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A Theoretical Examination Using Governmentality to Understand Gay Men's Risk and
Sexual Behaviours

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Abstract

This paper explores the link between Foucault's (1991) governmentality theory, specifically as it relates to gay men's sexual practices and perceptions of HIV risk. Foucault's (1991) theory of governmentality elucidates the means through which individual behaviours and norms (at a micro-level) are governed through the production of disciplinary norms and structures that are instantiated at a broader structural and institutional level (the macro-level). Foucauldian theoretical conversations pertaining to what is meant by conceptions and definitions of HIV/STI risk are furthered through this paper's theoretical contributions as they relate to gay men. From a Foucauldian perspective, we assess how gay men may alter or monitor their sexual practices through governmental scripts produced at a state level and manifested through micro and macro-level behavioural and ideological shifts based on dominant socio-sexual norms. A model of the interrelationship between governmentality, scripting, the micro/macro levels, and the situation-specific is presented for future consideration when examining gay men's sexual practices. Historical oppression and segregation of gay men are considered when exploring these theories from a critical social scientific lens.

Keywords: governmentality, sexual risk, gay men, sexual behavior

While literature is continually emerging regarding gay men's sexualities and constructions of 'risk', 'intimacy' and every day sexual practices (Adam, 2016; Dean, 2008, 2009, 2011), further work is required which investigates the sexual practices of gay men in relation to the governmental rationalities and sexual scripts which regulate, discipline, and control gay men's sexualities at both an individual and structural level. For gay-identifying men, public health apparatuses as governmental institutions *par excellence* continually construct notions of 'risk' in relation to HIV and other sexually transmitted infections (STIs) that stigmatize the sexual practices of various gay men by individualizing sexual practices, 'managing' sexual affectivities, and erasing emotional and connective attachments produced through one's respective sexuality (Race, 2016). Thus, for the purposes of this paper, there are two main aims: First, to apply (and link) both Michel Foucault's (1991) theory of governmentality and Simon and Gagnon's (1986, 2003) theory of sexual scripting to sexual practices among gay-identified men. Second, to propose a new model using governmentality and sexual scripting that can help to understand the sexual practices among gay men--specifically related to sexual HIV/STI transmission.

To date, much of the scientific funding and knowledge on HIV transmission and prevention for gay men has been predominantly biomedical/pharmaceutical with less emphasis on social scientific inquiry (Adam, 2011). With this, it is the hope that the proposed model and the theoretical examination provided in this paper of gay men's risk behaviours will be of use to those seeking to analyze "sexual risk" in gay men's communities. Further, Foucault's (1991) ideas have been underutilized in regard to sexual health, especially as it relates to gay men (Brown & Knopp, 2014). Moreover,

there has been limited research assessing the relationship between “sexual risk” and moral reasoning within a situational context for gay men (Adam, 2005), as well as at the micro and macro levels of community-based socio-sexual norms. As Brown and Knopp (2014) articulate, “Research cannot focus only or even primarily on the objects that gaze, but also consider the embodied gazers themselves as implicated in governmentality. The gay community reminds us that knowledge is produced bottom up, as well as top down” (p. 107). The micro and macro levels of community-based sexual norms for gay-identifying men require further analysis as it pertains to the specific rationalities which constitute the sexual subjectivities of gay men and the practices which are pathologized and deemed abject in gay men’s sexual communities and subcultures.

Governmentality

The theory of governmentality was first introduced by French philosopher, Michel Foucault, and is defined as:

The ensemble formed by institutions, procedures, analysis and reflections, calculations, and tactics that allow the exercise of...power that has the population as its target, political economy as its major form of knowledge, and apparatuses of security as its essential technical instrument (Foucault, 1991, pp. 108-109).

In other words, the theory of governmentality involves the covert mechanisms of social control or governance over individuals and groups that in turn, influence their shape and conduct (Holmes, Gastaldo, O’Byrne, & Lombardo, 2008). Governmentality does not involve coercion, but rather self-regulation and intrapersonal concerns of human capital (feelings of successfully contributing to society and the population) (Brown & Knopp, 2014). Governmentality is linked to neoliberal capitalist notions of personal

responsibility and individual choice. Under which, subjects are construed as agents making rational autonomous decisions within rigid disciplinary social structures dictated by the state (Foucault, 2007). The fallacious belief on the part of the subject that their decisions are not affected by broader social structures and state-sanctioned disciplinary regimes works to consolidate political control over the individual. Through notions of contributing to the state, nationhood, and mass production, governmentality is connected to capitalism and normalizes “barbaric” versions of this capitalism while individualizing the collective whole (Lemke, 2000). Thus, governmentality is inherently tied to capitalism and forms of state governance that normalize and integrate surveillance in a self-governing fashion. It is thus necessary to consider governmentality as a heterogeneous power system that operates at the level of the state and the individual. Governmentality asks, “who can govern; who can be governed; what is to be governed; and how” (Walters & Haahr, 2005, p. 290). Therefore, governmentality works in many differing ways at multiple levels of society.

Furthermore, governmentality is often made possible via knowledge production and discursive regulation instantiated at an institutional and structural level, which constrains the possibilities (e.g., juridical, medical, political) of individuals and groups in everyday practices through their own self-regulation and the regulation of other citizen subjects (Keogh, 2008). Mass surveillance, monitoring, observations and measurement are central to power and governmentality and aligns with neoliberal capitalist ideals of self-regulation, and prevention of chaos (Lupton, 2013). For instance, students are much less likely to cheat on exams if a proctor is present (Kerkvliet & Sigmund, 1999); individuals are likely to work harder at the gym if a personal trainer is monitoring

(Jeffery, Wing, Thorson, & Burton, 1998). While these examples involve people directly, governmentality does not necessarily require an individual to be present to monitor the behaviour of others. Take for example, a camera in a clothing store. Regardless of whether employees were present in that section of the store during that time, the camera itself could be enough to regulate the behaviour of the customer. This is true irrespective of whether the camera was even on. Only those in power positions (in this case store employees) would know this for certain, yet the behaviour of the customer is still regulated and therefore, theft is ultimately deterred. Similar assertions have been made with regard to the role of governmentality in relation to religion, accounting for the role of belief in omnipresent deity(s), which then promotes forms of self-regulation and control (Garmany, 2010). This panoptic surveillance and behavioural control can also be seen heavily in state-controlled criminal detention (Haggarty, 2006). One final example worth noting is that of modern-day technologies, wherein people are frequently regulating and positioning themselves in social media (Ziewitz & Pentzold, 2014).

Foucault explained that governmentality takes on many forms, albeit often manifesting itself in different ways. This can include the establishment of norms through observation, documentation, and measurement of behaviour (Klesse, 2007). These norms then perpetuate what is “normal” and what is “abnormal”, which can also influence wider social behaviours (Lupton, 2013). Governmentality works at multiple levels spanning the individual to the social population. Politically, its scope can be local, national, and global--as governmentality is intrinsically linked to liberalism as a broader political philosophy associated with capitalistic economies (Foucault, 1991). Liberalism, as a form of governance informed by individual rationality, commonsensical thought, and

economic rationality, propagates a form of global neoliberal governmentality (Rose, 1999, as cited in Daugela, 2012). The governed are individuals who are deemed to be at-risk, or needing assistance in the form of state-sanctioned interventions and forms of regulations and discipline framed as freeing them of illness, misconduct, criminogenic behavior, and other “non-normative” or “deviant” behaviours (Rose, O’Malley, & Valverde, 2006).

Governmentality and Sexuality

Sex is perceived to be one of the most forbidden topics of discussion, and arguably, one that is more problematic on an individual- and group-level if deemed to be “deviant” or “pathological” (Foucault, 2003; Weeks, 2014). With regard to sexuality and self-regulation, many parallels can be drawn between Foucault’s theory of governmentality and Simon and Gagnon’s (1986) sexual scripting theory. As psychoanalyst, Jacques Lacan (1977, cited in Simon and Gagnon, 1986) states, “Most of social life...operates under the guidance of an operating syntax, much as language becomes a precondition for speech” (98). From a sexual scripting perspective,

The sexual is not viewed as an intrinsically significant human behaviour; rather, it views the sexual as becoming significant either when it is defined as significant by collective life (sociogenic significance) or when individual experiences or development assign it a special significance (ontogenic significance) (Simon & Gagnon, 1986, 104).

Thus, the normalization of behaviours and self-governance can be applied when analyzing one’s sexual behaviours and practices. Individuals and groups self-govern their sexual behaviours, and in turn, norms (or “scripts”) are produced. Analogously,

individuals become aware of cultural and societal expectations of themselves, as well as the lack of individual freedoms allotted to them currently, through governmentality theory. This potentially can lead gay men to create their own distinct scripts (which are typically in line with socially acceptable behaviour and conduct). Here we theorize that governmentality and scripting theory work in tandem and operate in a cyclical pattern--where individuals who are “at-risk” or do not fit societal norms govern their behaviours through the process of creating scripts, which conversely constitute their chosen sexual behaviours. During behaviour and sexual expression, these individuals monitor others’ reactions and modified expectations of them, and the cycle repeats. This process occurs at both macro and micro levels and is also highly contextual in nature (see Figure 1 for a visual model). A macro gay community can be considered as all members of the LGBTQ+ (Lesbian, Gay, Bisexual, Trans, Queer) community, whereas the micro community can be considered as sub-sets of the larger population (i.e. gay men of colour, individuals from the same geographical region).

For example, consider a gay-identified man who is cognizant that many (within and outside of the gay community) view gay men to be sexually promiscuous (Garcia, Reiber, Massey, & Merriwether, 2012). As a result, he may feel that he should behave in accordance with such sexual behaviours in order to be socially recognized as a normative gay male subject. The context could be that he is currently at a sex-positive venue (e.g., gay bathhouse) where the script of gay male promiscuity as a socio-sexual norm is dominant and ubiquitous. The following model seeks to visually approximate the cyclical and complex interrelationships between discourses of governmentality, sexual scripting theory, and sexual behaviour. As seen in the diagram, the circular relationship between a)

governmentality; b) sexual scripts; and, c) sexual behaviour is enmeshed within a wider scope of macro and micro level community norms. The relationship between this tripartite cycle and these micro/macro community norms are interactional and mutually influential.

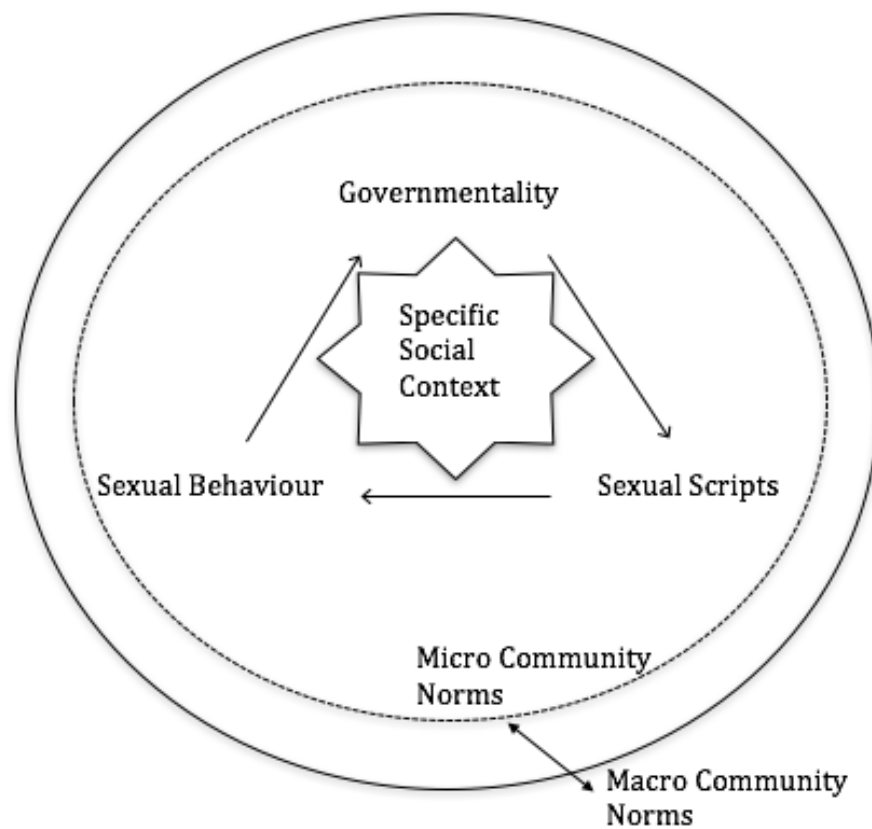


Figure 1. Model of interrelationship between governmentality, sexual scripts, and sexual behaviour, enmeshed within a wider scope of macro and micro level community norms.

Governmentality and Risk

Foucault's theory of governmentality as it pertains to sexuality has been taken up in the medical, psychological, and public health literature and has highlighted the individualization and responsabilization of sexual risk management with regards to maintaining normative understandings of health and wellbeing (Guta et al., 2014).

Individuals are regarded to be ‘at-risk’ of HIV if they fail to fit into neoliberal heteronormative paradigms, and thus are often seen as needing intervention by the state (Lupton, 2013). As stated by Foucault, “people attempt to transform themselves to ascertain a certain state of happiness, purity, wisdom, perfection, and immortality” (Foucault, 1988, p. 18). Risk, as seen in the postmodern world, is often defined by institutions, practices, and discourses that create a desire for individuals to strive for prevailing normalized beliefs and behaviours surrounding discourses of perfection, good health, and happiness (Dean, 2010, 2014; Lupton, 2013).

Those who do not participate in risk-reduction by personal action are constructed as failures, irrational, and morally at fault (Greco, 1993). Risk-management extends beyond sexual behaviours to gendered expression, as men who are seen as unable or failing to comply with masculine expectations are often constructed as outside the masculine norm, or at risk (Davies, 2017). For example, with hegemonic masculine and anti-effeminacy norms entrenched in gay men’s spaces (Sánchez, Greenberg, Liu, & Vilain, 2009; Sánchez, Westefeld, Liu, & Vilain, 2010; Sánchez & Vilain, 2012; Taywaditep, 2002), gay men who are constructed as “failing” such standards can be construed as risky subjects to the general public and other MSM. Moreover, many gay men whose emotional expression is feminized and hysterized, particularly as it pertains to connecting with others sexually or deeming sexual practices as emotional engagements, are constructed as “at risk” in terms of their mental health or as “irrational” subjects (Davies, 2017). As well, men who are able to “straight act”, or conceal their effeminacy, are seen as performing masculinity (Butler, 1990), and therefore able to avoid the effects of out-group heterosexism and in-group femmephobia (Miller & Behm-Morawitz, 2016).

Individuals who are deemed at-risk are often associated with aggregated groups whose membership conjures the belief of risk to society, such as criminals, the poor, people of colour, and those in the LGBTQ community (Lupton, 2013). Given that risk is often unpredictable (Castel, 1991), governments attempt to control for the potential risk(s), which Castel refers to as systematic predetection. For example, reducing the opportunity to commit crimes or pass HIV will in turn limit the number of criminals and people living with HIV, respectively. However, this is not always an effective (nor ethical) method. Engaging in behaviours that are defined as risky through their association with deviation from community standards and norms can be both potentially liberating and oppressive depending on wider socio-sexual discourses. For instance, sexual behaviours with greater likelihood of passing HIV (e.g., condomless anal intercourse) can be framed as potentially masculinizing--further entrenching potentially oppressive and dominant understandings of normative gay male sexual subjectivities.

Some individuals who are living with HIV can be unaware of their status and/or unaware of the means of its transmission. In this scenario, an increased emphasis on sexual education surrounding condom use, harm reduction, and safer sex practices is likely to be less oppressive and damning (Lupton, 2013). Prevention approaches that are universal (require participation from everyone and not just the individuals deemed to be at-risk or in need of intervention), coupled with an emphasis on positive mental health outcomes, are likely a more effective method of prevention (Nelson, Prilleltensky, & Hasford, 2013). These methods of prevention allow for community collaboration and individual empowerment of those who are most impacted by the prevention.

It is important to discuss the ways in which the state monitors individuals and communities in terms of these kinds of sexual practices. A review of 40 countries' behavioural surveillance programs identified that 23 (58%) had programs geared specifically towards men who have sex with men's sexual behaviours (Paquette & De Wit, 2010). Notably, the Public Health Agency of Canada developed M-Track, which is the Enhanced Surveillance of HIV, Sexually Transmitted and Blood-Borne Infections, and Associated Risk Behaviours Among Men who have Sex with Men. The last primary data collection for M-Track was the ManCount study in Vancouver in 2008/2009. While other population tracks have continued, this has not yet been the case for men who have sex with men. While there are uses for such systems that are not oppressive and that are attentive to social context, this is far from this being a reality for most traditional behavioural surveillance systems. Community-based research initiatives that empower gay men as leaders may better inform policy makers and funders on how different approaches to such programs may be of more benefit than harm.

The goal then in risk-reduction, is to limit risk to a point of virtually zero-risk and anything that could potentially be regarded as risky, or holds hypothetical serious irreversible damage, is considered for intervention by the state or other governing bodies—often involving severe consequences or limitations of personal freedoms (e.g., sodomy laws, same-sex behaviour, and rights laws) (Lupton, 2013). Herein lies the potential for the rhetoric between individual and group systems where governmental understandings of risk effectively modulate individual sexual behaviour(s). As previously stated, the engagement with (or movement towards) risk is not uniform, but rather contextual and

dependent on micro and macro community norms, suggesting that risk (as defined by some actors) may not always hold negative connotations (depending on the actor).

Sexual Risk

Dean (2010) defines three types of risk, two of which can be applied here: case-management/clinical risk, and epidemiological risk. Case-management/clinical risk involves isolating/quarantining high-risk individuals if treatment is ineffective, as they are argued to be a threat to greater society (e.g. correctional/mental health facilitates). These people are often considered to be dysfunctional and are in jeopardy of being removed from society or social groups. For instance, those with an HIV diagnosis are often ostracized from both macro-and micro (LGBTQ+) communities and can potentially face legal consequences in Canada if they do not disclose their HIV status to a sexual partner (Duffy, 2005). Alternatively, epidemiological conceptions of risk center on health illnesses, disease, and abnormalities in populations. In the 19th century, epidemiological risk was controlled by altering physical environments (e.g., sewer arrangement to better air and water quality) (Dean, 2010; Lupton, 2013). However, throughout the 20th century to the present, behavioural epidemiology increased focus on individual lifestyle choices and one's personal responsibilities for risk management and harm reduction (Dean, 2010; Lupton, 2013). For instance, it is seen as the person living with HIV's responsibility to inform their sexual partners of their serostatus (Rangel & Adam, 2014). Through neoliberal governance, HIV is responsabilized within the individual. Therefore, it is the individual living with HIV's responsibility to inform others of their status, as well as to manage their condition. Thus, sexual behaviours seen as risky or dangerous are deemed deviant and are cast outside of the collective norm. These forms of risk prompted the

emergence of HIV/AIDS organizations (Rangel & Adam, 2014). This shift to community intervention by the state signified a neoliberal redistribution of responsibility to investigate risk leading to aggregated groups who could then be “investigated, mapped, classified, [and] interpreted” through their affiliation with an HIV/AIDS service organization (Miller & Rose, 2008, p. 89; Thorn, 2011). It is important to note that HIV/AIDS community organizations have grown significantly since their initial introduction at the start of the epidemic and can create safer spaces, community, and affirmation for many (Flicker et al., 2009; Travers et al., 2008).

Notably, the rise of various forms of HIV treatment-based campaigns, including Undetectable = Untransmittable (U=U) and Treatment as Prevention (TasP) signals a shifting climate for how risk and disclosure are conceptualized in regard to HIV (Rendina & Parsons, 2018). While HIV non-disclosure is currently still criminalized in a Canadian context (Canadian HIV/AIDS Legal Network, 2010; Gagnon & Vezina (2018); Mykhalovskiy, Hastings, Sanders, Hayman & Bisailon, 2010; All Nations Hope Network, 2018), there is much literature arising how such criminalization not only marginalizes MSM populations, but also those who are marginalized under raced, gendered, and classed power structures (All Nations Hope Network, 2018; Duff et al., 2018; Roth & Sanders, 2018). Moreover, through the criminalization of HIV nondisclosure, people living with HIV become constructed under legal apparatuses and political rationalities of liberalism under dichotomous subjectivities of “good” HIV-positive individuals who disclose their status and abide by the law and deviant HIV-positive individuals who keep their status private and engage in sex that could pass HIV

(as well as the notable binary between the innocent HIV-negative victim and the deviant HIV-positive perpetrator) (Kilty & Orsini, 2017).

It is possible to consider the ways in which new biomedical advances in HIV treatment can alter the landscape of conceptions of risk and the subjects considered at risk in their sexual behaviours. An example of this can be seen in the mainstreaming of PrEP usage within upper middle class (predominately white) gay men. Through the incorporation of PrEP technologies into the sexual subjectivities of such men, condomless sex becomes less risky of an activity as certain men are considered to be protecting themselves and engaging in self-responsibilization, while those who have less access to PrEP or are already highly stigmatized populations (e.g. black men who have sex with men, trans women) will continue to be responsabilized for non-disclosure (Elopore, 2018).

Lack of Protections for Gay Men

In trying to understand gay men's sexual behaviours from a governmentality perspective, it is necessary to acknowledge both situational factors (e.g., erectile difficulties, setting) (Adam, 2005), as well as intersections of oppression (e.g. poverty, legal freedoms, and societal scripts specific to marginalized groups) and the role that such oppressions play in the self-governance of human interactions. By considering these types of ecological factors, more comprehensive and useful prevention approaches can be applied (Nelson et al., 2013). Social and environmental factors can play a large role in epidemiological risk and HIV transmission (Chan & Reidpath, 2003). For instance, social inequalities, such as poverty are what Sen (2014) characterizes as unfreedoms, or

resources that certain individuals and groups cannot readily access. These unfreedoms have the potential to foster HIV transmission in groups by making them vulnerable.

Access to legal services is also a problematic barrier as marginalized individuals, such as gay men, do not always have the protection from local police and law enforcement, and thus may have to come up with strategies themselves (Leaker & Dunk-West, 2011). These strategies can be seen as forms of self-governance and script maintenance. Further, the lack of support by law enforcement in some jurisdictions in instances of sexual assault perpetuates the notion that the onus is on the individual to deter unwanted sexual advances. Previous literature has concluded that one in five police officers in a US sample admitted to anti-gay or homophobic behaviour that influenced their decision-making (Berstein & Kostelac, 2002). Similar findings were documented in Canadian law enforcement (Cormier & Woodworth, 2008). Relatedly, there are very few domestic violence centers and shelters for gay men, and shelters that are available may pose just as much risk to the gay men's safety (Ristock & Julien, 2009; Sorenson & Thomas, 2009). These unfreedoms paint a poor picture of access of support and views of gay men generally that could potentially lead gay men to be more likely to govern their sexual behaviours individually. Further, previous literature has found that gay men have a certain 'legal consciousness' in that they are aware they are seen as outcasts and in some cases want to be accepted/allowed the freedoms of love and safety that others have (Harding, 2011). This high level of consciousness would likely make these individuals even more susceptible to self-governance and sexual script adherence.

History and Pathologization of Homosexuality

When exploring reasons behind self-governance and script formation, it is important to consider how, and when, the group in question was formed and the historical events that have impacted that group. Foucault addressed the materialization of homosexuality by stating,

Homosexuality appeared as one of the forms of sexuality when it was transposed from the practice of sodomy onto a kind of interior androgyny, a hermaphroditism of the soul. The sodomite has been a temporary aberration; the homosexual was now a species. (Foucault, 1990, p. 43)

Gay men began ‘coming out of the closet’ and gaining some societal tolerance as early as the 1960’s (arguably even earlier) (Sedgwick, 1990). Events such as the Stonewall Riots in New York City played a large role in visualizing a previously unacknowledged group, and at this time were beginning to gain positive press (e.g., an out gay businessman positively featured during the Stonewall Riots in a popular US magazine (Wolf, 1967). The LGBTQ+ community as a whole was gaining recognition and began voicing concerns related to unfreedoms, such as housing, employment, nightclub access, and police discrimination based on sexual orientation (Brown & Knopp, 2014). During this time, the LGBTQ+ community also began creating ‘safe spaces’ and community infrastructure, which would later be crucial when the AIDS crisis hit in the 1980’s (Paulson, 2006). By the late 1960’s and throughout the 1970’s, a sexual revolution had inaugurated and neighbourhoods specific to the LGBTQ+ community started to take form and gain widespread recognition (Brown & Knopp, 2014).

However, this illumination of the LGBTQ+ community led researchers to take particular interest in researching gay men (Bader et al., 1977). This led to a certain pathologization of gay male bodies and identities. Scientific inquiry on homosexual men and their sexual behaviours led to homosexuality officially being referred to as abnormal and disorderly, as made evident by the inclusion of homosexuality in North America's widely used Diagnostic and Statistical Manual of Mental Disorders (DSM)--which was not removed until 1973 (Spitzer, 1981). Similarly, the World Health Organization's International Classification of Diseases and Related Disorders (ICD), commonly used in Europe, did not exclude homosexuality until 1992 (Smith, Bartlett, & King, 2004).

In 1969 Canada decriminalized sodomy laws that are still in effect in other countries worldwide (Beyrer, 2008; Nussbaum, 2010). Such oppressive laws, among other forms of state structures (e.g., sovereign, disciplinary, pastoral) lead to resistance in order to mitigate being objectified or 'othered' (Holmes, O'Byrne, & Gastaldo, 2006). As such, many men prefer to stay 'closeted' to avoid legal and social ramifications---a certain dimension of governance in itself (Boellstorff, 2011; Brown & Knopp, 2014). Until recently in Canada, the legal age of consent for anal intercourse (18 years old) was higher than vaginal intercourse (16) (Miller, Cox, & Saewyc, 2010). On November 25, 2016 the Government of Canada introduced Bill C-32 to eliminate this section of the criminal code (Government of Canada, 2016). Although these and other legal reforms have occurred, the ramifications of these laws persist in individual and collective memories and their impact will persist for many generations of gay men.

Script Maintenance and Governing Sexual Behaviours

Since the mid 1970's, sexual health testing has been targeted towards gay men (Proudfoot & McCann, 2008), which highlighted gay men as those 'at risk' and in need of control. 'Barebacking' (intentional condomless anal intercourse) fits within the scope of social theory surrounding risk, responsibility, and self-governance (Beck, 1992; Lupton, 1999). Barebacking practices, identities and communities increased in the 1990s in North America (Holmes et al., 2006). Similar statistics have been reported in the United Kingdom, Russia, and Australia during similar timeframes (Shernoff, 2006). Consequentially, AIDS services organizations, gay communities, and the larger society were made further aware of gay men's higher rates of HIV transmission, that then reinforced the assertions that it is gay men's personal responsibility to enforce their sexual behaviours in order to avoid HIV transmission (Adam, 2005).

This dogma of self-governance, restraint, and/or abstinence has very much circumscribed gay men's governance. For example, if a gay man does pass HIV to a sexual partner, they sometimes can blame themselves and regard it a personal failure of protective safety (Adam, 2005). Arguably, there are mixed-messages being sent to gay men. On one hand, passing HIV to an HIV-negative partner can be criminalized and can come with heavy penalty in some United States of America jurisdictions (Harsono, Galletly, O'Keefe, & Lazzarini, 2017; Sarfo, 2013), and on the other, public health messages advise universal precaution assuming that everyone is HIV-positive, which leads many to believe that disclosing their HIV status is optional (Adam, 2005). A participant in a qualitative study of Adam's (2005) states,

There was a fellow I called one time...after having intercourse and as I was washing up, I said, “so how long have you been positive”. And he said, “I’m not positive” ...we ended up dashing off to St. Mike’s [hospital emergency] and doing, you know, the emergency cocktail thing (30s, Canadian, HIV-positive). Here we see a practical example of personal responsibility to engage in risk-reduction, but also a narrative of unsafe sex and assumed HIV-positive status as normative.

Scientific inquiry into the practice of barebacking has been somewhat confounded in its exploration of the diverse and varied motivations through which gay men negotiate condom usage during anal intercourse, as have state agency investigations (e.g. public health and disease prevention agencies), despite antagonistic public health and media messages (Holmes & Warner, 2005). The introduction of HIV treatment-based prevention strategies such as U=U and PrEP have made barebacking and condom use a more complex and nuanced phenomenon. From a Foucauldian lens, it is possible that voluntary risk-taking is interlaced with identity formation, and a determination to find social belonging as a minority (Lupton & Tulloch, 2002; Lyng, 2004). In this sense, barebacking can be seen as a form of sexual freedom, choice, empowerment, and norm-resistance/rebellion (Crossley, 2002; Homes & Warner, 2005; Holmes et al., 2006). Here it is imperative to again note that engaging in barebacking sexual practices is not necessarily transgressive and may in fact reinforce oppressive norms associated with hegemonic hypermasculinity (Holmes et al., 2008; Nixon & Davies, 2019). Foucault proposes that there exist two distinct forms of truth – one that is ordered and peaceful and one that is chaotic, dirty, and disheveled, and truth revealing (Gros, 2002). With a disregard of safety comes “fear, anxiety, and repulsion, but also pleasure, excitement,

exhilaration, and desire” (Lupton, McCarthy, & Chapman, 1995, p. 167). In this case, gay men’s barebacking practices could be simultaneously seen as a way of contravening harmonious understandings of normative sexual behaviours as an attempt to pave their own path, depicted by freedom and pleasure (Holmes et al., 2006); and, also an attempt to solidify potentially oppressive norms associated with White supremacy, heteronormativity and hypermasculinity. As such, we argue that barebacking and condomless sex are not the same (Bauermeister, Carballo-Diequez, Ventuneac, & Dolezal, 2009).

Practices such as barebacking that make sense for one group may not make sense for another as micro-cultures develop through transgressions from larger social norms and scripts (Adam, 2005, Mutchler, 2000). While public health agencies may view barebacking as risky behaviour, it may not be seen as such for those who engage in the practice regularly, but rather maintenance of an already developed sexual script. It is important to note that not all gay men also engage in forms of gender scripting, and many do reject larger society influence and are often comfortable with their sexual and gender identities (Mustanski, Lyons, & Garcia, 2010; Sanchez & Vilain, 2012). In fact, many freely display certain feminine traits that in turn build upon the strength of their identities and individual group membership--free from the constraints of the heteronormative narrative (Mustanski et al., 2010), while others engage with hegemonic masculinity in an uncritical and conformist fashion.

Environmental Factors

The stereotype that gay men are promiscuous regardless of whether they are masculine or feminine has been a central representation and assumption since 19th

century medical and sexological discourse (Klesse, 2007). In some senses, stigma and stereotypes can lead to script adherence or an attempt to fit into the larger narrative when possible (Jussim, Palumbo, Chatman, Madon, & Smith, 2000; Klesse, 2012).

Many environmental settings that orient themselves towards gay men often promote sex, and in turn practices with potentially increased likelihood for passing HIV/STIs (Groves, Hirshfield, Remien, Humberstone, & Chiasson, 2013; Groves, Parsons, & Bimbi, 2007). Bathhouses, darkrooms, sex-events, and public sex spaces (e.g., washrooms, theatres, cars, parks,) are sites that promote sexual activity for gay men (Groves et al., 2013; Holmes et al., 2008). Alternatively, some gay men avoid these spaces or the 'scene' as sex is too readily available and the risk of seduction may interfere with their ability to stay safe sexually and/or faithful if in a monogamous relationship (Klesse, 2007). Others' may actually be more careful with sexual partners met in such spaces as they are seen as being 'dirty', meaning living with HIV, whereas someone with whom they have been on several dates may appear to be more 'clean' or safe, meaning being HIV-negative (Maticka-Tyndale, 1992). Some argue that such spaces may actually work as a pressuring agent towards non-monogamy or monogamy, even if the ideals of such a relationship fit outside of their true emotions (Kaminsky, 1999). These environmental examples all fit within the constraints of the 'contextual' in the model presented above.

Affirmative Action and Social Change

We argue with Holmes and Colleagues (2008) that while it is true that some gay men who have HIV do not know it, this cannot be the only consideration when trying to understand gay men's sexual practices and notions of HIV risk. Current beliefs in public health prevention efforts that focus on this lack of knowledge and/or the influence of

drugs are incomplete and ineffective--leading to many incorrectly framed programs, campaigns, and the promulgation of potentially dangerous and oppressive stereotypes (Holmes et al., 2008). We are not suggesting that these factors have no place in prevention efforts, but that it is also important to consider how gay men govern themselves, maintain scripts, and act in certain socio-sexual situations. It is also worth noting that some forms of self-governance and script adherence can be positive and empowering. However, where HIV risk is involved, it may be useful to break apart and reimagine some of the scripts that may not be serving the 'at-risk' groups as well (e.g., gay men are always ready for sex with anyone, anywhere).

There are still great strides to be made in order for gay men to be properly recognized as 'part of' the larger community. Sexual health services, parenting groups, sexual education classes, and reproductive services can often be created to be and seen as inappropriate spaces for gay men (Keogh, 2008; Kinsman, 1996). In these spaces, sexual health focuses on heteronormative notions of reproduction, pleasure, and sex. These unfreedoms are problematic and further distance gay men from acceptance within the larger society--as equal contributors with equal freedoms.

HIV prevention efforts should aim to be less regulatory and allow for free and informed choice. Even providing a set of choices reverts back to prescription in lieu of freedom and empowerment (Keogh, 2008). Several studies have examined what gay men believe would be most effective at reducing HIV transmission rates and findings commonly suggest that community-based approaches are effective when coupled with personal responsabilization and agency coupled with AIDS Services Organization awareness (Keogh, 2008; Rangel & Adam, 2014; Thorn, 2011).

Notions of individual responsibility must be coupled with societal understandings, assistance, and collaboration. While taking individual responsibility and knowing the facts can be a positive first step, particularly when considering early HIV interventions, it is now proving to no longer be as effective (Klesse, 2007; Rangel & Adam, 2014). Keogh (2008) found that participants supported proper education, counseling, but also changes in law and policy governing sexual behavior---which is very much a collective effort.

Future Considerations

With the emergence of new technologies such as PrEP comes changes in sexual behaviours (Maticka-Tyndale, 2008). Future research aiming to conceptualize gay men's sexual behaviours from a theoretical lens should consider these new technologies and their impact on sexual behaviours. Gay men's access to sex has changed with the emergence of geolocated cell-phone applications (e.g. Grindr, Tinder) and previous findings have suggested that gay men do indeed alter their sexual behaviours and create new scripts based on these platforms (McKie, Lachowsky, & Milhausen, 2015). More recently, PrEP has been approved for use in Canada and provides individuals with a significantly reduced likelihood of acquiring HIV infection regardless of the sex they engage in (Goedel, Halkitis, Greene, & Duncan, 2016). It is likely that PrEP will also modify the way that gay men govern their sexual behaviours, and it turn, will likely also create new sexual scripts for those on PrEP or those engaging in sex with a partner on PrEP.

Recent literature has analyzed the potential biopolitical ramifications of PrEP (Aizura, 2014, p. 140; Dean, 2014; Giami & Perrey, 2012; Pocius, 2016) amongst neoliberal narratives of success which are proffered through PrEP usage, highly active

antiretroviral treatments (HAART), and treatment as prevention (TasP). This in turn, can promulgate post-AIDS narratives if systemically marginalized and structurally disenfranchised populations continue struggle with equitable access to HIV treatment and care (Huebenthal, 2017). Rabinow and Rose (2006) articulate how biopower analyzes “a field comprised of more or less rationalized attempts to intervene upon the vital characteristics of human existence. The vital characteristics of human beings, as living creatures who are born, mature, inhabit a body that can be trained and augmented, and then sicken and die” (p. 196-197). Through gay men’s utilization of pharmaceuticals, such as PrEP, for sexual pleasures and acts, there emerges governmental beliefs in ideal forms of bodies and pleasures. This presents an individualization and responsabilization of sexual acts and pleasures as proper HIV-negative gay citizen subjects must engage in PrEP usage while sex itself becomes governmentally regulated under liberal rationalities (Dean, 2015). With the increased usage of PrEP by HIV-negative gay men and undetectable viral load through antiretroviral treatment among gay men living with HIV, the sexual scripts for gay-identifying men are altered as previously “risky” sexual behaviours become normalized (such as condomless sex). Expanding on Preciado (2013), Dean (2015) explicates this medicalization and pharmacological intervention within the sexual subjectivities of gay men as “pharmacopower” (Dean, 2015) in which bodies are monitored and regulated by pharmaceutical interventions and barebacking and condomless sex are reconfigured and reconstituted in meaning.

Through the increased incorporation of HIV antiretroviral prevention into the gay body politic, the sexual scripts of gay men, including those who engage in condomless anal intercourse will shift and change. With the increased utilization of HIV

antiretrovirals by gay men, the bodily pleasures and sexual desires of gay men become mediated by the biopolitical interventions of technology. Dean (2015) explicates how “Our sex is hyper mediated by technologies – pornographic as well as pharmaceutical – that give biopower full access to our bodies and their desires in the service of economic profit” (p. 239). This access to bodies is notable in considering how biopower reproduces hierarchies within HIV interventions and sexual communities. It is important to note that these considerations do not negate the proven positive effects of HIV antiretroviral-based prevention for (inter)personal safety and risk reduction. We support the wider availability of these and future interventions, while supporting the need to address the aforementioned concerns. In summation, we encourage future research into gay men’s sexual behaviours in relation to conceptions of risk and governmentality.

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