

A companion volume to Lewin and Leap's *Out in the Field*, a benchmark examination of lesbian and gay experiences in anthropology, *Out in Theory* presents lesbian and gay anthropology as a distinct specialization and addresses the theoretical issues that define the emerging field.

This compelling collection of essays details the scholarly, personal, and political factors that affected the emergence of lesbian and gay anthropology and speculates on the directions it will take as it continues to grow and diversify. Seeking to legitimize the field's scholarship and address issues in terminology, the essays also define lesbian and gay anthropology's scope and subject matter and locate factors that connect it to the wider concerns of the profession.

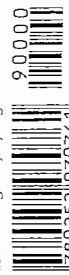
Specific essays track the emergence of lesbian and gay studies in social and cultural anthropology, linguistics, archaeology, and in various areas of anthropological activism. They also consider how feminist anthropology helped define the field and how transgendered experience, queer theory, and race and class studies are promoting new directions of inquiry within lesbian and gay anthropology.

This volume is tailor-made for the classroom—for all kinds of classrooms, from courses on anthropology to gender studies to gay/lesbian studies. It provides a reader-friendly introduction to gay and lesbian anthropology for those who are unfamiliar with this important subdiscipline; for the cognoscenti, it is a state of the union address from two of the best-known figures in the field, Ellen Lewin and William L. Leap."

—Mary Weismantel, author of *Strange Intimacies*

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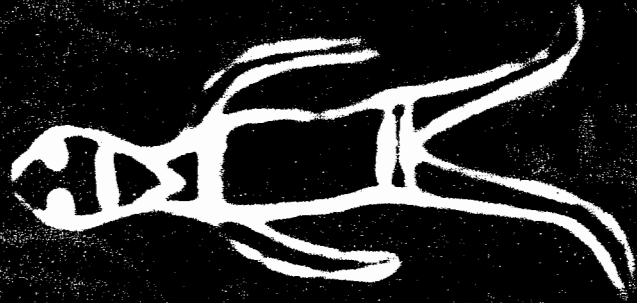
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LEWIN
AND
LEAP

OUT IN THEORY

OUT IN THEORY

THE EMERGENCE OF LESBIAN AND GAY ANTHROPOLOGY



EDITED BY ELLEN LEWIN AND WILLIAM L. LEAP

FOREWORD BY ESTHER NEWTON

ILLINOIS

He liked to fuck hard, and soon was really slamming it to me. I don't know how long it was, but it seemed he was going to fuck me to death before he muttered about being about to come. He reared back, and then slowly pulled his hard cock from my asshole, intending to shoot on my back. Quick as a flash, I whipped my right arm behind me, grasped his cock, and worked the head and part of the shaft back in my hole. He let out a moan, and fell forward onto me, driving his cock deep inside. Even though he was moaning and thrashing on top of me, I could still feel his dirty load splatter inside me when he shot. I knew he was infecting me, and I was so turned on by it that I too shot my own load into the sheets under me. I seroconverted a couple of weeks later.

When I encountered this text, I found myself uncomfortable and yet fixated. Is this real? I wondered. Did this really happen or is it "just a fantasy"? How might the numerous cultural taboos inscribed in this narrative (for example, intentional and eroticized disregard for disease prevention) engage the mind and body of an adult gay male? Why would a gay man eroticize exposure to a deadly virus? My understanding that it *could* be understood as erotic derived not only from my familiarity with heated debates around barebacking in the popular gay press but also, more disturbingly, from the unwitting realization that I found something erotic in this chilling text (although at the time I couldn't have said what)—erotic despite my background in HIV epidemiology and my self-important identity as one who always uses condoms. Then it occurred to me that my understanding of sexual risk—a variation of which was being eroticized in this narrative—derives primarily from my professional background in public health and from years of trying to "use a condom every time" (as the safer-sex slogan goes) in my personal life.

Themes and Methodology

Despite representations in the popular gay press and public health literature as peripheral and of primary relevance and interest to gay men, debates in the United States about bareback sex speak to a wide range of anthropological interests in unconventional male and female sexuality. This essay aims to highlight those interests through critical analysis of understandings of risk, often implicit, which have pervaded popular debates surrounding bareback sex. Although these debates have brought to the fore issues

SEVEN

Bareback Sex, Risk, and Eroticism: Anthropological Themes (Re-)Surfacing in the Post-AIDS Era

Benjamin Junge

Sometimes bodily orifices seem to represent points of entry to social units.
—Mary Douglas

Gay men have always been driven to risk and transgressive acts.
—Eric Rofes

Most of us still can't talk honestly about why getting fucked is so powerful.
—Richard Elovich

The impetus for this essay comes from an experience I had in the spring of 1999. Perusing a Web-site known as "Xtreme Sex," I encountered a series of narrativized sexual fantasies of "bareback sex," loosely defined as anal intercourse in which condoms are intentionally disregarded. During its operative period, Xtreme Sex aimed to facilitate, through posted introductions and personal narratives, fantasy and sexual liaisons between HIV-positive men and between men of discordant serostatus.¹ The following excerpt, whose author and intended function are uncertain, comes from a longer narrative:

specific to the so-called post-AIDS era of protease inhibitors (for example, how to re-frame HIV prevention in light of increased survival rates due to the new treatments), what has made bareback sex powerful is its symbolic connection to deeper, unresolved, and inadequately studied questions about unconventional sexuality. Particularly at issue are questions about how moral valence is generated and assigned to aspects of social and erotic experience through discussion and practice within queer communities themselves rather than through the imposition of heteronormatively framed moralities by a “mainstream” society. By focusing on the ways public health constructions of risk have been drawn upon—by and about queers—to articulate moral judgments about social and erotic life, I aim to shed light on the processes by which we generate our own moralities.

Since the early 1980s, anthropological inquiry into unconventional sexuality has emerged principally in the context of research about HIV and AIDS. Although HIV and AIDS have helped to legitimate sexuality research in unprecedented degree and scope, they have also tended to privilege inquiries into aspects of sexuality linked to risky sexual behaviors, thereby reinforcing a subtle yet pervasive association between non-normative sexuality and disease. Studies carried out in the context of HIV and AIDS research have, moreover, tended to sidetrack anthropological attention to aspects of sexuality not directly related to questions of public health, for example, questions about intergenerational cultural differences and about the origins of eroticism and the dynamics of sexual fantasy.²

Earlier, I drew on personal experience to posit a link between discourse and feeling, a connection between scientific understandings of risk, safer-sex ideology, processes of stigmatization, and embodied sexual desire. In this analysis, I will use debates about bareback sex as a lens to consider a broader analysis of the complex interplay between public health constructions of risk (enacted in the ideas and practices of “safer sex”) and the plurality of queer male subjectivities inhabiting the post-AIDS era. My intention is neither to defend nor criticize the practice of bareback sex or those individuals who identify as “barebackers.” Rather, I take the position that an ethical stance cannot be formulated until the densely constituted discourses of barebacking have been deconstructed.

Following a brief introductory discussion of the linguistic instability of the category “barebacking,” I will describe the historical emergence of barebacking as a recognized and named social phenomenon. Next, I will engage three themes—“Risk and Public Health,” “Rights, Responsibilities, and Group Ident-

ties,” and “Risk and Pleasure”—which begin to map links between scientific and popular understandings of risk on the one hand and individual sexual subjectivity on the other. Then I will examine themes evoked in the debates about bareback sex that resonate for lesbian and gay anthropology, both in terms of research already carried out and important work for the future.³

The analysis that follows draws from three types of discourse: debates about barebacking in the popular gay press; representations of risk in public health research and practice; and representations of bareback sex via forms of computer-mediated communication, particularly personal ads at barebacking Web-sites. I will also draw from a series of interviews carried out in the spring of 1999 with “Jason,” a forty-one-year-old, HIV-positive gay man and self-identified barebacker who lives in San Francisco.⁴ Empirical data notwithstanding, this analysis does not intend to prove anything but rather to develop ideas and arguments based on my own subjective interpretations.

Defining Bareback Sex

Although the practice of condomless anal sex no doubt predates the U.S. AIDS epidemic, its fusion with willful intention and linkage to a recognized sexual identity are fairly recent. The precise origins of the term *bareback sex* are not entirely clear.⁵ The notion of a barebacker—construed as a type of person rather than simply a person who engages in a type of behavior—emerged sometime around 1995. Nonetheless, there continues to be substantial variability in the precise meanings and usages of the term *barebacking*, indicative of the unstable contested nature of the values and practices under discussion.

In popular and scientific media, semantic variation has played out along at least six distinct conceptual axes. First, although barebacking has generally been taken to refer specifically to anal intercourse (Crain 1997; Gendin 1999; Kirby 1999; Peyser, Roberts, and Stout 1997; Scarce 1999; Sheon and Plant 1997), it has occasionally been used to signify any form of sex (presumably penetrative) occurring without condoms (Gauthier and Forsyth 1999). Second, agreeing that barebacking refers to anal sex specifically, there is the question of intentionality. Is barebacking *any* anal sex without condoms or only anal sex where condoms are willfully and explicitly disregarded?⁶

Third, the willful intention that the term generally implies can be taken

to further indicate consensus among participating sex partners. Although a sexual episode in which two partners make a conscious, premeditated decision not to use condoms can be classified as barebacking relatively unproblematically, a scenario in which one participant has made an explicit decision not to use condoms but the other partner's avoidance of condoms may not be premeditated (but rather situationally emergent) is more difficult to classify. This conundrum beckons a subtle distinction between how men engaging in condomless anal sex might view themselves versus how other people may view them. A related distinction concerns the difference between etic labeling schemes (e.g., the labels developed by an epidemiologist to conduct a survey) and emic labels used by the subjects of investigation themselves (in this case, queer men in the United States). One could decide to disregard the issue of consensus in a definition of barebacking—thus rendering the scenario involving intentionality unqualifiable as barebacking even though the participating individuals themselves might label their encounter “bareback sex.”⁷

A fourth area of variability in how bareback sex is defined concerns the inchoate distinction between action and identity, that is, between barebacking and barebackers. References to bareback sex, as commonly articulated by public health researchers, emphasize the practice itself, whereas others highlight the social/sexual identities of the individuals who engage in the practice. Fifth, there is the question of serostatus of the individuals who bareback. Some HIV-positive gay men profess barebacking to include condomless anal sex only with other HIV-positives (e.g., Folger 1999).⁸ However, the much-publicized presence of computer-mediated communication media (e.g., Web-sites, chat rooms, and e-mail discussion lists/listservs) that facilitate sexual liaison between men who are HIV positive and those who are HIV negative suggests conceptual models of barebacking that imply discordant serostatus. Sixth and finally, much popular literature on barebacking fails to examine the distinction between fantasy and practice. In other words, does eroticization of exposure to HIV alone make one a barebacker or does one have to expose oneself in actual sexual practice to qualify?⁹

Given the definitional variability I have described, “bareback sex”—whether invoked as an analytic category to describe particular behaviors or as a label used by some queer men to describe themselves and their actions—should be understood as an emergent, semantically unstable, and contested construction of sex and sexual identity. Here, I will use an operative definition that attempts to balance behavioral specificity with contextual relativ-

ty in the interest of a fruitful analysis. Specifically, I take “bareback sex” to refer to condomless anal sex that is willfully intended.¹⁰ Accordingly, for heuristic purposes I take the word *barebackers* to mean queer men who engage in bareback sex. In this configuration, I purposefully leave open questions of participants' serostatus, consensus, and distinctions between fantasy and actual practice.

HIV, Condoms, and Anal Sex: Epidemiology and Popular Debates

The debates surrounding bareback sex find origins in the early and mid-1990s when public health research noted a resurgence of self-reported condomless anal sex among urban men who have sex with men (MSM).¹¹ From virtually hundreds of studies, psychological, behavioral, and demographic correlates of condomless sex were profiled. First, condomless anal sex has been linked to generational issues in the context of a “maturing” epidemic. Gay men in their late thirties and forties—men who had witnessed firsthand the devastation of AIDS through the loss of friends and lovers—have had their own set of issues, whether making sense of their survival, cumulative frustration with the sensation-inhibiting effects of condoms, and feelings of imperviousness to HIV based on years of sexual activity without HIV seroconversion. A subsequent cohort of queer men (into which I situate myself) came of age subsequent to the installation of safer sex as the guiding principle of HIV prevention. To these men, condoms were normative and the prospect of sex without them was unthinkable. In the middle years of the 1990s yet another distinct cohort emerged: young gay men who had little or no personal experience with AIDS and associated disease risk with cohorts of older gay men rather than with a specific risky behavior in which any man might engage.¹²

During the mid-1990s a variety of new, antiretroviral treatment options became available, initially through clinical trials and then directly through healthcare providers. The new class of therapies, known as protease inhibitors and typically administered in multidrug combination, demonstrated potential to dramatically reduce viral load and increase CD4 cell counts among both asymptomatic HIV-positives and individuals who had full-blown AIDS. Despite formidable economic barriers to the new drugs for poor or

uninsured individuals, as well as commonly reported adverse reactions to (and subsequent discontinuation of) the therapies, the potential for a fundamentally new conceptualization of AIDS and HIV risk was evident. Rather than a death sentence, HIV infection could be perceived as a chronic, medically manageable, disease. The substantial declines in AIDS mortality among MSM in the United States, as reported by the Centers for Disease Control and Prevention during the years following the advent of protease inhibitors, were well publicized in both scientific and popular literature.¹³

Concern over the possibility that awareness of the new drug therapies might negatively influence condom use during anal sex led to a slew of attitude and behavior surveys, which, with admittedly divergent findings, tended to suggest that awareness of the new treatments might be contributing to increases in risky sexual practices (including condomless anal sex).¹⁴

When reports of increased rates of condomless anal sex were made public, a variety of opinions on causes and appropriate responses were expressed in the popular gay press. The image of the reckless, selfish, sex fanatic fed up with years of unsatisfying “latex sex” was epitomized in the words of the late writer and pornographic film star Scott O’Hara, who wrote in 1995: “I’m tired of using condoms, and . . . I don’t feel the need to encourage negatives to stay negative” (quoted in Scarce 1999:55). As discussions of this “mentality” occupied the national and local gay press and captured the analytic attention of social scientists reconsidering the utility of “traditional” HIV-prevention strategies, local battles were fought over how (and whether) to regulate increasingly visible sex in gay spaces such as bars, bath houses, and public cruising areas. The experiences of New York City in 1995 are particularly significant.

Throughout 1995, members of the AIDS Prevention Action League (APAL), founded and carried on by a group of New York queer academics and journalists, found themselves engaged in a series of heated arguments with public health program planners and gay community organizers participating in an organization called Gay and Lesbian HIV Prevention Activists (GALHPA), which held that “any sex club that condoned behavior riskier than voyeurism and mutual masturbation should be shut” (Crain 1997:29). The division structuring this debate has turned out to be archetypal. GALHPA located its concern with the publicly visible resurgence of condomless anal sex and proposed the installation of “health monitors” in gay sex venues (Scarce 1999:54). APAL countered with an accusation of “sex panic.”¹⁵ Monitoring sexual practices—even in the name of public health—was thus

construed by APAL as a technique of social control harnessed as one component of a broader crackdown on New York’s gay milieu.¹⁶

In the mid-1990s a slew of highly influential books were published, each in its own way stimulating a debate that was by now national and extended far beyond the disciplinary confines of academia. Gabriel Rotello (Crain 1997) argued that the “condom code”—the “traditional” HIV-prevention strategy of “safe sex *every time*”—has proved inadequate in stemming the epidemic tide among gay men. Citing the statistical risk posed to the overall population of sexually active gay men by even a small group of individuals who repeatedly engage in condomless anal sex, Rotello argues that an individualistic approach to sexual behavior change is inadequate. Rather, HIV prevention must take place within an ecological framework, aiming to change behavior at the level of community.

While constructing his argument along substantially different lines, Michelangelo Signorile (1997) concluded that gay cultural norms regarding sexuality need to change—or be changed—to reduce the number of sexual partners gay men pursue.¹⁷ Walt Odets (1995) emphasized the “mangled identity” gay men possess due to silence and media panic over anal sex, an analysis that casts bareback sex in pathological terms (i.e., as a symptom of a problematic socialization). Odets’s analysis was also among the first to challenge the putative universal success of safer-sex condom promotion.¹⁸

In the spring of 1997 (soon after publication of Rotello’s and Odets’s books), members of APAL and Dangerous Bedfellows formed a new group, Sex Panic, to promote discussion and direct action aimed at individuals and institutions upholding the “regimes of the normal” (Michael Warner, as quoted in Crain 1997:27)—that is, discourses of normalcy and deviancy underlying the “crackdown” on gay public spaces in New York City.¹⁹ By that point, Web-sites, list-servs, and chat rooms that facilitated discussion of barebacking and arrangements for actual sexual liaisons were being established regularly. Increasingly, self-labeled barebackers were participating in gay- or HIV-oriented conferences or writing editorials to appear in the popular gay press or on the Web, stating frustration with condoms (often to extremely hostile reception) and declaring the experience of “raw” sex to be “transformational.”²⁰ Thus were engendered far-reaching and at times vitriolic debates about the ethical and public health dimensions to barebacking as well as ideological divisions akin to those between Sex Panic and GALPHA in New York City. These debates continue as of this writing.²¹

Risk and Public Health

Risk Factors, Behaviors, and Groups

Public health research and program planning is grounded in the notion of a risk factor, that is, an individual trait that has been shown in empirical research to be associated with some negative (and presumably health-related) outcome. The association is by definition statistical.²² In and of itself, that conveys limited information regarding the nature of the linkage between the trait (the independent variable) and the outcome (the dependent variable). Through a variety of statistical techniques, causal risk factors are inferred and targeted for intervention in the interest of reducing the incidence of a negative outcome. Populations in which a given risk factor and its associated outcomes are unusually prevalent are conceived of as risk groups whose members are high-risk or at-risk individuals. Risk factors can be behavioral (e.g., smoking in relation to lung cancer) or demographic (e.g., male gender in relation to prostate cancer). Because demographic and other types of risk factors are not readily modifiable, however, most public health programs target behavioral factors (or risk behaviors).

Risk Reduction, Rationality, and Safer-Sex Ideology

The emphasis in public health research and practice on reducing the prevalence of risk behaviors within at-risk populations is predicated on the presumption that reduction of morbidity and mortality is an inherently rational endeavor. It is rational for public health practitioners to undertake the promotion of risk reduction and for at-risk populations to enact behavioral risk reduction at an individual level.²³

In the mid-1980s, when the link between condomless anal sex and HIV infection became widely known, a new rationale was inscribed into discourse. The chief mechanism for its inscription was a set of ideas known as “safer sex,” forged contentiously by community organizers, activists, epidemiologists, and public policymakers. The “doctrine” of safer sex privileged the notion of protection, that is, reducing HIV risk by making existing sexual practices (e.g., anal sex) safer rather than eliminating them altogether.

Thus, a valued element of 1970s’ gay sexual liberation—the pursuit of sexual relations without shame or confined to monogamous coupling—could be preserved. If gay men would use condoms whenever they had anal (or, for that matter, oral) sex, HIV risk would decrease sufficiently to stem the tide of the epidemic.

Safer-sex ideology facilitates a distinct form of rationality. Condom usage is rational first and foremost because it provides self-protection and will (ostensibly) reduce disease and suffering within a broader population. From this perspective, “Unsafe sexual behaviour, especially fucking without a condom, is seen as a basic (irrational) drive which the (rational) will is constantly striving to control. . . . Safer sex is seen as a necessary but unpleasant course of action which is dictated by prudence rather than desire” (Pollack 1988).

Within the safer-sex framework, to eschew condoms during anal sex emerges as irrational behavior. Safer sex thus imposes an intensely cognitive framework (presuming, for example, that gay men carefully weigh the pros and cons of all known options with respect to a sexual practice and means of protection) on a set of behaviors not necessarily driven by cognitive reasoning. Safer sex, moreover, leaves unexamined the reasons why some men would continue to engage in risky sex or renders those reasons pathologic. As a consequence of that stance, HIV-prevention programs in the United States have typically been grounded in a no-tolerance position regarding condomless anal sex.²⁴

MSM as a Risk Group

In the case of HIV infection among MSM, the risk behavior most strongly associated with seroconversion is receptive anal intercourse in the absence of condoms. MSM are conceived collectively as a risk group because condomless anal sex is known to be prevalent within this population. In its pure form, that construction is intrinsically abstract because it has no direct linkage to individual experience. Its problematic aspects, spilling into popular discourses, are numerous. First, in the construction of MSM as a risk group, the line is blurred between being *at risk* and being *high risk* (i.e., posing risk). Thus, in an essentializing conceptualization without empirical grounding, “instead of being understood as a group at high risk of contracting HIV, gay men are widely regarded as constituting a high risk to other people” (Waltney 1989:19). That discursive sleight-of-hand potentially stigmatizes MSM and other populations at risk of contracting HIV infection. In addition, it turns

a blind eye to broader factors facilitating HIV risk. In this configuration, MSM are intrinsically risky and therefore, by extension, responsible for their own HIV infections. In addition, because MSM are risky they are also dangerous and to be avoided. Attention focuses on “*who* is risky, rather than *what* is risky” (Clatts 1995:245, emphasis in the original). As Clatts and Mutchler (1989:19–20) have observed, “AIDS and the ‘dangerous and anti-social other’ . . . fix our attention on a relatively small range of possible vectors of this disease . . . and direct our attention away from other possible factors of [its] aetiology and spread.”

This insight points to the need for anthropologists engaged in questions of sexuality to interrogate more closely their use of risk-group categories to delineate study populations. A critical sensibility in this regard lends itself to explicit distinction between imposed labels and felt identities and awareness of ideological valuations conveyed in the use of analytic terms.

It is difficult to locate precisely the sites of cultural production and reproduction for discourses in which the public health notion of risk group is thus distorted. Clearly, prevention programs—informed by epidemiologic research and terminology—seem likely. HIV-prevention research has been conditioned by concepts of homosexuality that attribute a broad range of patho-psychological and behavioral traits to individuals who possess same-sex desire and/or engage in sexual encounters with members of the same sex. In many empirical surveys, for example, one still finds the categories “heterosexual,” “bisexual,” and “homosexual” to describe the trait referred to as “sexual orientation.” These monikers, although linked to certain sexual practices, ultimately decontextualize sexuality. They take “sexual activity and sexual identity out of time and place. The use of these categories makes it impossible to identify and map changes in concepts of self over the course of an individual’s life span, or to locate an ever-emergent self within social, cultural, and economic institutions that are themselves dynamic in character” (Clatts 1995:246).

A related domain of discursive production is that of scientific journals. Calling for a “critical epistemology,” Farmer (1998) has focused particularly on how publication of AIDS research in peer-reviewed scholarly journals provides a site of discursive production wherein choices in lexical representation may reinforce stigmatizing or essentializing conceptualizations of certain populations.²⁵

Barebackers as a Risk Group

In the case of debates about bareback sex, public health discourse is clearly influential. The preexisting construction of MSM as a high-risk group (produced and reproduced in ongoing health research and program planning as well as scientific and popular media representations) appears to have been projected onto a perception of men who bareback. In this cultural configuration—articulated in both the public health arena and popular gay media—barebackers are not just a risk group but high-risk individuals, and “risk” is semantically grounded in the notion of a threat to an imagined broader population. The threat, so the discursive logic goes, is a consequence of an individual decision to engage in an inherently irrational behavior. The decision is immoral as well because of its putative consequences for the health of more innocent individuals.

Individuals who knowingly fail to reduce their own behavioral risk are cast as irrational and dangerous. That sentiment is evident in a letter to *POZ Magazine*: “I do not recall any article in *POZ* that angered me more than ‘They Shoot Barebackers, Don’t They?’ . . . Valenzuela’s irresponsible and reprehensible behavior does not warrant the sobriquet *sacrificial lamb*. . . . It feels better to get fucked up the ass without protection, exposing your partner to HIV? Valenzuela’s logic . . . goes beyond rationalization. This is a dangerous narcissist who does not want to accept his responsibility for people he may have infected” (Anonymous 1999b:29).

Here, Valenzuela is “dangerous” because he engages in a behavior that he knows may facilitate HIV transmission. He betrays both individual self-protection and his responsibility to protect his sexual partners (and, by extension, the broader population). The castigatory, authorial voice in the excerpt is consistent with Goffman’s assertion that stigmatization casts more than the original trait deemed reprehensible in a negative light and becomes embedded in a larger discourse of danger and risk. Thus, stigmatizers “construct a stigma-theory, an ideology to explain [the stigmatized’s] inferiority and account for the danger he represents, sometimes rationalizing an animosity based on other differences. . . . We tend to impute a wide range of imperfections on the basis of the original one” (Goffman 1963:5).

Valenzuela’s disregard for condoms is the “master status” that overpowers whatever other social attributes he might have (Brown 1997) and renders him subject to a totalizing rejection as a “dangerous narcissist.” Conversely, once the label “barebacker” has been pejoratively invoked it signals the presence of other pathological and dangerous traits that deserve animos-

ity. A similar sentiment has been posted to a Web-site devoted to discussion and arrangement of gay sexual encounters: "It's not simply that barebacking might cause one or both participants to become infected with HIV, changing a life or two forever. Barebacking purposefully increases the number of vectors of infection, thus increasing the chance that other men, men who likely have no desire to become infected, will become infected with a deadly virus. That's immoral" (Fall n.d.).

Sensationalistic demonization aside, the excerpt accomplishes an impressive feat. Despite the fact that it is predicated on faulty calculus, it summons up an obsessive, nearly hysterical, panic. The calculus is faulty first because barebacking is a practice and therefore cannot "purposefully" or agentically do anything (only people can). Thus, person and practice are discursively merged. The logic is also faulty because it privileges what is likely a small (or in any event undetermined) proportion of self-identified barebackers and lumps them together with HIV-positive barebackers who seek sex strictly with other seropositives.²⁶ The latter group thus assumes guilt by association.

Rights, Responsibilities, and Stigma

Safer Sex: Ethics and Contradiction

Rights and responsibilities are closely related to discursive categories facilitated via epidemiologic constructions of risk. The individual right to pursue preferred sexual practices is at odds with the responsibility not to contribute to some larger social harm. The ideological lightning rod on which the tension between these two poles has played out has been the issue of condom usage. As ethicist Ronald Bayer has pointed out, the rhetoric of safer sex has always been "grounded in the concepts of universal vulnerability to HIV and the universal importance of safe sexual practices" (1996:154). In that configuration, one should assume that all sexual partners are HIV positive and therefore seek protection by using a condom consistently. Safer sex has therefore emphasized self-protection over disclosure of HIV status to sexual partners.

Unfortunately, that way of conceiving risk and protection glosses over many of the complex psychosocial dynamics that influence sexual decision making among queer men. First, safer sex has tended to blur the different

issues that HIV-positives and HIV-negatives face (Bayer 1996:1541). To assume, for example, that one's partner is HIV positive may be compelling to a seronegative individual but carries less sway for another seropositive. Moreover, the conventionally framed notion of universal condom usage inadequately addresses issues of trust, intimacy, and negotiation as they play out in sexual episodes between primary and casual sexual partners.

In a sense, safer sex privileges an individual's right to have sex with whomever he wants so long as the responsibility to use condoms is upheld. That configuration, however, leaves open the question of disclosure. If, for example, two men—one HIV positive, the other negative—meet for the first time and subsequently engage in anal intercourse using a condom, is the seropositive man ethically obliged to disclose his HIV status? That unresolved question of social and ethical responsibility constitutes a central tension in safer-sex ideology. It has been debated explicitly in scientific and popular gay media by prevention specialists, AIDS activists, and gay writers alike (e.g., Cornelius Baker, as reported in Kirby [1999:45]; Rotello 1995; and Signorile 1995 [as cited in Bayer 1996:1541]).²⁷

Barebackers' Rights, Responsibilities, and Group Identities

The rhetoric of rights and responsibilities has been central to debates about bareback sex. Men who identify as barebackers have asserted their right to sexual practice on their own terms. As one HIV-positive subscriber to a popular barebacking e-mail list-serv posted, "Since most of us are already poz, we just want to live out our lives in peace having the sex we enjoy . . . mostly with each other. We feel that it is our right, given our limited time on this earth" (Anonymous 1999c).

I do not presume that the sentiments expressed in this statement are representative of those held by the majority of self-identified barebackers. Rather, I find it compelling because its sentiments reveal particularly salient contours of ongoing debates. First, there is the assertion that most barebackers are HIV positive and therefore need not concern themselves with fear of infection. That position is at odds with a viewpoint forwarded by individuals such as Gabriel Rotello, who would find the "mostly" in "mostly with each other" to be highly problematic. For Rotello, it is the possibility of even a small handful of HIV-negative individuals engaging (knowingly or not) in condomless anal sex with seropositives that risks fanning the flames of the ongoing epidemic.

Also contained in the posting is the notion that HIV-positive individuals

have less time to live and are therefore particularly entitled—indeed, have a right—to seek pleasure so long as no one is harmed. This perspective follows Mary Douglas's theorization of how individuals respond to stigma: "What the individualist wants from the cultural project is to be left free to pursue his own activities, uncriticized and uncontrolled by others. The theory that contagion enters by very specific routes gives him the cue for saying that he is in control of his own life. He argues rationally that he is in control of those routes, at least as much as he wants to be" (1994:118).

What is being expressed is the notion that barebacking is not unsafe with respect to HIV infection. In other words, those who are already HIV positive no longer need to worry about HIV risk during episodes of condomless anal sex with other seropositives. Although a comprehensive review of the scientific literature on issues of reinfection (i.e., with new viral sub-strains) is beyond the scope of this essay, the evidence for negative HIV-related consequences for viral exposure subsequent to initial infection is as yet inconclusive. Should that change (i.e., should multiple exposures to HIV following initial infection be proven to be deleterious), barebackers' ability to write off this concern will be substantially diminished.²⁸

The rhetoric of responsibility has been often invoked in popular criticisms of barebacking—the practice and the individuals who engage in it. One way this has played out concerns the responsibility of HIV-positive individuals not to expose others to the virus. That formulation is simplistic because it ignores the issue of consent; two sex partners might mutually negotiate a decision not to use condoms. Perhaps it is more accurate to state that this particular rhetoric of responsibility supersedes the possibility of consent. Even though two adult men might decide to forego condoms during anal sex, their decision is somehow intrinsically irresponsible and violates society's expectations of seropositive gay men. Sexually active gay men—more specifically, self-identified barebackers—have articulated conceptualizations of responsibility in addition to rights.²⁹

The excerpt also speaks to the production of a collective identity (the entitled and defensive "we" in the text) emergent in public assertions by barebackers, often in response to attempted stigmatization. That is consistent with Goffman's assertion that individuals stigmatized on the basis of the same trait may be disposed to formal, explicitly acknowledged, group formation, although a stable organizational capacity for the emergent group is unlikely due to the lack of commonality with respect to other traits. "A good portion of those who fall within a given stigma category may well refer to the total membership by the term 'group' or an equivalent, such as 'we,' or 'our peo-

ple.' Those outside the category may similarly designate those within it in group terms. However, often in such cases the full membership will not be a part of a single group, in the strictest sense: they will neither have a capacity for collective action, nor a stable and embracing pattern of mutual interaction" (Goffman 1963:23).

Stigma can, however, result in the formation of groups that have formal and sustainable organizational structures and "native" leaders who serve as representatives to other groups (Goffman 1963:27). In such instances, group activities facilitate the production of a group ideology. "Often," Goffman observes, "those with a particular stigma sponsor a publication of some kind which gives voice to shared feelings, consolidating and stabilizing for the reader his sense of the realness of 'his' group and his attachment to it. Here the ideology of the members is formulated—their complaints, their aspiration, their politics. The names of well-known friends and enemies of the 'group' are cited, along with information to confirm the goodness or the badness of these people" (25).

Rather than a publication, bareback sex ideologies are formulated principally via modes of computer-mediated communication that represent a safe milieu for discussing hot topics. Through Web-sites, chat rooms, and e-mail list-servs, an ideology is indeed formed, and "friends and enemies of the 'group'" are clarified.³⁰ For an individual who has only recently adopted an identity as a barebacker, there is a preexisting ideology that no doubt conditions the subsequent development of that identity.

Risk and Pleasure

In describing the psychological dynamics of bareback sex at the individual level, Elovich posits that "flirting with risk becomes part of the erotic charge" (1999:89). The notion that some conceptualized or realized exposure to HIV is an erotic turn-on permeates debates about bareback sex. Individuals who find some positive value in this notion are described in popular debates as "dangerous," "stupid," and "incomprehensible." Meanwhile, images that seem to eroticize HIV seroconversion proliferate on bareback sex Web-sites and e-mail list-servs.

Several questions soon emerge, however, regarding the meanings of this alleged eroticization of exposure. What precisely is being eroticized? What scenario or prospective outcome stimulates sexual arousal? Do some nega-

tive barebackers find the idea of seroconversion (and all that it might entail) to be arousing? Do some positive barebackers find the idea of facilitating the seroconversion of a seronegative to have erotic value? How elaborate—how developed that is—are barebackers' fantasies? Is arousal achieved through fantasization of concretely framed images or from vaguely defined traces or associations? Perhaps the most important question in public health terms concerns the relationship between fantasy and practice. To what extent does bareback fantasy predict bareback practice? For example, does a preponderance of "gift-giver" and "bug-chaser" imagery on the Internet prove (or somehow reliably indicate) that intentional seroconversion is actually occurring? Finally, how is eroticized risk linked to other elements of sexual arousal (for example, physiology) during anal intercourse?

What Makes Anal Sex Desirable?

In examining the appeal of anal sex in Western societies, the Foucauldian notion that proscription, through an incitement to discourse, begets desire is useful. In the first volume of *The History of Sexuality*, Foucault (1978) forwards a framework for analyzing the relationship between attempts at social control and emergent sexual desire. Sheon and Plant (1997:4) have pointed out one well-known example from Foucault's argument that concerns efforts to control childhood masturbation in seventeenth-century Europe. In this argument, Foucault shows "how the experts' discourses on masturbation essentially created the problem they were ostensibly trying to eliminate. By teaching the children about forbidden acts, through stern lectures in the classroom or through hushed admonitions in the confession box, efforts to stop masturbation implanted the very desires they aimed to eradicate."

A similar incitement to discuss deviant sexual practices has, through religious, juridical, and medical discourse, facilitated interest in (and among some a desire for) anal sex. The incitement to discuss gay sex stems from the need to reinforce its opposite: procreative vaginal sex between a man and a woman.³¹ Anal sex in particular is transgressive for the man who is penetrated because his willingness in this regard signifies rejection of normative masculinity.³²

It is important to acknowledge aspects of erotic pleasure of anal sex not directly linked to its status as a proscribed practice. In contemporary studies (ethnographic and epidemiologic) of urban homosexual men in the United

States and Europe, anal sex has been constructed as a particularly intimate form of sexual practice.³³ It is said to symbolize "excitement, 'the real thing,' emotional love, the culmination of sexual experience and trust between two people embarking on a relationship" (Lowy and Ross 1994:477). Even outside the context of a primary relationship there exists a common sentiment among urban gay men in the United States that anal sex is somehow more "real" than other sexual practices. Thus, the motivation to engage in it has been described as "the primal urge to feel alive, to achieve the ultimate moment of self-awareness while simultaneously getting lost in the pleasure of orgasm" (O'camb 1999).³⁴

Cultural Constructions of Condomless Anal Sex

Anthropological and quantitative attitude studies have suggested a widespread perception that sexual practices involving condoms (by no means limited to anal intercourse) are less pleasurable than their condomless equivalents. Condoms are thought to inhibit physiological sensitivity and interrupt a progression perceived to be natural, from excitement to plateau to orgasm to resolution. Condoms are also thought to be ungainly and cumbersome to dispose of (Davies et al. 1993:140). Discussions in the popular gay press suggest that HIV-positive and HIV-negative men may attach different value to condomless anal sex. "I can't comment on a negative guy's decision to go raw," Stephen Gendin notes, "but for us positive men, the benefits are obvious. The physical sensation is much better. The connection feels closer and more intimate. The sharing of cum on the physical level heightens the sense of sharing on the emotional and spiritual planes" (1999:50).³⁵ Yet another common complaint about condoms is that they inhibit the ability to feel the semen of a sexual partner inside the rectum following orgasm. To the best of my knowledge, it is only in the context of debates about bareback sex that such a complaint can be expressed explicitly and publicly.

An additional dimension to understanding condom use and anal sex is sexual role-playing. In a study of gay male personal advertisements, for example, Leap (1996) suggests that claims to pleasure among men identifying as "bottoms" are shaped by whether condoms are expected to be used. Bottoms who responded to an advertisement specifying the need for condoms represented themselves as more entitled and focused on their own pleasure in anticipated sexual encounters than those who anticipated no condoms and were

more focused on their (top) partner's pleasure. It is possible that the absence of condoms may signify a distinct understanding of entitlement to pleasure. More generally, it may also indicate that a comprehensive account should consider both pleasure received and pleasure given by the sexual subject.

Fantasizing HIV Seroconversion?

In a thorough analysis of the meanings of bareback sex, the putative eroticization of risk in the context of condomless anal sex merits deconstruction. One important line of inquiry concerns the question of intent and whether some barebackers erotically pursue seroconversion of themselves or their sexual partners. Not surprisingly, scientifically rigorous attitudinal and behavioral data addressing this specific question are virtually nonexistent. In their absence, a great deal of speculation (some based on anecdotal reports, some based on vaguely hysterical paranoia) continues to play out in popular debates. Ocamb (1999:49) has stated that "today, what was unthinkable fifteen years ago—unprotected anal intercourse and casual exposure to HIV—is no big deal. Fast-food sex is making a comeback." The implicit (and highly problematic) assumption is that condomless anal sex that results in direct exposure to HIV has become normalized. In other words, it is assumed that not using condoms equals seroconversion—a formulation flawed in at least two respects. First, it ignores the possibility that many barebackers are HIV positive and only have anal sex with other seropositives. More important, it suggests that eroticization of HIV risk automatically implies actual intent to seroconvert—or, to put it reductively, that an attitude necessarily predicts a practice.

Bareback sex may indeed involve a certain form of eroticized risk. I am unconvinced, however, that the medical and/or social consequences of HIV seroconversion have erotic value for seronegative barebackers. In the psychological literature on sociocultural factors influencing HIV-risk behaviors among queer men several researchers have concluded that HIV seroconversion, in some settings, is associated with a positive life transformation (e.g., Odets 1995). Thus, becoming HIV-infected grants one entry to a "community" that has its own resources (e.g., social support networks). It has also been posited that some HIV-negative gay men welcome seroconversion because it provides a release from the "constant pressure of worrying about becoming infected" (Ocamb 1999:50). However common such sentiments

may be among queer men in the United States, I find no evidence that they are erotic sentiments. Thus, in considering what precisely might be eroticized in the context of barebacking I remain skeptical that HIV-negative barebackers have clearly defined sexual fantasies of *being* HIV positive.

It is difficult to examine on empirical grounds the hypothesis, often expressed in popular debates, that some younger HIV-negative men are seeking seroconversion through condomless sexual practices. My interview with Jason and my review of barebacking-oriented Internet venues and the popular gay press lead me to believe that such men certainly do exist. That said, it is my impression that many such individuals are not, strictly speaking, barebackers. Their avoidance of condoms is not informed by a clear understanding of the potential consequences of their actions. According to Jason, the lack of understanding is facilitated by youthful recklessness (especially in the context of group sex encounters) and perhaps by even a conscious effort to avoid (disease transmission) information that in its gravity would de-erotize an experience:

Jason: If some HIV-negative idiot is allowing himself to go to a bareback party with nine hundred men and let himself get fucked, which happens—I mean it does happen—I know it happens . . .

Ben: Why do you call that person an idiot?

Jason: You know what? I would have told you a year ago it's his constitutional right. And it still is his constitutional right. But . . . he's an idiot. I take forty-five pills a day. You know, not just my triple cocktail. I also take acyclovir because I already had herpes. I take this drug to alleviate the symptoms of my neuropathy because I'm on two drugs that are serious neuropathy-causers, two antivirals. I'm on an antifungal because I get fungus on the bottom of my feet real bad. I'm on Prozac because . . . being HIV-positive tends to devastate you whether you like it or not. Um, and testosterone, shots, twice a month. So it's not a pretty life. You burp, you fart, you have diarrhea, you feel horrible all the time, just with the medication, are just not pleasant . . . I think anybody that doesn't think it through that far . . . and is just thinking about getting that next load up their ass . . . is an idiot . . . So I have my own value. Like I said, I still believe they have a constitutional right to do it, but it doesn't keep me from stop calling them stupid.

From Jason's perspective, the decision to "go raw" should involve a careful scrutiny of consequences. For negatives, that should include consideration of what life will be like if one seroconverts. Given the profound has-

of managing HIV disease in his own life, he finds the prospect of ignoring such consideration to be irresponsible and "idiotic."

Fantasizing Risk

Another question concerns the role of risk in sexual fantasy irrespective of actual (behavioral) intention. Sexual fantasy and erotic value are often grounded in and driven by images of transgressive or dangerous acts. In sexual fantasy, one may transgress social norms or perceptions of individual personality.³⁶ Fantasized violation of safer-sex guidelines (i.e., condoms for every sexual encounter), for example, takes on erotic value, or perhaps a man who perceives himself as socially passive might be turned on through the fantasy of playing an active role in sexual encounters.³⁷

Using forms of computer-mediated communication (e.g., e-mail list-servs, Web-sites and chat rooms), self-identified barebackers (HIV positive and negative) regularly post messages that suggest that various forms of risk do take on erotic value in sexual fantasy. Images of semen containing HIV, for example, proliferate on the Internet, and terms such as *gift-giver* and *big-chuser* are common. The question of how to interpret these labels emerged several times during my interview with Jason. While discussing a well-known bareback sex Web-site, for example, he speculated that the use of such symbolically charged terms in Internet-based personal ads is, among other things, a kind of marketing scheme (i.e., a way to catch people's attention): "I think the gift-giver, bug-chasers introduction thing is the . . . catcher that brings everybody in . . . I mean, where else do you see something called the 'fuck of death'?"

I am unconvinced that contemplation of the consequences of actual seroconversion has widespread erotic value. That said, an erotic fantasy regarding seroconversion appears to exist in popular conceptualizations of barebackers and in the broader arenas where these conceptualizations have been challenged:

Jason: I sort of bought into the eroticism of seroconversion.

Ben: Tell me about that.

Jason: You know, I think there's a little bit of the vampire myth . . . a vampire makes another vampire by first sucking his blood and then giving back his vampiric blood to the initiate. I'm slamming my seed on an uninitiated person's butt and making them part of the pack or something . . .

Jason claims that he has never participated in seroconverting an HIV-negative (and has no interest in doing so), nonetheless he finds (or has derived) erotic charge in that prospect. On an individual level then, his erotic fantasy poses no public health risk. What I suspect is largely the same cultural model has been described in slightly different terms by Scarce: "From the science of how the virus invades—and then is incorporated into—the host cell, combining the DNA of one organism with another to make a new form of life, these men have woven a tale of romance" (1999:70). That rendering is particularly interesting because it evinces an amalgamation of biomedical and lay perceptions of risk. In other words, images of virological processes have fused with popular myths. In such a configuration, an eroticized analogy emerges in which HIV-positive barebackers are symbolically equated with vampires and invading viruses.

In attempting to make sense of what Jason has referred to as "the vampire myth," it is important to question the setting in which this fantasy plays out. Does it occupy the imagination of barebackers while they are actually engaged in sexual activities, or is it more a "background" fantasy that structures the imagery in barebacking Web-sites and individual masturbatory fantasy but rarely occupies the attention of two men while engaged in sexual experience? Whatever notions of risk permeate the sexual fantasies of barebackers, it appears unlikely that they are cognitively explicit. Barebackers do not, in other words, appear to be thinking explicitly about risk while they engage in fantasy, whether during or outside actual sexual experience. Rather, it seems that some derive an erotic charge from a vaguely articulated awareness of exposing themselves to some sort of danger.³⁸

For gay men in particular, it seems likely that the inchoate notions of risk that come into play during eroticizations of condomless anal sex involve hybrids of at least two models. As Levine and Siegal (1992) have stated, "Gay men shuttle between two competing cultural constructions of HIV transmission: the public health and the folk constructions." It is also possible that in certain contexts gay men switch to one model (which does not negatively construe the practice in question) while suspending another. That is perhaps a way by which those who at some level "know better" may do very risky and potentially self-destructive things.

Epidemiologic notions of risk have spilled into popular conceptualizations, particularly through the promotion of safer-sex ideology. Gay men, however, reconfigure these public health constructs to be less static and inherently subject to situational factors. Thus, Davies et al. have posited, "Men do not carry with them a pre-specified level of risk which is with them in

the same way that their eye colour or the size of their genitalia is fixed, nor even in the way that their political preference is relatively fixed. Rather, that assessment is made about a particular session with a particular partner in a particular context" (1993:59).

Safer-sex ideology thus influences but does not determine popular gay notions of risk. Nonetheless, it seems clear that public health constructions of risk do substantially (if unconsciously) inform the sexual fantasies of barebackers, lending clarity to which behaviors are to be considered dangerous and therefore potentially erotic.

Bareback Sex and Anthropology

The relevance of bareback sex extends much further than the constructions of risk implicit in popular debates and how they might influence sexual fantasy. Indeed, it is barebacking's resonance with unresolved elements of lesbian, gay, and other non-normative sexualities that has the potential to allow the discussion to emerge as a site of intense (and at times vitriolic) contestation. As such, critical analysis of debates about bareback sex points to broader concerns within lesbian and gay anthropology.

In its popular debates, bareback sex has been represented as an issue of principal relevance and interest to gay men. With few exceptions, women's voices (lesbian or otherwise) have been absent from discussions of barebacking in the popular gay press, on the Internet, and at scientific or activist conferences.³⁹ Further, men who write or speak on bareback sex (or issues of condom usage more generally) have seldom examined its defining themes (risk and fantasy, for example) in the context of female—more specifically, lesbian—sexuality. This unproblematicized "partitioning" of queer male sexuality facilitates the inference of underlying sexual difference between gay men and lesbian women. Because this inference remains uninterrogated, it plays into existing divisions between lesbians and gays in social and political spheres. This points to the need for continued anthropological attention to both the common ground and points of divergence between queer male and female sexuality. At the same time, however, gender remains a useful lens through which to analyze bareback sex. Willful, condomless, anal sex appears to have as much to do with being a man as being a gay man, especially with the risk-taking personality traits associated with an idealized masculinity.

Implicit in debates about bareback sex is contestation over the meaning of sex in the lives of gay men, that is, how and with whom sex is supposed to be had. As such, the practices and identities of barebacking resonate with ongoing discussion of gay marriage and adoption. At times a thinly veiled valuation is evident in those debates: Men who pursue multiple sexual encounters (or, to use the pejorative label, those who are promiscuous) are morally bereft, sad creatures. Originally, promiscuity was constructed as deviant in opposition to monogamy.⁴⁰ With the advent of HIV, however, a newly pathologized promiscuity has come to function as the oppositional grounding for constructions of respectability in the context of queer coupling and family structures. The popular press's critiques of bareback sex have tended to imply a bipolar rather than multipolar array of models of sexual and emotional coupling. The happy, monogamous couple is at one end (the good end), and sex-crazed, lonely, and "at-risk" men are at the other (the bad end).

To date, a lack of systematic empirical data on the attitudes and sexual practices of self-identified barebackers has made it difficult to know what to make of the sorts of narratives as that which began this essay. Moreover, the diversity of interpretations represented in popular debates points to inadequacies in anthropological understandings of the origins and embodied experience of sexual pleasure in queer male and female subjectivities. Although diverse ethnographic studies of non-normative sexualities have appeared since the mid-1990s, I am aware of few that have focused specifically on sexual fantasy and pleasure. Fewer still attend to the complex psychic dynamics of subject-object and viewer-image characterizing fantasy and its relationship to the experience of sexual pleasure.⁴¹

Barebacking also raises important questions about the role of risk in sexual fantasy and the origins and implications of transgressive fantasy. The vast literature in cognitive psychology on sexual fantasy has tended to argue that gender influences fantasy in fundamental ways.⁴² Men report higher frequencies of sexual fantasy and fantasies that have greater emphasis on visual content (more and greater variety). Women's fantasies, however, tend to highlight affect more explicitly, particularly feelings of commitment, tenderness, and emotionality, and have less emphasis on sexual content. The sorts of methods used to reach these conclusions (most of them have been structured or semistructured surveys) have obvious limitations and point to the contribution that in-depth ethnographic research could make.

Conclusions

In the United States, debates about bareback sex have been the sites of struggle and articulation of new identities, new perspectives on queer male sexuality, and on the ongoing complexities of HIV prevention. These debates speak to concerns about how to frame HIV prevention in an era where the threat of death may no longer function as an effective dissuader from condomless sex and where the safer-sex call to "use a condom every time" has proven too simplistic to address realities of increasingly diverse queer male subcultures. In this essay I have examined the implicit constructions of risk that inform popular debates and argued that notions of risk originating in public health epistemology and promoted in safer sex have played a key role in processes of the pleasure and stigmatization linked to bareback sex. I have also attempted to identify points of resonance with lesbian and gay anthropology. How, I inquire, does anthropology contribute to ongoing discussions of risk, sex, and HIV? Moreover, I describe how barebacking provides a lens to a variety of broader themes about queer sexuality.

Having stated what I have attempted, it is important to note what has been left out. The first issue concerns the difficulty inherent in pursuing this type of discourse analysis in the absence of empirical behavioral or ethnographic data. Without such data, for example, it is impossible to be sure of the precise prevalence of such sensationalized behaviors as intentional seroconversion. More generally, it leaves analysts unable to untangle bareback fantasy from bareback practice and therefore how sexual fantasy relates to actual behavioral risk. Systematic ethnographic research along these lines should be undertaken. Such research, however, would do well to take to heart Clatts's call for reconceptualization of sexual practices away from models that cast them as dependent variables that ignore "the broad diversity in gender roles and meanings that exist, or of the way in which both behaviour and meaning are shaped by interacting cultural, social, economic, and political factors" (1995:242).⁴³

In part, I have attempted in this analysis to respond to Richard Elovich's comment (1999:87) about the difficulties of talking openly and honestly about anal sex. That observation is readily apparent in debates over bareback sex and points to how inconsistently, uncomfortably, and at times imprecisely we discuss sex and sexual pleasure. That point became all too clear as I struggled to make sense of my initial reaction to the bareback sex narrative that

began this chapter. It is my hope that the strategy I have taken lends itself to the elaboration of increasingly refined approaches to the study of queer sexuality. The bareback sex debates, meanwhile, rage on.

Notes

This essay draws heavily from presentations given at scholarly meetings during 1999 and 2000 (Junge 1999a, 1999b, 2000). I am grateful to Peter Brown, Bruce Knauft, Bradd Shore, and Debra Spitulnik at Emory University's Department of Anthropology for their support and feedback. I am also much obliged for insightful comments from William L. Leap.

1. Xtreme Sex is no longer maintained but was in operation through at least the end of 1999. Although the details of its closure are unclear, a terse explanation appears at <<http://rampages.onramp.net/1mike/Xtremesex/xtreme.html>>.
2. An obvious exception to these lacunae has been inquiry into emergent kinship structures (fictive or otherwise) within contemporary queer cultures (e.g., Weston 1991). That research is a response to attempts by religious and political conservatives in the 1980s to reclaim an imagined "tradition" of "family values," a tradition understood as threatened by emergent queer models of "chosen" families.
3. As of November 2000, very little scholarship in the social sciences and humanities had been published on barebacking. A search of MEDLINE, PsycInfo, Healthstar, and AIDSLINE using the key words *bareback*, *barebacking*, or *barebacker* elicited no peer-reviewed scholarship other than Gauthier and Forsyth (1999) (see, however, Junge 1999a, 1999b, and 2000 and Bolton 2000).
4. I conducted this interview as part of an examination of barebackers' use of the Internet (Junge 1999a).
5. *Newsweek* magazine (Peyser, Roberts, and Stout 1997) credits the men who first participated in America Online chat rooms devoted to condomless sex—at least as early as 1996—with producing this label. Synonymic terms such as *rnrnr*, *sex have*, at any rate, been in use for substantially longer.
6. Ocamb (1999:50) quotes researcher Gibson as saying that barebacking "has come to mean any unprotected anal sex." Similarly, Armstrong (1999:85) notes that "one in sixty acts of barebacking leads to infection," citing a well-known statistic describing risk of HIV infection posed by condomless anal sex regardless of whether condoms were willfully disregarded.
7. Unfortunately, some researchers who write on bareback sex have drawn elements of an emergent, unstable linguistic construction to forge a static analytic construct (e.g., Gauthier and Forsyth 1999).
8. It has also been posited that the term *barebacking* was initially used to describe condomless anal sex among HIV-positives but has subsequently diversified semantically (Ocamb 1999:50). The contention is supported anecdotally by a statement that was posted on a prominent barebacking e-mail list-serv: "No one has a patent on

barebacking. It's not 'supposed' to be only for folks of any particular status. The stats I have collected from 800+ barebackers indicate well over 45 percent of them self-identify as negative."

9. For example, Gauthier and Forsyth (1999) have examined the category of "bug-chaser" found at Internet sites designed to facilitate bareback sex. "Bug chasing," they report, "is the term used to refer to the act of barebacking when the participants include both HIV-positive and HIV-negative gay men, and the latter knowingly seek infection by the former" (86). That characterization oversteps the possibility that some bug-chasers never engage in condomless sex but eroticize it nonetheless. Such an oversight is extremely unfortunate, because it plays into alarmist outcries against barebackers without a critical examination of underlying cultural dynamics.

10. In public health and anthropological literature on HIV among men who have sex with other men, the terms *unprotected anal intercourse* (UAIC) or *unsafe sex* are often used to describe this practice. Because I find the words *unprotected* and *unsafe* somewhat problematic for their implicit emphasis on disease prevention, I will eschew such labels and employ instead more directly descriptive terms (i.e., *condomless anal sex*). For a similar perspective, see Davies et al. (1993:43).

11. In the social science and epidemiological literature, a variety of specific correlates of condomless anal sex has been posited, most of which are framed in negative or pathological terms. These include bereavement over partners who have died of AIDS (Kalichman et al. 1998); "heat of the moment" decision-making (Gold and Rosenthal 1998); alcohol and drug use (Darrow et al. 1998); sensation-seeking (Rompala, Difranceisco, and Kelly 1998); loneliness and low self-esteem (Martin and Knox 1997); psychological stress due to social oppression and rejection (Vince and Bolton 1995); and HIV seropositivity (Van de Ven et al. 1998). In addition, several studies have indicated that condoms are less likely to be used during anal sex in primary partner relationships, which signify a symbolic construction of trust in one's partner (Bartos, Middleton, and Smith 1996), than in casual or "recreational" sex encounters (Darrow et al. 1998; Elford et al. 1998; McLean et al. 1994; Van de Ven et al. 1997, 1998).

12. See, for example, Carballo-Dieiguez and Dolezal (1998); Ekstrand et al. (1998); and Valleroy et al. (1998).

13. For a study of how gay men who have long-standing HIV infections have dealt with increased projected longevity due to new medical therapies (the "Lazarus dilemma"), see Manzilla (1998).

14. The first study, published by Dilley, Woods, and McFarland (1997) and based on interviews from a cross section of San Francisco MSM, concluded that "advances in treatment are affecting the sexual decision making of some high-risk, HIV-negative gay men" (502). In a study of sexual decision-making among MSM engaged with casual partners in Sydney, Australia (Prestage et al. 1997), taking the new antiretroviral treatment was associated with an increase in condomless anal sex between 1995 and 1996. Subsequent reports indicated a perception that sex with an HIV-positive man who had an undetectable viral load was somehow "safer" than sex with someone who had a relatively high viral level (Kalichman et al. 1998). Similarly,

Hickson et al. (1998) report that a small but measurable proportion (11 percent) of their sample of British MSM in 1997 felt more likely to "take a risk with unprotected anal intercourse" given treatment advances.

Findings from studies of this sort have not, however, all supported the treatment advances—condom usage hypothesis. For example, after additional follow-up on their San Francisco sample Dilley et al. concluded that "improved antiretroviral treatment does not affect sexual decision making among the majority of men who have high risk sex with men" (1998). Similarly, Bartos et al. (1998) concluded that within their sample of Australian adult males, beliefs about the efficacy of the new treatments did not affect beliefs about condom use. Elovich (1999) has suggested a differential effect of treatment advances on the attitudes and practices depending on HIV serostatus and the failure of ongoing prevention efforts to address this differential. "While these drugs were an amazing development for men who are infected," he comments, "they did not change anything for HIV negative men. . . . This change-without-a-change for negative men has created frustrations that most prevention efforts have yet to acknowledge or address" (87).

15. "Sex panic" has been defined by historian Alan Bérubé as "a phenomenon in which society panics about some aspect of sex—prostitution, porn, etc.—and embarks on an intense assault against sexual freedom. Civil liberties are brushed aside, minority rights trampled on, and freedom of expression threatened" (quoted in Crain 1997; also see Rubin 1984).

16. This position was elaborated in a by-now infamous collection of essays edited by a group of New York University graduate students (*Dangerous Bedfellows* 1996).

17. Signorile (1999:51) goes so far as to call for "putting fear back into HIV prevention" in an attempt to promote condom use and a decrease in the frequency of sexual partnering.

18. The fragmented nature of contemporary gay identity in the urban milieu has also been articulated by gay activist Eric Rofes (1998).

19. I put "crackdown" in quotes here because several individuals have called into question the extent to which the rate of closure of New York City gay establishments during this period differed from earlier periods (e.g., Rotello 1999).

20. This sentiment was epitomized in a now-infamous speech given by gay pornography star, Tony Valenzuela, at a national conference around community organizing and HIV (Valenzuela 1999).

21. Attention to these issues continues to increase. In its April 1999 edition *The Advocate* profiled barebacking in its cover story (Kirby 1999). The June 1999 issue of *POZ Magazine* headlines a cover story entitled "Beyond Condoms: How to Create a Gay Men's Culture of Sexual Health" (Elovich 1999). In another issue of *POZ* Tony Valenzuela was depicted in the nude, standing next to a horse, under the title "Tony Valenzuela and the Boys Who Bareback Take You on a Ride Inside" (1999). At the same time, writers such as Rotello (1999) and Signorile (1999) continue to argue passionately for changes in gay cultural norms surrounding gay male sexuality. Although the influence of new treatments on risk perception and sexual practice

remains uncertain, reports of dramatic increases in citywide HIV and rectal gonorrhea infections have stimulated further concern about barebacking (Anonymous 1999a; Maugh 2000).

22. Typically, a trait that has at least a 95 percent probability of occurring due to factors other than chance is considered a risk factor.

23. This logic is analogous to that posited by Talcott Parsons in a well-known essay on the culturally sanctioned role of a sick person: "By institutional definition of the sick role the sick person is helpless and therefore in need of help" (1951:440). Just as the medical establishment has social license to help the sick, public health professionals have license to undertake prevention among at-risk populations.

24. Recognizing the wider range of context-dependent, cultural factors influencing sexual decision-making (and jettisoning the presumption of irrationality in cases of condomless anal sex), program planners in Australia and New Zealand have advanced a perspective known as "negotiated safety" whereby a space is created for queer men to openly discuss reasons for their risky behaviors (Bartos, Middleton, and Smith 1995; Crawford et al. 1998; Worth and Ewing 1998). In the United States that approach has proven extremely controversial because of the fear of condoning behavior understood as irrational and immoral by facilitating its open, nonjudgmental discussion (Elovich 1999:89). The issue is analogous to debates around syringe exchange in the United States that lambaste (erroneously) the provision of sterile syringes to injection drug-users as a way of reducing high-risk needle-sharing. Such exchanges are described as encouraging drug use or at any rate sending the wrong message about drug use.

25. As Farmer observes, "Why do some persons constitute 'risk groups,' while others are 'individuals at risk'? These are not merely nosologic questions; they are canonical ones. Why are some approaches and subjects considered appropriate for publication in influential journals, while others are dismissed out of hand? A critical epistemology would explore the boundaries of polite and impolite discussion in science" (266).

26. My impression that HIV-serodiscordant sex partners who bareback are a "small proportion" of the broader population of barebackers is speculative and based on informal sources, for example, the popular gay press, a review of bareback-oriented Web-sites, chat rooms, and list-servs, and conversations with friends. There is urgent need to collect empirical data that explicitly embraces the terminology and social labels (unstable though they are) emergent in debates about bareback sex.

27. Along these lines, Cornelius Baker, then executive director of the National Association of Persons with AIDS, has stated that people with HIV "have a moral and ethical responsibility to disclose their status to sexual partners. So what we're doing now is dealing with the rights and responsibilities of people with HIV. We are developing HIV survival programs with a whole track about relationships so people can learn the skills to disclose and to negotiate healthy sex that won't transmit HIV" (Kirby 1999:95).

28. Although condomless anal sex may not have deleterious HIV-related consequences for seropositives due to reinfection, other negative outcomes are probable

because HIV is by no means the only STD transmissible via anal sex. Others include herpes, hepatitis A, gonorrhea, and anal warts. For HIV-positives, these infections can impair the immune system and thereby accelerate the progression of HIV disease. Regardless of HIV status, these conditions are painful and disruptive. It appears that gay men—both HIV positive and negative—who self-identify as barebackers are often aware of these risks and knowingly accept them. As Jason said, "There still is the element of danger. We do not know . . . I don't know whether I'm gonna get gonorrhea up my ass the next time I get fucked. . . . Or whether I'm gonna get it from fucking someone. So there's always that element of danger in there. . . . I've at least done scientific processing enough for myself to be okay with this."

29. With respect to gay men, more recent research suggests varying degrees to which sexually active, HIV-positive individuals perceive a personal responsibility to protect others from infection. Wolitski et al. (1998) found two variables to be associated with high perceived personal responsibility to protect others from HIV infection: being more than thirty-five years of age and having graduated from college. In future research on bareback sex it would be interesting to gauge the prevalence of those two traits among self-identified barebackers as one analytic entree to their conceptualizations of responsibility.

30. Bolton (2000) has asserted that barebackers represent both a subculture and a "community."

31. "The appeal of queer sex, for many." Michael Warner has written (1995), "lies in its ability to violate the responsabilizing frames of good, right-thinking people."

32. As Davies et al. (1993:128) have noted, "By claiming men can be fucked, and that they can enjoy it, was to call into question the fixedness of what it meant to be 'a man.'"

33. It is worth acknowledging the existence of social science literature describing cross-cultural variation in prevalence and relative desirability of various sex practices among homosexual men. Although oral sex may be popular within one culturally specific population of homosexual men, anal sex may be the "default" elsewhere. One commonly waged critique of safer-sex ideology has been its one-size-fits-all strategy for condom promotion. In this discursive configuration, anal sex is risky and therefore to be avoided regardless of cultural context. It is to be supplanted instead by "safer" forms, such as oral sex, which HIV-prevention campaigns seek to eroticize. For specific examples of HIV-prevention campaigns that have failed to achieve the anal-to-oral switch (which suggests that African American and Latino American gay men in some settings do not want to substitute oral sex for penetrative anal sex), see Catballo-Diequez and Dolezal (1998) and Gomez and Halkitis (1998).

34. The reference to "the pleasure of orgasm" in the preceding quotation brings up an additional aspect of the erotic value of anal sex—physiology. Although all forms of male orgasm are centered in the prostate gland, orgasm achieved through anal stimulation is experientially distinct from that achieved by penile stimulation (for example, during mutual masturbation). In other words, the physiological experience of orgasm for the receptive partner in anal sex is distinct (from orgasm achieved in other ways) regardless of cultural context.

35. Tony Valenzuela's by-now notorious description of the experience of condomless anal sex as "transformative" is a good example of that sentiment among HIV-positive men.

36. Because "active" is a culturally (rather than biologically) defined notion, an active sexual role does not necessarily refer to the penetrative role in anal sex, although in popular U.S. conceptualizations to penetrate is considered "active."

37. None of this is particularly novel and by no means specific to gay men. What seems special about the debates of bareback sex is that the possibility that a particular sexual fantasy (in which norms forged on public health grounds are violated) has been singled out and garnered the consternation of such a wide array of individuals. Implicit thus far in these debates has been the presumption that fantasy signals practice—that fantasy of transgression signifies that transgression is actually occurring. Although I do not dispute this possibility, and at any rate have no empirical data to explore the hypothesis one way or another, I am nonetheless struck at the lack of interest in the possibility (commonly articulated in psychotherapeutic contexts) that transgressive fantasy can actually be a healthy form of stress reduction.

38. Such a sentiment is by no means limited to gay men. Indeed, the notion of "feeling the most alive when closest to death" pervades the psychological literature on risk-takers (e.g., Zorpette 1999:57). Thus, psychologists have developed scales to gauge the parameters of risk-taking dispositions, for example, "sensation seeking" (Zuckerman, Buchsbaum, and Murphy 1980) and "thrill seeking" (Konner 1990). Such scales have often been applied to extreme sports, such as skydiving, bungy-jumping, and the like.

39. The one notable exception of which I am aware is Ricks (1999).

40. Elsewhere (Junge 1999a) I have argued that a model of heterosexual matrimony rooted in eighteenth- and nineteenth-century religious and juridical discourses (what Foucault [1978:38] refers to as a "legitimate coupling model") has subtly informed debates about bareback sex.

41. Understandings of fantasy as a "sexual script"—that is, an assemblage of images serving to achieve a state of arousal and satisfaction—do not capture this complexity but rather impose conventional subject-object distinctions and three-dimensional space configurations on an experience often characterized by neither.

42. See, for example, Abramson and Mosher (1979), De Martino (1979), Ellis and Symons (1990), Gil (1990), Hariton and Singer (1974), Hesselund (1976), and Sonenson (1979).

43. I have left the relationship between bareback sex and recreational drugs largely unexamined. Although my rationale for doing so has been the contention that episodes of condomless anal sex fostered through the judgment-impairing effects of drugs do not really qualify as bareback sex, I am well aware that drugs (especially in the context of group sex encounters) continue to occupy a central space in ongoing debates and therefore merit closer attention.

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