). While drug and alcohol use have been linked to people consenting to forms of sex including unprotected sex to which

they would not normally consent (Norris, Kitali & Worby, 2009), using substances in and of themselves is not a risk. Further, what puts people at risk of HIV and Hepatitis C when using substances is the sharing of drug tools such as straws, spoons, needles, and such (CAS & CHRN, 2008, p. v). How the *Guidelines* limit the discussion of what risks specifically are reinforces dominant ideas of homophobia and deviance. Enumerating how many “risk factors” MSM engage in solidifies their deviant status. Further, by linking drug use to bathhouses and other deviant spaces, the reification of deviance becomes more ingrained and harder against which to argue. At this point in the *Guidelines*, the reader is complicit in understanding deviants through their sex behaviours, spaces, and drug use.

Yet, health care providers reading this document are not the only ones susceptible to the discourses deployed here. In fact, deviant discourse is so well integrated into society that even the people who are subjugated by it are complicit in employing it themselves. The *Guidelines* cite that one reason for the “increase in unsafe sex practices among HIV-infected MSM has been attributed in part to the increasing proportion of HIV-infected MSM who feel healthy, are living longer, and are therefore having sex more often and with more partners” (PHAC, 2008, p. 1). While this statement may seem mundane, what I find interesting about it are the layers of class, race, and AIDSphobia embedded within it. First, this information presented here comes from interviews conducted with HIV-positive men in the *Ontario Men’s Survey* (PHAC, 2008, p.1). It is HIV-positive MSM who cite their own reasons for engaging in these “unsafe sex practices.” While we often conceive of AIDSphobia as blatant discrimination against people with HIV/AIDS, I argue

that this may be an example of internalized AIDSphobia because the implication of this statement is that they should have been dead.

While HIV was seen as a “death sentence” in the 1980s and early 1990s for gay (White) men, access to anti-retroviral and Highly Active Anti-Retroviral Treatment (HAART) shifted HIV from being a death sentence to becoming a manageable chronic illness – but only for some. In North America, race and class are two significant markers as to whether or not one will be privilege enough to receive such treatment (In The Life, 2008). When I left the clinic in 2006, a new HIV drug had just been released on the market that cost \$30,000 per month, clearly a drug unattainable to many people. On average, HAART costs between \$12,000-\$20,000 USD annually (Gonzalo, Goñi, Muñoz-Fernández, 2009, p. 83). In my experience, even though the government pays for the medication for people on social assistance, government-sponsored refugees for their first year in Canada, and Indigenous people with status, those who access provincial drug programs still struggle with paying deductibles. These subsidized drug programs have various limitations (some on the annual allowable cost of prescriptions) and specific requirements (paying an annual deductible all at one time) that make it difficult for people who are working poor, on Employment Insurance, or on Canada Pension Plan, who require this type of medication to obtain it.

Access to HAART and other life saving medications is only one example of how class has affected the perception of AIDS being a manageable chronic illness. However, access to health care, safe and affordable housing, healthy food, and sustainable amounts

of income are greater issues that significantly shape the quality and length of life of someone living with HIV/AIDS. Sadly and unjustly, issues of poverty disproportionately affect Indigenous people and people of colour in Canada due to colonization and systemic racism. So while gay White men are living longer with HIV/AIDS, Indigenous people in Canada are not necessarily experiencing the same effect. The 2006 census reports that 3.8% of Canadians self-identify as Aboriginal, yet Aboriginal people represent 9% of new HIV infections in 2005 (PHAC, 2009a). What is more astounding and perhaps speaks more profoundly is that Aboriginal people comprised 24.4% of AIDS cases reported in 2006 in Canada (PHAC, 2009a). In my analysis of these numbers, this shows the significantly disproportionate rate of Indigenous people who progress from HIV to having AIDS. To me, the statement in the *Guidelines* attributing healthier and longer lives to HIV-positive MSM clearly articulates this from a White, middle-upper class gay man's experience.

While "living longer" is articulated from a privileged position, MSM's sex drive continues to position them as deviant. Khan (2001) speaks to the insatiable male libido in his work regarding men's constructions of their need for sexual "release." Although the *Guidelines* do not explicitly suggest that MSM have uncontrollable sexual desires, it repetitively uses words and phrases such as "*increases* in unsafe sexual practices," "*increase* in number of sex partners," "*increase* in risky sexual practices," "*increasing* proportions of HIV-infected MSM ... having sex *more* often and with *more* partners" (PHAC, 2008, p.1, italics added). The phrase "increase in multiple sex partners" is used numerous times. All of these quotes, in fact, are used multiple times on the first page.

This emphasis on “multiple partners,” “increases,” and “more” suggests that MSM have an insatiable sex drive; they will have sex in unsafe ways regardless of the costs to themselves, others, or society. What is left unsaid here is what measures MSM do take to prevent the spread of STIs and HIV.

Finally, I want to examine the WSW sexual contact with MSM in the epidemiology section. By now, I am sure we – the fags, dykes, queers, trannies, generally all of us deviants – have “them” (concordantly straight and narrow “normal” people) thoroughly confused. I can almost hear them asking: Why are “gay men” having sex with “lesbians?” Perhaps the reader is asked to draw upon the discourse of unquenchable male libido. Or perhaps the reader calls into question the authenticity of WSW and MSM’s self-identity; after all, there is a conflation of MSM and gay (and, as an afterthought, WSW and lesbian). However, what is made explicitly clear in the *Guidelines* is that WSW are deviant as well. Through similar deviant-making tactics, WSW are constructed as disease-infected, promiscuous, drug users and sex workers.

What I am particularly curious about is the comment: “STI risk behaviours among WSW have demonstrated higher rates of sexual contact with homosexual/bisexual men” (PHAC, 2008, p. 2). The positioning of this statement is at the end of the paragraph, but at the beginning of the list of what deviant behaviours WSW engage in. I argue that because MSM have already been well established as deviant, that beginning this catalogue of other deviant behaviours constructs WSW as deviant by their association to MSM. I suggest while this act of WSW and MSM having sex together seems

unfathomable to many, if Califia (2000, p. 159) “had a choice between being shipwrecked on a desert island with a vanilla lesbian and a hot male masochist, [she¹]’d pick the boy.” I would also like to trouble this divisive line not only between MSM and WSW, but also between sex and gender. If a trans man has sex with a female-bodied dyke, is that a man having sex with a woman or are two “females” having sex? Or is it a trans guy having sex with a lesbian or is it something else? I hope my questions expose the complexity of sex, gender, and sexuality. I further explore these ideas in my discussion chapter.

Prevention: Personal Risk Discourse

With an air of universality, the *Guidelines* describe what to emphasize when discussing STI prevention with MSM. By stating “as with all populations” the *Guidelines* do not seem to single out the deviants (PHAC, 2008, p. 2). However, my intention is to illustrate specifically how MSM are divided from the norm and how they are held responsible for spreading STIs and HIV. With statements as noted above, I interpret these kinds of marginal attempts at employing universal prevention as suspect. I am skeptical because while the prevention protocol refers to applying these practices equally across all populations, MSM have been ostracized to an appendix not only within this document, but generally within dominant society. Why create universal *Guidelines* and then divide and separate dominantly understood deviant groups into sections at the back

¹ This quote is taken from Pat Califia’s 2000 anthology where this original piece was written in 1979, when the author identified as a lesbian. I am making this note to convey no disrespect to the author’s “change in social gender” by using female pronouns in this quote (Califia, 2000, p. x).

of the document? In my analysis, the *Guidelines* deploy neoliberal discourses of equality to facilitate the deployment of deviant discourses.

“It is important for health care providers to avoid making assumptions about involvement in risky behaviours, including drug use, based on sexual orientation” (PHAC, 2008, p. 2). With a statement like this following the epidemiology section, I have a hard time understanding how anyone would NOT make assumptions about MSM and their deviant ways. Again the reader is invited into neoliberal discourses (this time of non-discrimination) while trying to resist the temptation to do draw conclusions about a patient’s sexual orientation. Here the reader may be curious about the idea of “sexual orientation” as it is the first time this phrase is used. Previously, the discussion revolves around sexual practices and self-identity. Are the *Guidelines* referring to a patient’s self-identity? Pathela et al. (2006) argue a patient’s self-identification is not a good marker for reporting their sexual behaviour. Or are the *Guidelines* asking the reader to make their own objective assessment of how to classify the patient’s sexuality? Either way, I argue that the reader is asked to participate in the conflation of sexual behaviour and sexual identity. As well, this effectively reifies sexual orientation as something innate by either of the questions that I have posed. This is done similarly to how authors of the articles described in my genealogy chapter deployed the discourses of sexual orientation’s naturalness.

The *Guidelines* also deploy abstinence discourses guised as harm reduction. While the goal of harm reduction is to reduce harm by minimizing risk (AFM, n.d.), some harm

reduction philosophy still advocates the goal of abstinence (Futterman et al., 2004). In terms of sex education, abstinence-based harm reduction practices are generally directed towards teenagers, specifically girls (O'Brien, 1999, p. 137). O'Brien exposes the links between deviance and sex education for girls. She argues that "subjugated knowledge is the diverse sexual knowledge of young people and the knowledge developed by marginalized communities such as ... gay men" (O'Brien, 1999, p. 139). O'Brien's argument situates both youth and gay men as possessing, what Foucault calls, subjugated knowledges as well as being constructed as deviant when engaging sex acts. Although age is a major difference between these two groups, I argue that the messages from health care providers, including social workers, is similar and clear: do not engage in sex because if you have sex, you will cause problems. I suggest that the undercurrent of the *Guidelines* is not to prevent the spread of HIV and STI, but is rather to control and limit sex that deviants have with the ultimate goal being abstinent.

While this may seem like a strong position to take, I draw this conclusion from the language used in the prevention section. Within a heteronormative framework, monogamy prevails between a man and a woman. It is understood that they will exchange bodily fluids in order to produce offspring. This is an acceptable form of sex, one that is seen as normal. However, when it comes to MSM in the *Guidelines*, I question if there a time or place where it is "acceptable" to share bodily fluids with a sex partner. While heterosexually behaving people are expected to exchange semen and vaginal fluids to breed, it is clear in deviant discourse that MSM and WSW are expected to "avoid," "minimize," "ensure use of barriers," and be regularly tested for STIs "if

engaging in unprotected or risky sexual activity” (PHAC, 2008, p. 2). MSM sex is heavily regulated, monitored, and prescribed. Adherence to “expert-authorized knowledge” (O’Brien, 1999, p. 138) is absolutely necessary. I argue this constitutes surveillance of the deviants. I discuss this further in my final chapter.

Another reason why I think the *Guidelines* skew harm reduction philosophy is because of their emphasis on the individual. Harm reduction efforts seek to provide resources and services to people “without discrimination, prejudice or negative judgement [sic] and that the quality of those services will not be compromised because of discrimination, prejudice or negative judgement” (CAS & CHRN, 2008, p. 6). Yet, in addition to providing individual services, harm reduction also “tackl[es] issues which society has chosen to criminalize, demonize or ignore, that is, the use of drugs. This can be achieved through advocacy by and for users, health entitlements and rights, access to services, drug policy and reforms, etc.” (CAS & CHRN, 2008, p. 7). This tandem approach has always been central in my understanding and practice of harm reduction.

Instead of a similar application of harm reduction in the *Guidelines*, I see the discourses of individualization of risk being employed. Health care practitioners are instructed to “emphasize personal risk” (PHAC, 2008, p. 2) with minimal attention to any other influencing factors.

To be most effective, safer-sex messaging should not be a discussion of sexual risk alone, but one that takes into account the broader context of sexual health influences, including intimacy; sexuality and arousal; drugs and alcohol; mental health, including self-esteem and self-

worth; abuse and coercion; and sexual identity. (PHAC, 2008, p. 3)

The only factors discussed are those that apply to the realm of the individual. This individualized risk discourse draws upon ideas that the source of all problems can be located within the individual. We can begin to see the connection between neo-liberal risk discourse and individual responsibility discourse. This approach in social work theory and practice is keenly tied to ideas rooted in modernist ideas of psychology. “Traditionalists or proponents of the maintenance school of social work have worked with individuals in the hopes of getting them to adopt accepted social norms, and pathologizing them when their endeavors fail” (Dominelli, 2002, p. 85). Individualized risk discourse nullifies and ignores any possibility that systemic forces of oppression are at play; this is a significant divergence from harm reduction principles. Instead what is proposed to address these “broader” concerns is to engage the patient in “motivational interviewing” to prevent them from engaging in risky sexual activities (PHAC, 2008, p.3). While this approach may be useful in a clinical exam room, it solidifies the individual as the problem; thus, it defines the patient as deviant for “choosing” to engage in such risky behaviours.

Yet another way individualized risk discourse compounds deviant discourse is through the deployment of advising patients to disclose their STI, including HIV, status to their sex partners (PHAC, 2008, p. 3). While this seems to be the only ethical thing to do, the decision to do so and right not to disclose are absent from this discussion. The *Guidelines* do not reference case law regarding the duty to disclose one’s HIV status. Before 1998, people who knowingly infected people with HIV and other STIs were

considered to be a risk to public health and were therefore dealt with through the public health authority. From my work in the field of HIV, I know that public health officials could use progressive measures to address these concerns. However, in the 1998 case of *R v Cuerrier*, the “Supreme Court of Canada unanimously decided that an HIV-positive person may be guilty of the crime of ‘assault’ if they do not disclose their HIV-positive status before engaging in unprotected sexual activity” (Elliot, 1999, p. 6). The implications of the *Cuerrier* case have greatly affected not only people living with HIV/AIDS, but also how health care providers view their legal responsibilities and ethical duties to impress upon their clients the necessity to disclose their HIV status. Several of these implications are: first, it eliminates the individual’s right to not disclose; second, it places the burden of responsibility on the individual and reinforces Decena’s (2008) argument about abstinence quarantine; and third, it solidifies MSM as not only sexual and substance deviants, but also criminal deviants.

The effects of the *Cuerrier* case emphasized the responsibility of health care professionals to pressure clients to disclose their HIV status to their sex partners. In short, I interpret this as another mode of deviance surveillance, namely policing. “The current state of the law regarding criminal liability for non-disclosure of HIV-positive status has largely been developed in the context of unprotected sexual activity” (Elliot, 1999, p. 32). In my view, people who share needles were excluded from the gaze of the courts only because they were seen as unworthy. The Supreme Court ruled that

where sexual activity poses a ‘significant risk of serious bodily harm,’ there is a duty on the HIV-positive person to disclose their status. Where this duty exists, not disclosing may constitute ‘fraud’ that renders a sexual partner’s

consent to that activity legally invalid, thereby making the otherwise consensual sex an ‘assault’ under Canadian criminal law. (Elliot, 1999, p. 1)

In my professional experience I worked with several people who were criminally charged based on the ruling of this case, often with aggravated assault charges. One thing I find fascinating about this is that the complainant does not have to have contracted HIV, but rather just being exposed to it is sufficient enough for someone to be charged criminally. However, the Court also declared that the use of a condom reduced the risk of “harm that it could no longer be considered significant so that there might not be either deprivation or risk of deprivation [i.e., harm or risk of harm].” (*R vs. Cuerrier* cited in Elliot, 1999, p. 14). In addition, “The judgment is clear that this standard is also “sufficient to encompass not only the risk of HIV infection but also other sexually transmitted diseases which constitute a significant risk of serious harm” (Elliot, 1999, p. 14). In short, if an HIV-positive person used a condom during “intercourse” this would allow the person to not disclose HIV while legally being within their rights and thus, not vulnerable to criminal charges. The *Guidelines* advocate for full disclosure regardless of the situation, this goes above what criminal law requires. While this may be commendable, it negates the complicated realities of people’s lives, sex relationships, and the stigma of living with HIV. It also takes up condom discourse which constitutes what sex is and who engages in “intercourse.” My point is that engaging in duty to disclose discourse revolves entirely around the condom (read: the penis), and criminalizing and individualizing people with HIV.

As I mentioned earlier, Decena (2008, p. 403, italics in original) argues that the intended effect of MSM disclosing their sex acts with other men to their female sex partners would

effectively “*quarantine* them from heterosexuality.” I argued that the discourses deployed in the *Guidelines* go even further by subtly advocating abstinence for MSM. In Decena’s work, he emphasizes the effects of MSM disclosing to their female sex partners (articulating the expected homophobic response from the women); however, the *Guidelines* suggest disclosure to all partners where AIDSphobia would be the intended reason for ending any potential sexual activities (PHAC, 2008, p. 3). While quarantining people with HIV has been discounted as an inappropriate, or at least socially unacceptable, public health response to the AIDS epidemic (Bayer & Fairchild-Carmno, 1993, p. 1471), the *Guidelines* employ the discourse of surveillance by covertly pushing for quarantine. Jail could arguably be seen as another form of quarantine, at least away from “respectable” society. What I think this ruling also speaks of is obviously the criminalization of HIV exposure, but also subtly the idea that the person with HIV is the danger. What if in every sexual encounter we all assumed we were going to be exposed to STIs or HIV, would that shift dominant discourses of HIV and the criminalization of HIV transmission? While I agree that people who knowingly infect others commit a serious offence, I question whether shifting the frame of reference would be more valuable and decrease AIDSphobia. Universal precautions are a set of protocols used in health in order to protect against disease. It assumes that everyone is a potential source of infection. I think that this line of thinking would be more useful in preventing STIs and HIV transmission rather than the discourse of individualizing HIV transmission. However, the *Guidelines* pursue dominant discourses of surveillance and individualization in order to mark the sexual deviant as criminal as well - all the better reason to lock him up and throw away the key.

The final idea I want to highlight in the prevention section is that “intercourse” and “sex” is code for (insert type of orifice)-penile sex. Other sex acts described in this section refer to “sexual activities” if they do not centre on a penis. For example, “avoiding or minimizing unprotected anal, vaginal, oral, and oral-anal intercourse; in addition to intercourse, minimize other sexual activities involving exchange of bodily fluids (i.e., sharing of sex toys), which also carry risk for STI transmission” (PHAC, 2008, p. 2) suggests the invisible dominance of the penis. Note that “oral-anal intercourse” is the only example that describes which two body parts are involved in the sex act; otherwise it is assumed that the penis is doing penetrating. The phrase “other sexual activities” suggests that the use of sex toys possibly as the penetrative tool is demoted and is not considered “intercourse.” I see the discourse of phallogocentricity at work in the *Guidelines* when prescribing prevention techniques. The implications of this action for exposing the sex and gender of MSM are very useful for me. As I discussed in my genealogy chapter, phallogocentricity renders the penis as central to defining masculinity, maleness, and manhood. Further discussion of phallogocentricity is continued in the following chapter.

Evaluation as Regulation

Neoliberal ideology translates into a fantasy of exchange where sexual partners interact as rational, autonomous actors who understand the options available and the languages spoken, who share equal power in their relationship to one another, and who make decisions understanding that each one is responsible for his own choices. This presumed equality of access to power and available choices extends to the performance of sexual roles and to the exchange of power in sexual encounters: all

of these are framed as individual choices. (Decena, 2008, p. 407)

Decena clearly articulates the way neoliberalism works in sexual health discourses. His idea that these discourses presuppose each person's equality and autonomy are central to the construction of individualizing risk discourse. He situates the way in which individuals are called into this discourse and the ways in which they are required to act. The *Guidelines* perpetuate individualized discourses of risk by now engaging service providers in the power relations not only by "encouraging" patients to self-regulate their own sexual encounters, but also by evaluating the effects of this self-regulation. Health care providers question patients and conduct examinations to evaluate patients' risk for HIV and STI transmission. I will expose the ways in which neoliberalism is reproduced within the *Guidelines* effectively to impart individualized risk discourse, convey service provider responsibility, and compound gender binary thinking.

The evaluation section of the *Guidelines* begins by centring MSM and WSW's experiences of homophobia and discrimination in health services and requiring service providers to "avoid assumptions of heterosexuality" (PHAC, 2008, p. 4). Although this effort is commendable, it cites the problem of heterosexism solely as the individual responsibility of the service provider and outside any systemic factors. By naming the health care provider as the perpetrator of these social ills, the way that oppression works through institutions and society is made invisible. Thus, this construction also reinforces the innocence and objectiveness of the *Guidelines* themselves as being free of such prejudice. Perpetuating the discourse of individualized heterosexism and homophobia allows the *Guidelines* to offer practice advice on how to circumvent "assumptions of

heterosexuality” by suggesting “the best [and simple] approach to obtain a sexual history is to begin the open-ended, non-judgmental questions regarding broad categories of sexual behaviours and progressing to specific sexual practices” (PHAC, 2008, p. 4). Not only does this make the health care provider complicit in this individualized discourse, but it also negates the potential of any other causes or possibilities for other effects of homophobia in health care. The health care provider is brought into individualized discourses of sexual health as an actor where their role is to evaluate, survey, and monitor. Within Foucauldian terms, I argue that these acts replicate surveillance and regulation.

Foucault’s (1978, p. 139, italics in original) concept of “biopolitics,” as an “entire series of interventions and *regulatory controls*,” is useful here to expose the workings of power on the body and the development of risk discourses. Overtly citing a group of people as the source of a problem is socially unacceptable, so the subtle development of locating risk factors is manifested in its place.

Contemporary biopolitics involve the use of various technologies to make known, treatable, and manageable those bodies and collectivities where high risk are located ... the proliferation of ‘risk profiles’ based not on the dangers represented by specific people or groups of people but on calculations of anticipated risks and dangers. (Decena, 2008, p. 408)

Health care providers are asked to judge risk factors rather than impose heterosexist assumptions on their patients. This act is seen as justifiable and free of any discrimination because it locates the problem within the sex acts in which people engage rather than “who” they are as a person. I deliberately call personhood into this discussion

as I have discussed the positioning of sexuality as a natural category that is intrinsic in understanding “who” someone is. These discourses of individualizing practice, which call in health care providers, and risk, which calls in patients, solidify to the force of sexuality naturalization discourse. These discourses work effectively together to reinforce each other’s claims of objectivity, neutrality, and omnipotence.

In addition to their role as evaluators of risk factors in patients, health care providers are complicit in surveying sexual health practices. In Foucault’s discussion of the panopticon (Chambon et al., 1999, p. 276), through the illusion of constant surveillance, prisoners begin to self-regulate their behaviour. In the application of the panopticon to sexual assessments, health care providers act as authoritative prison guards by instigating the need for patients to self-regulate their sexual behaviour. “The expectation of disclosure ... points to the entrance of surveillance into the intimate sphere” (Decena, 2008, p. 404). While Decena argues that this is within the sphere of sexual/romantic relationships, I argue that any expectation of disclosure begins the entrance of surveillance, including with health care providers. The interaction between patients and sexual health assessors is riddled with judgment, however, most often cited as evaluation of risk. The health care provider becomes complicit in the surveillance of deviance looking for clues of risky sex, all the while being subjects of the gaze within the panopticon themselves as they are viewed by regulatory boards, unions, and professional associations (Devine, 1999, p. 254).

Through the practice of collecting a patient's sexual history, the *Guidelines* argue the necessity of "ask[ing] specific questions about the gender of sexual partners" (PHAC, 2008, p. 4). With the opening question "Do you have sex with men, women, or both?" (PHAC, 2008, p. 4), I begin to see the re-crystallization of discourse of dominant binary understandings of gender. Three specific problems with the staple question proposed in the *Guidelines* are: first, it assumes that the health care provider can assess the gender and sex of the patient's social presentation; second, a one-word response will also clearly articulate the body of the patient's lovers; and third, these assumed understanding drawn from these prior assessments I mentioned allow the practitioner to begin to draw conclusions of the kind of sex they have based on patients' genders and assumed physiologies. Gender becomes constructed not only as natural (similar to the biological understanding of sex), but also its categories are assembled as distinct and separate. The "sex" of one's sexual partners is not in question at all, therefore reifying the two categories of sex and gender as synonymous to each other. Again, the repetition of previous ways of describing sex as passive or active and penis-centred, i.e., sex is only sex when it involved a penetrative penis, is reproduced in this section. Effectively, they draw on discourses deployed in the epidemiology section and are used to construct gender in a linear and definitive manner where only "men" and "women" exist. In addition to drawing on these discourses, multiple deviance discourses such as "anonymous partnering and use of anonymous partnering venues," "substance use," and "intravenous drug use and other substance use" (PHAC, 2008, p. 4) are employed to "represent risk *simply by being an MSM*" (Decena, 2008, p. 404, italics in original).

A divergent discourse that arises in the evaluation section is fiscal responsibility. Health care in Canada has come under significant critique for being fiscally irresponsible and greater surveillance and reporting is a common recommendation used to rectify this situation. Neoliberalism in the form of concern for cost effectiveness of services is at the heart of this emerging discourse. The *Guidelines* take this up by suggesting “assessing whether screening in certain situations is cost-beneficial;” only “complete and appropriate diagnostic testing [should be] conducted if symptoms are present;” and assuring practitioners’ “choice of STI diagnostic tests should be based on the differential diagnosis of the presenting syndrome” rather than protocol for screening testing (PHAC, 2008, p. 4-5). Again the health care provider is drawn in to be complicit the discourse of individual responsibility, but this time, fiscally responsible too for the spending of treasured public health care dollars. This discourse is pursued in the following sections on specimen collection and lab diagnosis as well.

Fiscal Responsibility Justified

The following portions of the *Guidelines* are related to a very medicalized protocol, which structures how health care providers should collect specimens (blood, urine, feces, etc.) to send to the laboratories for testing. While it heavily engages in medical rhetoric and instruction, the discourse of individualized fiscal responsibility emerges. As in the evaluation section, health care providers are directed to conduct only certain tests based on their evaluation of the symptoms, disclosure of particular activities (such as unprotected penile-anal intercourse), and understanding of infections. While this seems to be a benign part of the *Guidelines*, it highlights the neoliberal discourses of

privatization and increased individual responsibilities to benefit the market economy that erode the public health care system thus, decreasing people's access to it.

Having worked in an HIV/STI clinic, I remember the years of advocacy done by one of our primary doctors for a multi-break table. His "specialty" was the diagnosis and treatment of anal warts, an STI. However, his ability to conduct the examination in order to thoroughly examine the patient's anus required a table that was flexible enough to place the person in multiple positions for close examination. I remember the many discussions not only with management emphasizing the necessity of such a piece of equipment, but also the years of advocating and justification needed in order to obtain this item. I also remember it being extraordinarily expensive. While this example begins to show the penny-pinching that goes on between community health clinics and regional health authorities, it seems to be a rare example of how clinicians are not able to access the tools they need in order to conduct "careful genital and targeted extragenital examination[s]" (PHAC, 2008, p. 5). However, I also remember numerous HIV positive clients who were required to come to Winnipeg from their northern or even rural communities for regular viral load monitoring. Viral load testing counts how much of the virus has replicated in someone's blood and is used as a marker of health and disease progression. Because it was necessary for the blood to be sent to the laboratory immediately after it was drawn, this test could not be conducted outside of Winnipeg. While I understand the fiscal decision not to have labs throughout the province, I also see how the inconvenience and stress of traveling into the city is the burden of the client, not the system. These two examples highlight for me how the neoliberal discourse of fiscal

responsibility requires that burdens be off loaded onto individuals because it is their responsibility to avoid risk and if they fail to do so, they must individually bear the consequences.

Management, Treatment and Homonormativity

While the management and treatment section of the *Guidelines* consists of merely two points, it is the second point, which I interrogate in depth. I previously critiqued the first point, which is the “same as for all patients:” if MSM and WSW are to be treated the “same” as “all patients,” why is there a separate and distinct section about them? The second point refers to advising service providers of the necessity of connecting MSM and WSW with “gay- and lesbian-specific support groups and community networks for referrals” because of the “stress associated with ‘coming-out’” (PHAC, 2008, p. 5). While this practice seems supportive, I concur with Decena (2008, p. 407) in that “the current appeal of coming out in its link to mainstream gayness in the USA is compatible with neoliberal governance and its emphasis on entrepreneurial, atomistic, responsible, self-regulating, and, self-reflective citizens.” In addition, he argues, “psychological deficiency, and not political or sexual dissent, has been used to explain the behaviour of people who cannot or will not come out” (Decena, 2008, p. 406). The pathologization of those resisting dominant understandings of sexuality, namely hetero and homo, is re-deployed effectively to discount and make them deviant. This time, instead of deploying the homosexual species, MSM have become the new unacceptable sexuality through their transgression against heterosexuality and their simultaneous rejection of White gay identification. The perpetuating usage of “coming out” reinforces dominant ideas of homosexuality (Kosofsky Sedgwick, 1990) and is a form of reverse discourse as it

reproduces heteronormative, White, middle-upper class, educated gay men's experiences thereby constituting homonormativity. While homonormativity is the little brother of heteronormativity, this concept does little to disrupt the overwhelming hegemonic understandings of race, class, sex, gender, and sexuality. In fact, by referring MSM patients to gay-specific support groups, the *Guidelines* have erased the differences between MSM and gay men by deploying this conflating homonormative discourse.

Conclusion

Through a thorough analysis of the *Guidelines*, I have demonstrated the recurrence of multiple discourses at work that compound their effects to regulate MSM and their sex acts. Discourses of multiple forms of deviance, neoliberalism, and homo- and heteronormativity underpin the ideology of this clinical practice guideline. In my discussion chapter, I further examine how these discourses need one another to construct a coherent ontology which fixes gender and sex as one identity while reifying the polarity of the two categories within them, men and women. I discuss how these notions are constructed upon one another in order to make invisible particular subjectivities, experiences, and identities in order to maintain hegemonic tyranny of binary constructions.

CHAPTER 5: DISCUSSION AND CONCLUSION

In this chapter, I render visible the ways in which MSM discourses are used to erase trans, intersex, and two-spirit people. I show how the discourses I highlighted are deployed again in hegemonic ways to construct gender and sex in specific ways to do specific actions. These actions have deadly consequences for those who fall outside of its borders. This chapter focuses directly on the section of the *Canadian Guidelines on STI*, or the *Guidelines* as I refer to them, which speak explicitly about men who have sex with men. Although other pieces of the *Guidelines* do refer to MSM, this section addresses MSM's seemingly unique and divergent clinical sexual health needs. I expose how the multiple discourses of deviance, surveillance, and neoliberalism re-emerge in the *Guidelines* to fortify the hegemonic understandings of sex and gender in MSM discourse.

Deviant Discourses

Throughout the HIV epidemic, deviant discourses have been used to ostracize and exclude people, to keep them from being seen as the “innocent victims” of AIDS. The conflation of homosexuality and AIDS reified modern concepts of deviance with those that are diseased. While MSM discourse attempts to extract men who have sex with men from that construction, the term consistently reaffirms MSM with the diseased. The *Guidelines* deploy deviant and diseased discourses by citing MSM's prevailing list of STIs. Yet, this diseased discourse is not the only discourse engaged to enlist MSM as deviants. Discourses of sexual deviants, spatial deviants, and criminal deviants solidify MSM as abnormal and as outcasts.

While these discourses are drawn upon in divergent ways that also divide groups of deviants into those who are heroes and those who are culprits, the irresistible force of the deviant discourses enwraps all its subjects with various inescapable effects. Often these effects are compounded systems of oppression that reinforce hegemonic dominance through structures of race, class, nationality, imperialism, and colonization. Indigenous, African-American, and Latino men who reject White, Western constructions of gay identity and the gay community are not only made deviant through homonormativity by the “gay community” as noted in Dowsett’s (1990) article, but also through heteronormativity deployed in the *Guidelines* as well as in Pathela et al.’s (2006) and Glick et al.’s (1996) articles. The overpowering nature of heteronormativity demarks MSM as deviant based on their sexual transgressions.

In addition to the obvious form of sexual deviance (engaging in “homosexuality”), MSM discourse constructs these men as deviant through refined tactics deployed on their sexual behaviour, which are cited for spreading STIs and HIV. Engaging in “barebacking,” not disclosing STI or HIV status, having multiple sexual partners, and such compound the sexual deviant status of MSM.

Criminal deviance has also been employed in MSM discourse. The relatively recent prosecution under the Criminal Code of people living with HIV has increased likelihood of viewing MSM as deviant. In addition, connections drawn to MSM’s engagement with illegal substances, the criminal aspect of MSM’s deviance has been further solidified through this intense level of surveillance.

Not only do the kinds of sexual activities in which MSM engage solidify their deviant status, but also where they have sex implicates them as deviant. They are spatially regulated, monitored, and policed by researchers, public health authorities, and law enforcement. Researchers monitor the Internet, which is cited for its perpetuation of risky sex practices (Klein, 2009). HIV prevention outreach teams target MSM in clubs to intervene in impending risky sex liaisons (Salcedo, 2009). Bathhouses are notorious for being places of ill repute and are therefore often raided by police for their suspected illegal or disreputable sex activities (Hislop, 2000; Haubrich, 2004). Naming these places as deplorable sites along with these acts of surveillance add to reifying them as deviant spaces.

Surveillance of Deviants

While numerous deviant discourses are deployed to construct, compound, and reify MSM's status as deviants, this is only possible with the hyper focus of surveillance by various experts. By establishing themselves as the "knowers," researchers, public health authorities, and health care providers generally situate themselves outside and above deviance. MSM become constructed as objects of study and are therefore subjected to surveillance through technologies of monitoring, prescribing, regulation, policing, and enforcement. These methods are clearly deployed in the *Guidelines*.

In clinical care, monitoring of MSM is conducted through individual HIV and STI testing, physical examinations, and on-going medical follow-up. The *Guidelines*

advocate health care providers employing these tools to benefit not only individual health, but also public health (PHAC, 2008). HIV and STI prevention techniques include promotion of condom use, which speak to the prescriptive nature of surveillance. Health care providers are called on to assess STI risks. By encouraging clients to “come out,” practitioners are complicit in regulation of acceptable sexual identities (Decena, 2008, p. 405). Decena (2008) argues that expecting people to disclose is the beginning of surveillance of the intimate and sexual spheres. This push for monitoring becomes self-regulation that requires individuals to continue its work beyond the clinical intervention. Policing and enforcement by health practitioners, health authorities, and law enforcement are the consequences of not subscribing to such self-regulation, a result of “the state’s carceral machinery” (Epstein, 1999, p. 8). Via public health interventions, quarantine, jail and such are measures used to enforce the social and health breaches of deviant MSM. Where heavy surveillance maintains control over sexual deviants, it also maintains the rigidity of the “appropriate” sex and gender of MSM.

Neoliberal Discourses

Multiple neoliberal discourses are deployed through the *Guidelines* through aligning hegemonic usages of sex, gender, and sexuality. Couched in the discourse of equality, a liberal idea, “all patients” are to be treated the same (PHAC, 2008). Fighting against homophobia, the discourse of individual responsibility is used to hold individual health care providers responsible for increasing access to care for gay and lesbian patients. Through individualized risk discourse, people are “rational actors who make choices in a free market of available options and who are therefore responsible for their behaviors”

(Decena, 2008, p. 407). Although Decena writes about health care in the United States, the *Guidelines* still promote and perpetuate the neoliberal ideas of fiscal responsibility within the public health care system. By arguing for decisive selection and sound reasoning for the choice of test requisitions as well as asking health care practitioners to engage in a cost-benefit analysis of their assessments, the discourse of fiscal responsibility rears its head. The multiple deployments of neoliberalism in the *Guidelines* compound dominant understandings of sex, gender, and sexuality by reinforcing what is normal based on evidence-based research and proven scientific examinations.

Phallocentricity

The penis (re)emerges in the *Guidelines* through its invisible dominance in deployment of discourses of active/passive sex, condoms, and intercourse. Throughout the *Guidelines*, sex roles are described as active and passive. I previously discussed in my genealogy chapter, the heteronormative and sexist problems of describing sex in this way. Effectively, this descriptive method structures sex to be centred on who is penetrating with a penis and whom the penis is penetrating, all the while without naming the phallus. This exposure of the invisible nature of the phallus implies its power and dominance. Condom discourse engages in phallocentricity in a similar manner by never having to name the penis as the thing that needs to be covered. Stating that you must cover an ejaculating penis to prevent the spread of STIs and HIV, is merely implied, never stated specifically. The *Guidelines* also deploy the discourse of intercourse by segregating sexual activities from “intercourse.” By describing intercourse always in reference to the

orifice that the penis is penetrating, there is little need to describe what is doing the penetrating. However, there are “other” sexual activities, which can transmit HIV and STIs if proper precautions are not taken. It is only in these cases that more explicit care is taken to describe what steps would aid in decreasing the risk of contracting STIs. Again, by having to name specific situations that require “alternative” measures to be taken reinforces the dominance of how sex is centred on the penis. Phallogentricity explicitly highlights not only how sex, the activity, but also how sex, the biological category, is also deployed.

Discourses of deviance, surveillance, neoliberalism, and phallogentricity conveniently and effectively support one another in authoritatively constructing a definitive subject, MSM. These hegemonic discourses reinforce stable and congruent understandings of sex, gender, and sexuality. It is through the deployment of these discourses that I am able to expose how the sex and gender of MSM is constructed. One of the underlying features of these discourses is their ideological foundation in modernity and thus binary understandings. The construction of the deviant upholds ideas of respectability and normalcy while simultaneously constructing “normal” people as experts who impose surveillance upon the deviant. Neoliberalism calls people to be complicit in individuality, capitalism, and the idea of choice. Phallogentricity allows the penis to go unnamed thereby asserting its dominance through invisibility. By exposing how these discourses work on and with one another, I am able to explore how dominant understandings of sex and gender are perpetuated in the *Guidelines*.

The Sex and Gender of MSM

As I discussed in my genealogy chapter, hegemonic understandings of sex and gender are maintained through MSM discourse. Not only are sex and gender conflated, but through understanding men as people with ejaculatory penises, men are defined as one body part. MSM's identity is fixed and hardened on their penises. The *Guidelines* deploy a distinct division between men and women even based on the title of the appendix analyzed, "Men Who Have Sex with Men and Women Who Have Sex with Women" (PHAC, 2008). The two sections of this text that illuminate the separateness between men and women are: the epidemiological finding of WSW who have sex with MSM; and the evaluation question, "Do you have sex with men, women, or both?"

Through the clear severance of women and men, the reader draws on the extra discursive to explain that there are only two sexes/genders, as the evaluation question suggests. Yet, WSW who are described as having sex with "homosexual/bisexual men" (PHAC, 2008, p. 2), are not questioned with regards to their sex or gender. If WSW were named as lesbians, would this shift how sex and gender are deployed here? Perhaps, but likely sexuality would be further interrogated as then both lesbians and gay men would be seen as violating their deviant status by engaging in "heterosexual sex." However, if a lesbian and a gay man have sex, is it straight? Can they still claim their respective (or respectable deviant) identities? Does this act call into question their sex and/or gender? If trans, intersex, and two-spirit people are unintelligible within this framework, would they be possibly interpreted as MSM or WSW? Are their (be it WSW, MSM, lesbians, gay men, or those with non-normative sexes, genders, or sexualities) actions unintelligible as well to the "straight mind" (Wittig, 1996)?

Material Consequences of Unintelligibility

I argue that transgender, transsexual, intersex, and two-spirit people, while they may identify as men and women as well as these other identities, are unintelligible in the *Guidelines*. Through the hegemonic deployment of the above-described discourses, gender and sex are conflated and only binary options are available. MSM sex is constructed around the penis as is evident through the deployment of both condom and phallocentricity discourses. The penis therefore defines a man, so anyone who does not possess what we dominantly understand to be a penis is not, therefore, a man. This rules out trans men, transsexual males, masculine identified people, some intersex people who identify as men as well as numerous others. Effectively, on the other end of the “gender spectrum,” some transgender women, those who cross dress as women, some two-spirit women and men along with many other “women” are interpreted by their attached phallus and defined as “men.” These conflating acts not only are supported through heteronormativity, homonormativity, colonial thought, racism, and sexism, but also work so well because of the discourses of deviance, surveillance, neoliberalism, and phallocentricity. Dividing and segregating sex and gender into only two mutually exclusive categories makes those with non-normative sexes, genders, and sexualities made invisible and erased (Namaste, 2000). The effects of this are devastating as “behavioral scientists currently frame the discussion – a framing that has direct consequences in the setting of funding priorities and programmatic agendas” (Decena, 2008, p. 398).

How to Erase Those with Non-Normative Sexes, Genders, and Sexualities or What To Do Instead

My discourse analysis has exposed the ways in which some hegemonic understandings are deployed in MSM discourse. The effects of these discursive deployments render people with non-normative sexes, genders, and sexualities invisible and solidify the dominant sex/gender paradigm. While MSM was initially used to disrupt dominant understandings of sexuality, I exposed how it is fixed in the hegemonic binaries of sex and gender. With some attention to how racialization is used to solidify hierarchies within MSM discourse, I am mindful to not discount the utility that MSM has for some marginalized people, namely men of colour. This tension in MSM discourse of resisting Western understandings of sexuality and yet erasing trans, intersex, and two-spirit people is one way the effects of discourse are divergent and complicated.

While I have attempted to provide a complex analysis of various subjectivities, MSM discourse is clearly a complex network of discourses that make available some subjectivities while still ignoring others. Similarly, the effects of the discourse of gay equals White are contradictory and fluid (Bérubé, 2001), and are challenged by many people of colour who choose to identify as gay (Khan, 2000 & 2001; Robinson, 2009). Examining how race, class, ability and other systems of oppression are reproduced within MSM discourse and rely upon dominant constructions of sex, gender, and sexuality require further investigation.

I am still curious about the potential of focussing on practices rather than identity. What if sexual health guidelines did not focus on sexual identity, sex, or gender at all? How

might a focus on practice within social work shift what hegemonic understandings are reproduced? Would this make those of non-normative sexes, genders, and sexualities intelligible? How might the attention to practice still reconstitute dominant constructions of race, class, and ability?

While I believe that each person's sex, gender identity, and sexual orientation is unique, I question the value of attempting to construct fixed categories which will become universal identifiers to describe people. Are there universal definitions of queer or two-spirit, for example, which can be conveyed in sexual health practices? I would argue that this is not possible and also not necessarily desired; queer "youths' language practices may be highly localized and meanings highly individualized" (Welle et al., 2006, p. 66). I suggest that these diverse meanings embody fluidity, which make them difficult to define simply by their nature. To avoid the practice of defining and categorizing people, I suggest that further examination on the usefulness and appropriateness of focusing on sexual acts be explored.

While the *Guidelines* engage in the rhetoric of harm reduction, I argue that if they were rooted in the philosophy of harm reduction where systemic oppression and factors are also targets of change, that it would shift the discourses employed in such "clinical" practices. "Clinical" practices might then include such actions as changing policies regarding access to STI protective tools other than just condoms. They may also include advocating for access to care for those who are typically marginalized in public health care such as sex workers, street youth, refugee claimants, etc. Harm reduction clinical

practices may also comprise doctors and nurses stepping outside of clinics to increase accessible health care. It might also promote the decriminalization of illicit substances and support, in a multitude of forms, to those who use substances. While harm reduction measures may seem to be on the periphery of being more inclusive to those of non-normative sexes, genders, and sexualities, I argue that harm reduction, rather than risk elimination, is situated better ideologically to meet the needs of marginalized people.

Conclusion

Discourses of deviance, surveillance, neoliberalism, and phallogentricity work together to solidify hegemonic binary understandings of sex and gender in MSM discourse. Defined by their bodies, namely their penises, “men” in the category of ‘men who have sex with men’ have their agency confirmed through the act of penetration. Researchers draw on dominant discourses to conflate sex and gender, thus adding to the reifying effect of sex/gender, making it pervasive and unshakeable. The rigidity of this reified category of sex/gender posits “men” as distinct and separate from their natural opposite, “women.” In this tandem, there is no room for any other options of sex, gender, or sexuality. Deploying heteronormative understandings of sexuality further confirms these binary understandings of sex and gender. Discourses of mistaken identity expose MSM’s “true nature” as homosexuals. Homonormativity influences the discourses of heroes and culprits in MSM discourse by dividing gay-identified (read: White, middle- to upper-class, educated, Anglophone) MSM and non-gay-identified (read: men of colour, poor, “foreign-born,” non-Anglophone) MSM. The tools of racism, colonial thought, and classism also are taken up to maintain dominant Western ideas of sex, gender, and

sexuality. This is an area that requires further research to critically expose the interlocking nature of oppression on MSM, within MSM discourse, and throughout HIV/AIDS work. It is through these effective powers of oppression and deployments of their discourses that erase transsexual, transgender, intersex, two-spirit, queer, and genderqueer people from not only MSM discourse, but also from HIV prevention services and HIV and STI treatment with fatal consequences.

Through queer theory and AIDS activism, the focus on sexual practices rather than sexual identity offered to shift homophobia within health care. While the discourse of MSM is keenly rooted in binary understandings of sex and gender, I postulate that the usefulness of focusing on sexual practices rather than sexual orientation, sex, or gender identity has not been fully pursued. This way of thinking may offer a reconceptualization of HIV prevention and care that could meet the needs of those with non-normative sexes, genders, and sexualities in a way that current tactics do not.

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