

Bareback Sex: Masculinity, Silence, and the Dilemmas of Gay Health

Thomas Haig
*Séro Zéro*¹

Abstract: Improving interpersonal communication skills has become an increasingly important aspect of HIV prevention strategies, based on the notion that this will contribute to more consistent condom use. The emergence of “barebacking” (intentionally unprotected casual sex among gay men) has foregrounded the limitations of such strategies. Efforts to encourage talk run counter to the ways in which silence is valued within bareback sex culture and serves to construct specifically masculine forms of pleasure and desire. This paper draws on gender analysis and phenomenology to consider how prevention organizations can come to grips with this dilemma by re-examining their own ways of interacting with the communities they serve. Using a range of examples, it explores ways organizations can work around barriers to interpersonal communication by enhancing their own ability to *converse* with community members on issues such as bareback sex.

Résumé : Optimiser la qualité de la communication interpersonnelle est devenue un élément essentiel des stratégies de prévention du VIH afin de sensibiliser la population à utiliser systématiquement le préservatif et prévenir l’infection au VIH. L’émergence du « barebacking » (pratique intentionnelle de rapports sexuels non protégés chez certains gays) a cependant dévoilé les limites de ces stratégies. Les tentatives déployées pour promouvoir la communication vont à contrecourant de cette valeur qui est accordée au silence dans la culture du bareback sex, servant à l’élaboration des formes masculines de plaisir et de désir. Cet article s’appuie sur l’analyse des sexes et la phénoménologie pour examiner comment les organismes de prévention peuvent faire face à ce dilemme en questionnant leurs propres moyens d’interagir au sein des organismes communautaires. Ces organismes peuvent surmonter les obstacles à l’établissement d’une communication interpersonnelle efficace en améliorant leur propre aptitude à « dialoguer » avec les membres de la communauté sur des sujets comme le bareback sex.

Keywords: Face-to-face communication; Feminist/gender theory; Phenomenology

Thomas Haig is a community-based researcher and intervention co-ordinator at Séro Zéro, a health promotion organization for gay and bisexual men in Montréal. E-mail: thomas.haig@videotron.ca.

Doesn't do to talk too much about all this. Talk the whole thing away.
No pleasure in anything if you mouth it up too much.

— Ernest Hemingway, 1961

“Bareback” sex (as in riding a horse bareback) is a compelling example of a “love that dare not speak its name” that people just cannot stop talking about even as they struggle over what to say. Barebacking is usually defined as casual, unprotected anal sex among gay or bisexual men who, while aware of the risks of HIV transmission, deliberately choose not to use condoms. Although the term is used increasingly to refer to almost any form of unprotected sex, recent commentaries describe bareback sex as an intentional and ongoing practice, specific to some men who have sex with men,² of not using condoms for anal sex with casual partners³ (Adam, 2005; Shernoff, 2006; Taéron, 2003).

In the context of HIV prevention work, barebacking poses a significant challenge: how to discuss what people actually do in an open and honest way without further contributing to the fragility of safer sex norms or appearing to endorse a very high-risk practice. While bareback sex has at times been viewed as an incomprehensible attack against long years of struggle to promote safer sex—one that must be stopped and silenced⁴—it is more commonly seen by prevention workers as a delicate issue that must be approached with caution. Organizations such as *Séro Zéro*, the community-based gay men's health centre in Montréal where I work, have recognized that they cannot remain silent on the issue. Yet they are far from clear about what should be said and how to say it. An additional complexity lies in the need to account for local specificity. If some media accounts and research in the United States have described barebacking as a self-identified, politicized movement of contestation and resistance (Scarce, 1999; Shernoff, 2006), in cities such as Montréal, the practice seems to have been embraced as a fairly non-political sexual trend or preference.

Struggles by community organizations to formulate appropriate responses to bareback sex have brought into focus some more general dilemmas regarding the development of HIV prevention strategies for gay and bisexual men. In recent years, prevention and health promotion work has become increasingly oriented toward fostering interpersonal communication, based on the notion that getting people to talk is key to improving their health and well-being. Patterns of silence that characterize bareback sex culture, however, foreground the limits of this “incitement to talk.” Silence, of course, is by no means a definitive characteristic of gay male sexuality as a whole, and the numerous ways in which interpersonal and social silences shape sexuality and desire are clearly not unique to gay men. Nonetheless, certain forms of silence are particular to gay sexual interaction, even as they link to codes and patterns of silence that characterize masculinity more broadly and that operate in society more generally.

In this paper, I survey the ample discussion and debate that barebacking has provoked in both public and academic arenas. Efforts to explain bareback sex, I propose, have brought to light the need for prevention organizations to examine more closely how they interact with the communities they serve and to better understand the styles of interpersonal communication typical of these communities. This leads me to detail the ways in which silences are valued within bareback

sex culture and serve to construct specifically masculine forms of pleasure and desire. I then consider the growing emphasis within prevention work on improving interpersonal communication and the dilemma this creates for intervening within gay sexual cultures and contexts that in many ways value silence as masculine and desirable. To formulate a way out of this dilemma, I turn to phenomenologist Emmanuel Levinas' ethical and communicational analysis of "relations of proximity." Levinas' work provides for an understanding of how silence and visibility work together in the construction of contemporary forms of gay masculinity. Even as Levinas decries the marginalization of spoken interaction within visually oriented culture, his work makes clear that silences, like gender, are broad social constructs and not simply the result of individual temperament and behaviour. This, I argue, suggests that organizations should focus less exclusively on trying to eliminate silences or "fix" interpersonal communication in response to issues such as barebacking and instead pay more attention to their own relations of proximity with the community members they serve. I conclude by reviewing some recent examples of how prevention and gay health organizations have begun to work around silences by inventing new ways to foster conversation and opening up new places for conversations to happen.

Explaining the "incomprehensible": Public and academic debates over bareback sex

The reality that some gay men deliberately risk HIV infection by not using condoms has been met by incomprehension and alarm, as well as a tendency to overstate the extent of the phenomenon. Recurrent and at times sensationalist media coverage of barebacking has contributed to the inaccurate perception that gay and bisexual men are abandoning condom use in massive numbers. In the context of the outreach work that I co-ordinate, many of the men we talk to express the view that "nobody uses condoms anymore." The fact that we distribute over 2,000 condoms a week in the bars and saunas of Montréal's gay village suggests something of a gap between perception and reality.⁵ A number of studies indicate that a majority of gay and bisexual men in major Canadian cities continue to take precautions necessary to prevent HIV transmission, including condom use (Dufour, Alary, Otis, Noël, Remis, Mâsse, Parent, Turmel, Lavoie, LeClerc, & Vincelette, 2000; Myers, Allman, Calzavara, Maxwell, Remis, Swantee, & Travers, 2004; Trussler, Marchand, & Barker, 2003).⁶ Nonetheless, in Canada, as elsewhere, bareback sex has emerged as an element of contemporary gay sexual culture to which prevention organizations and public-health departments are struggling to respond.

The term "barebacking" is generally attributed to gay porn star Scott O'Hara, who used it in his book *Autopornography* (1997) to refer to condomless sex among men who were HIV positive. O'Hara, who died of AIDS in 1998, famously celebrated the "return to a sexuality no longer constrained by the fear of infection" (described by Adam, 2005 p. 338). He was also famous for a tattoo of the words "HIV positive" on his shoulder, foreshadowing aspects of a gay bareback sex culture that, by the late 1990s, had gained widespread media attention. Stories published in high-circulation magazines such as *Poz* and *The Advocate* contrasted the dismay and disbelief of "old school" AIDS activists and public-health officials with the liberationist rhetoric of self-identified barebackers, regaling readers

with tales of unabashed sexual rebels who, following O'Hara's lead and adding their own queer-inspired twist of irony, announced their HIV-positive status and their predilection for condomless sex by tattooing the universal "biohazard" symbol on their shoulder or stomach. The most notorious and sensational aspects of bareback sex were portrayed in Louise Hogarth's widely distributed 2002 documentary *The Gift*, which featured dramatic accounts of "sero-conversion" parties where "bug chasers" sought out "gift givers" with the express purpose of becoming infected with HIV.⁷

A growing volume of research has sought to explain the rise of barebacking and understand its implications. Some observers link the practice to the broad social influence and moral flaws of neo-liberal ideology, which has seen gay men transform condom use into just another "free market" choice (Adam, 2005 p. 344). Depression, drug, and alcohol use, uncontrollable sexual urges, prevention "fatigue," and the misconception that AIDS is now a curable disease ("AIDS optimism") have also frequently been evoked as underlying factors to explain the rise of barebacking (see Adam, Husbands, Murray, & Maxwell, 2005; Holmes & Warner, 2005, p. 18). Other research situates bareback sex in relation to a broader critique of HIV prevention strategies and the homophobia and sex phobia still seen to be implicit within mainstream public-health discourses. The public emergence of barebacking in the United States came at a time when HIV prevention efforts were generally seen to be in a state of crisis and dramatic rifts had opened up between competing camps of "liberal" and "conservative" gay and HIV/AIDS activists. By some accounts, the culminating moment came when conservative activists collaborated with public-health officials in some American cities to eradicate unprotected sex in commercial sex venues by introducing flashlight-wielding "health monitors," giving rise to a self-identified movement of barebackers who responded to prevention tactics they saw as overly aggressive "by hosting private parties in their own homes" (Scarce, 1999).

Critical perspectives, then, locate the origins of bareback sex culture within the public-health and prevention regime that it rejects vociferously. Barebacking is seen to be the "perverse effect" of the excessive guilt, fear, and manipulation that has at times characterized prevention strategies, a form of resistance to the regulation and normalization of gay male sexuality (Holmes & Warner, 2005). Such critiques follow the lines of earlier poststructuralist accounts of HIV prevention as "interiorized surveillance" (Rivard, 1992, p. 139; see also: Berlivet, 2004; Woodhead, 1995), leading to a sympathetic account of barebackers as "nomadic subjects" who act to resist and disrupt "the territorializing process of . . . public health prevention discourse" (Holmes & Warner, 2005, p. 17). Lacanian and Deleuzian theories of desire and transgression have been especially useful in explaining the most infamous and sensational aspects of bareback culture. Biohazard tattoos and sero-conversion parties clearly operate as dramatic transformations of what HIV means, re-appropriating and reversing representations of gay men as "potentially infected, contaminated and somehow dangerous bodies" (Holmes & Warner, 2005, p. 15).

These perspectives have helped to make clear that bareback sex is not as incomprehensible as it at first might seem. If barebacking can be understood in

part—as Adam (2005) argues—with reference to the rise of neo-liberal subjectivity, other observers point to the limits of attempting to explain barebacking solely in terms of individual behaviour. They suggest that a full understanding of bareback sex requires a critical assessment of prevention strategies themselves and of the ways in which prevention organizations and public-health actors interact with the communities they strive to reach. Some studies have also brought forward the communicational dimensions of bareback sex and the challenge of understanding barebacking as communication. One aspect of this challenge is to better understand the styles of interpersonal communication and patterns of silence typical of bareback sex culture, an issue to which I turn in the next section.

The silences of bareback sex

Bareback sex has become a growth category for the gay porn and online sex industries. Canada's largest mail-order distributor of gay porn includes barebacking as a search category on its website, and its catalogues feature a generous section of bareback videos. Many high-traffic websites cater specifically to a barebacking clientele, with extensive offerings of bareback porn, chat, personals, and ads for local bareback parties, and users of Internet chat and message boards have developed an online lexicon specific to bareback sex. Although it is important to recognize the likelihood of a blurring between fantasy and reality—the popularity of bareback videos and websites cannot necessarily be taken as an indication of the kind of sex that consumers of these products have (Léobon, Frigault, & Lévy, 2004, p. 47)—bareback sex is far from silent and invisible as a current of contemporary gay male culture.

Nonetheless, there are important ways in which the mood and pleasure of barebacking rely on silence—or at least silence about certain things. Ironically, as community prevention organizations seek to break their own silence about barebacking, they confront subtle patterns of silence that often compose the fabric of gay male sexual interaction. Describing his arrival at a private bareback sex party in San Francisco, for example, journalist Michael Scarce highlights this dimension of silence:

[A]fter I pay, Marshall hands me a piece of paper. “This is a bareback party,” the house rules read. “It is assumed all guests are HIV+ or have made the decision to attend this kind of party. Therefore, there will be no discussion of status, illness, or medicine.” (1999)

Such codes of silence about certain topics seem to be important for many of the men who practise bareback sex, and the silences that characterize barebacking quickly lead to questions of gender. In the words of psychologist Alain Léobon, “[le] bareback prend la forme d’une sexualité très masculine. . . .” (“barebacking has the properties of a highly masculine sexuality”), (2003, p. 16). In observing a “trend toward silence about serostatus” among gay men in San Francisco, Sheon & Crosby found that many of the men they interviewed view HIV disclosure and condom negotiation as “less than manly” based on the perception that “‘real’ men. . . assume HIV risk and remain silent about their status” (2004, p. 2116). For these men, such silences are intertwined with a desire for the masculine and a sense that too much talk ruins the mood.

The silence that typifies this “barebacking ethos” does not entirely rule out exchanges of information about HIV status or other health issues. Internet technology and the explosion of online cruising has facilitated both the sharing of such information among users and its displacement to the realm of personal profiles, which are consulted independently from and prior to any person-to-person contact. For some men, the inclusion of information about HIV status in their Internet profile “eliminates the need to discuss status in person, or even online” (Sheon & Crosby, 2004, p. 2112). Psychotherapist Michael Shernoff observes that the Internet has “transformed the way gay and bisexual men meet one another” because it has

streamlined the whole pickup and mating ritual. Since online profiles explicitly state sexual desires and preferences, no longer does a man have to engage in idle chatter while trying to figure out that the sexy man with whom he is talking might freak out once he learns what you want to do with him. (2006, p. 145)

If in Shernoff’s view an absence of “idle chatter” is now part of the fabric of how many men meet one another, these silences, while subtle, do not necessarily go unnoticed or unquestioned. As evoked in this account from a recent study on safer sex practices among gay men in Toronto, some self-described barebackers express concerns about the ways in which interpersonal communication is bypassed during casual sexual encounters:

. . . if you’re positive, you should have the balls to say, “I’m positive, so you want to use a condom or do you not?” and not assume because someone is not asking you to use a condom that they’re assuming that you’re positive. . . . [Also] the person getting fucked should have the balls to say, “Look, I’m not positive, so if you’re positive, put on a condom”. . . but neither one communicates and because neither one communicates. . . they’re assuming something, which I think is stupid. (Adam, Husbands, Murray, & Maxwell, 2003, p. 28)

Whether or not they are seen to be problematic, it would be false to view such failures to communicate as exclusively characteristic of a new bareback sex culture. In his 1960s study of “tearoom” sex, for instance, sociologist Laud Humphreys noted that normative silence, arising from “years of interaction,” was typical of the casual sex he documented (1970, p. 14). The silence of tearoom sex, while distinct in its use to delimit interactions and share space in the context of a public washroom, nonetheless evokes a sensibility apparent in other types of gay male sexual interaction. The recurrence of silence as a normative response is also highlighted in this account of attempts at conversation in a San Francisco bathhouse:

. . . I’ve had people that one time, explicitly said, “I don’t talk in here,” I mean I kept talking, he wouldn’t answer, kept talking, asking him something, and he just explicitly said, “I don’t talk in here,” and kind of like “go away.” And I’ve had other people that. . . when I start talking. . . just the basic does this feel good, do you like this, or something like that, they just kind of wilt and, you know they just can’t have a conversation. (Sheon, 1999)

Silence, then, would seem to be inherent in some of the ways in which masculinity is constructed and eroticized within gay sexual culture overall. At the same time, as noted by one prevention worker I interviewed as part of a previous project, the styles that typify interpersonal communication among gay men must be situated within a broader social context:

C'est le plaisir immédiat, la satisfaction rapide, la non-implication, la non-expression des émotions. . . puis dieu sait que ce n'est pas juste dans la communauté [gaie], ça. Il faut refouler les émotions. . . Donc, je fais semblant que je n'en ai pas, tout ça, et je compense d'une autre façon. [Instant pleasure, immediate satisfaction, lack of involvement, the non-expression of emotions. . . God knows, it's not just in the gay community. Got to hold back my emotions. . . so I'll pretend I don't have any, you know, and compensate for it some other way.] (cited in Haig, 2001, pp. 125-126)

As this comment suggests, the ways in which gay men withhold emotions or remain silent on certain issues, while distinct, are also shaped by wider social and cultural patterns and problems. Ongoing stigma and discrimination against people living with HIV, for example, are clearly factors in fostering a degree of silence and hesitancy to self-disclose, particularly when it comes to sex. In the next section, I examine how the difficulties of interpersonal communication have become a central preoccupation—and something of a dilemma—within prevention work.

HIV prevention and the problem of talk

The silences that characterize bareback sex are key issues when situated in the context of the history and development of HIV prevention strategies going back to first years of the epidemic. Silence is an issue because it presents an impasse in terms of these strategies, which over 25 years have increasingly identified talk as a “solution,” encouraging men to talk to one another as a key element of promoting and maintaining safer sex (Myers, Tudiver, Kurtz, Jackson, Orr, Rowe, & Bullock, 1992; Shernoff, 2006). To the extent that certain attitudes toward and patterns of silence are inherent in bareback sex culture and, more broadly, in gay desire, talk-based prevention strategies seem diametrically opposed to important ways in which many men construct and experience their sexuality through silence. Adequate interpersonal communication skills are clearly an important aspect of health and well-being, and strategies focused on these skills should not be hastily dismissed. Yet the meaning and complexities of silence in relation to gender and desire have often been overlooked in the elaboration of these strategies.

From the standpoint of the early history of HIV prevention as it emerged from within the gay community, the silences that characterize bareback sex and contemporary gay masculinity appear neither exceptional nor especially new. Indeed, an overview of the historical phases of HIV prevention reveals that silence as a certain recourse has long been at the centre of prevention strategies for gay and bisexual men, such that these strategies have themselves inculcated codes of non-communication. From the start, safer sex messages for gay men grappled with the awareness that communication about sex would be difficult, giving rise to the

well-known “always use a condom, no matter what” approach that implied talking about condom use was unnecessary (Adam et al., 2003, p. 26).

In a practical sense, up to the mid-1980s, such strategies were necessary, given that HIV antibody testing was unavailable. Since there was no way to know who was and was not infected, the most practical, sex-positive approach (one that could allow sex to continue) was to assume everyone was infected and use a condom every time. These strategies bypassed the complexities of interpersonal communication by fostering community-level discussion of sex and sexual norms (Patton, 1990; Patton, 1996; Sheon & Crosby, 2004), displacing the difficulties of communicating about condom use and sexual practice from interpersonal contexts to the realm of community exchange. This approach led to one of the most rapid instances of mass behaviour change in the history of health promotion: a majority of gay men began to use condoms, and a majority continue to use them today. As a success story, the promotion of safer sex among gay men overshadows virtually every other comparable effort, including anti-smoking campaigns, which have taken decades to achieve the rates of change that HIV prevention accomplished in a few short years.

The advent of HIV testing in 1985 initiated a gradual shift from “always use a condom” strategies toward approaches that foregrounded interpersonal communication (Sheon & Crosby, 2004). By the early 1990s, concerns over “condom fatigue” and “relapse” threw into question the assumption that condom use could be maintained as an automatic, “no questions asked” reflex over the long term. The question of how to sustain safer sex practices led to increasing interest in helping gay men improve their interpersonal communication skills, discuss risks, and negotiate condom use (Myers et al., 1992; Sheon & Crosby, 2004; Shernoff, 2006). With the emergence of combination therapy in 1996, the climate of crisis surrounding HIV/AIDS subsided in wealthy countries where these treatments could be afforded. This served to change perceptions of the seriousness of HIV infection and the necessity of safer sex. With HIV no longer looming as an automatic death sentence, motivations to adopt and consistently maintain safer sex practices were challenged.

The period following 1996, then, saw the emergence and consolidation of a second phase of HIV prevention, centred on the issue of how to get people to talk about sex and safer sex practices. With HIV/AIDS no longer seen as an unresolvable or overly difficult problem, talk was reconceptualized as a solution. HIV prevention strategies were re-tooled away from one-way “use a condom” messages toward strategies characterized by an “incitement to talk.” In the late 1990s, court decisions that criminalized the non-disclosure of HIV status in the context of unprotected sex—notably, the Supreme Court of Canada’s decision on the *R. v. Cuerrier* case⁸—raised the stakes of this growing emphasis on talk. The judicial re-framing of silence regarding HIV status in terms of fraud and assault meshed tightly with an emerging public-health logic that situated testing and HIV disclosure as critical to the long-term success of prevention efforts (Sheon & Crosby, 2004; Simoni & Pantalone, 2004).

The difficulties that prevention organizations face in formulating responses to barebacking are linked integrally to this reconceptualization of talk from problem

to solution. Strategies to incite talk are obvious responses to the reality that too many men bottle up their feelings and experiences, yet proposing talk as a *solution* leads to something of dilemma in the context of sexual cultures that value silence as masculine and desirable. This dilemma is exacerbated by individualistic notions of interpersonal communication common within prevention work and by the presumption that “breaking the silence” is simply a matter of providing people with better techniques for expressing themselves and listening to others. Such approaches assume falsely that difficulties with interpersonal communication originate exclusively from a person’s interior state or level of skill, overlooking the ways in which these difficulties are socially and culturally determined and thus beyond individual control. Finding a way beyond such dilemmas, which I attempt in the next section, requires a more richly developed conception of interpersonal communication that accounts for the specificities of gay male sexuality, as well as for the codes of silence and non-expression that characterize the construction of masculinity more broadly and operate within society more generally.

Silence, masculinity, and the ethics of proximity

Reformulating an approach to interpersonal communication more adequate to the task of responding to issues such as bareback sex requires a better conception of gender and of the silences that serve to construct (gay) masculinity. A further consideration involves how these silences are linked to a regime of “visuality.” In circuit parties and in the pages of websites and commercial gay magazines, an overabundance of gleaming, muscular torsos attests to the emphasis given to visual appearance within gay male culture. If the bodies are pretty, the implications of this fixation on the visual can be less so. In his argument that a “cult of masculinity” has overtaken contemporary gay culture, for example, journalist Michael Signorile describes the inordinately high standards of acceptable body image among gay men as a “body fascism” that enforces a painful hierarchy of social exclusions (Signorile, 1997). Adam argues that many barebackers operate according to prevailing neo-liberal norms of “hyper rational, masculine, competitive individualism,” applying these norms to the situations in which they have casual sex (2005, p. 345).

While one must take care not to reduce all of gay culture to the commercial cruising scene and visually competitive sexual interaction, the visual preoccupations of gay sexual culture are also significant in terms of how they link to broader social constructions of gender and subjectivity. In this regard, it is striking that cultural theorist Antony Easthope’s psychoanalysis of masculinity places the visual at the centre of his account of the male ego. Easthope argues that a key feature of masculinity is to “dominate through vision” and that popular culture reproduces and maintains constructs of masculinity based on a “position of visual mastery” (Easthope, 1990, p. 48). If Easthope’s analysis draws primarily on feminist critiques of the “male gaze” and the consequent and problematic ways in which such a “cultural regime of looking” constructs the feminine (p. 137), it is also useful for understanding the implications of visuality within gay male culture. Clearly, “visual mastery” typifies popular understandings of masculinity not simply from heterosexual and feminist perspectives, but also from a gay perspective.

Easthope also provides an account of masculine forms of interpersonal communication and the peculiarities of masculine silence that, in turn, traverse the boundaries of sexual preference. Drawing on the work of Deborah Cameron, Easthope points to male “banter” as an especially illuminating example of “masculine discourse” involving “antagonism between two male egos [that] covers the male bond” (1990, p. 90, emphasis added). For Easthope, banter operates as a kind of friendly aggression, shaping masculine interaction in terms of underlying affection, bonding, and intimacy that cannot be expressed directly. Banter as a kind of ongoing “repartee” is thus structured in part by codes of silence. Barebacking and banter, then, share certain structural similarities as forms of masculine discourse. Both are characterized by silences that serve to construct the masculinity of the interlocutors.

Easthope’s work provides a way to situate the preoccupations with visual appearance and the codes of silence specific to gay male culture within a more general critique of the masculine in popular culture. The work of phenomenologist Emmanuel Levinas allows for a further step to be taken, through his examination of how silence and visuality are intertwined. Levinas’ analysis of the ethics of interpersonal “relations of proximity” can serve to tease out some of the implications of the concern for visual appearance and the potency of “silent visuality” within gay desire. Levinas undertakes an analysis of “proximity” through a phenomenology of the *spoken*, anchored in a contrast he elaborates between the visual and the spoken. One of Levinas’ key concerns is that an overemphasis on visual experience in Western culture too often generates silence rather than interaction among people—a “closure” to the other that fosters the illusion that the world is self-complete and limited to the “apparently given” of what people see. Alternatively, non-visual forms of “proximity,” such as conversation, break this silent, self-complete world of vision, generating links among people, rather than the mute indifference of visuality. For Levinas, face-to-face conversation, by virtue of the dialogic way it situates people in relation to one another, makes it possible for each of us to transcend the apparently given of what we see and know. Speech breaks the spell of assumptions⁹ and solitude of which each person is, in some fundamental way, a prisoner: conversation with another person involves contact and engagement with an “absolute singularity”—another subject who can never be reduced to what I know or have seen of him or her (Levinas, 1987, p. 115).

These observations lead Levinas to privilege the spoken over the visual and to insist upon spoken interaction as the primary context wherein an ethics of proximity becomes possible. In his view, conversational contact between people “makes ethics possible” (1996, p. 106). Speech—“the act of expression”—is more than just a “manifestation of a thought by a sign,” because when I speak I am “simultaneously a subject and an object”:

To speak is to interrupt my existence as a subject and a master. . . the subject who speaks does not situate the world in relation to himself, nor situate himself purely and simply at the heart of his own spectacle, like an artist. Instead, he is situated in relation to the Other. (Levinas, 1989, p. 149)

This conception of speech responds usefully to Adam's concerns about the links between barebacking and a hyper-individualistic, neo-liberal model of human subjectivity (2005). Levinas points toward alternatives or antidotes to such individualism with his image of the subject as not a "master," not "purely and simply at the heart of his own spectacle." Indeed, the important and unique ways in which spoken interaction situates people as ethical subjects for each other leads Levinas to critique areas of knowledge that ignore this special vocation of speech, while acknowledging that speech has its limitations and does not always live up to its potential:

Contemporary philosophy and sociology have accustomed us to underestimate the direct social link between persons who speak, and to prefer silence or the complex relations, such as custom or law or culture, laid down by civilization. This scorn for words certainly has to do with the way language can degenerate into a prattle that reveals nothing but social unease. . . (1989, p. 148)

If he concedes that some speech is simply "prattle," his chief interest lies nonetheless in its possibilities and potential: the "presence of the Other. . . is a presence that teaches us something," because in a conversation the presence of the other "is fulfilled in the act of hearing" (1989, p. 148). Thus Levinas develops an ethical conception of conversation—the intertwined process of speaking and hearing—not as a description of what actually or typically happens in conversation between people, but as an imperative: conversation is necessary if relations between people are to be ethical.

If Levinas' conversational framework for an ethics of proximity addresses chiefly the marginalization of the spoken within philosophy and the social sciences, his analysis seems equally relevant to addressing the marginalization of spoken interaction with regard to gender and sexuality. His work offers a compelling way to consider the intertwining of silence and visibility that characterizes gay masculinity. Levinas' concerns have helped make sense of several of my interviews with frontline HIV prevention workers, notably this excerpt:

. . . il reste qu'on met quand même peut être un petit peu trop d'emphase
 ... sur le look plutôt que le global. On a travaillé le look, mais le global,
 il est laissé. . . en dedans: "Je ne me sens pas là en super santé. . . j'ai une
 apparence soigné, qui plaît, mais mon intérieur, je le présente comment?"
 [. . . nonetheless, we do put maybe a little too much emphasis on our
 looks rather than the whole of who we are. We work on how we look, but
 do we work on how we are? This more global dimension is kept inside.
 "I don't feel super healthy on the inside. I take care of how I look, I'm
 attractive. But the way I am on the inside, how do I present this to the
 world?"] (Haig, 2001, p. 126)

Here, a certain silence regarding inner feelings and experience is proposed as the flipside of the strong emphasis many gay men place on their visual appearance. In the contrast drawn between the super-healthy exterior and a sealed-off interior that is perhaps deteriorating (" . . . *en dedans*. . . *Je ne me sens pas là en super santé*. . ."), the focus on "how I look and how others see me" is portrayed

as a closing off of what is going on inside reminiscent of *The Picture of Dorian Gray*. The speaker's use of the word "global" to refer to an inner state ("*Le global, il est laissé. . . en dedans*") parallels Levinas' notion of a person as an "absolute singularity," drawing attention to the inability of a visible exterior to express the vast dimensions of each person's unique interior. To follow Levinas' argument, a full expression of who one is as a person requires and begins with conversation.

But if Levinas views talk as necessary to open the way for fuller, more ethical relations between people that visual interaction cannot provide, he also casts doubt on the possibility for purely technical and individualistic approaches to meeting this need. Because people's silences come not simply from the inside, but also from the complex and uncontrollable ways in which they interact (or fail to interact) with one another, difficulties with interpersonal communication cannot simply be eliminated through an organized plan or technical improvements. Changes to interpersonal communication can clearly not be orchestrated or mandated, especially in situations or contexts where—as in the case of bareback sex—silences are considered to be desirable, and people do not see them as a problem. As Levinas observes, referencing Vasily Grossman:

In the relation of one person to another, goodness is possible. . . [Grossman] puts all social preachments in doubt. That is, all rational organization with an ideology and plans. The impossibility of goodness as a government, as a social institution. Every attempt to organize the human fails. The only thing that remains vigorous is the goodness of everyday life. . . the little goodness. (1999, p. 107)

While this may beg for extreme and untenable propositions such as abandoning planned prevention efforts altogether, Levinas' reference to Grossman's "little goodness" suggests perhaps more usefully that prevention organizations should attempt to have a lighter touch. There are silences that must simply be accepted. There are also difficulties with interpersonal communication ("*. . . mon intérieur, je le présente comment?*") that may simply require attempts to start a conversation. Levinas presents a view of conversation as important and ethical, not because it can "fix" people, but because it can help improve our existence and our experience of each other. His privileging of the spoken stands not as a commandment, but as an invitation. One might extend from this the idea that the role of prevention work is, in part, to make this invitation. Re-casting health promotion's incitement to talk as an "invitation" to talk, as I discuss in the next and concluding section, opens new avenues for HIV prevention organizations to respond to issues such as bareback sex.

Toward a conversation

From the perspective of HIV prevention and gay health promotion, bareback sex raises poignant dilemmas over how to reconcile health, desire, gender, and interpersonal communication. Health promotion strategies that endeavour to promote talk where silence usually reigns face the reality that they are challenging—and may even appear to threaten—dominant constructions of masculinity that are central to many forms of gay desire. To the extent that masculine silence is eroticized, "breaking" this silence is at best difficult, at worst unethical. Health promotion

must go beyond the sometimes questionable goal of “fixing” interpersonal communication in targeted populations “out there.” The ethics of proximity that undergird health promotion strategies must themselves be scrutinized in terms of the relations that community workers maintain with the individuals and communities with which they interact and how organizations and agencies respond to health issues. The silences that form part of the fabric of gay masculine interaction do not exist in isolation, and they must be understood within the wider web of structural silences that, as a whole, constitute the communicational context within which bareback sex and other gay health issues are situated.

A range of research and discussion dealing with bareback sex and community-based prevention grapples with these concerns. A number of researchers have brought into question the ways in which prevention campaigns and public-health initiatives tend to “talk at” people, rather than engage with them—a failure, in a sense, of the ethics of proximity inherent in these efforts. A study of HIV prevention work in France in the late 1990s, for instance, suggests that most prevention efforts have been overly focused on informing people about HIV, without providing sufficient opportunities for discussion or avenues through which those on the receiving end of this information can themselves be heard (Lisandre & Wernoth, 2000). Critical assessments of prevention strategies in the United States have raised similar concerns about a shift from “community-centred discussion of norms” toward “an emphasis on individual risk calculus and decision-making” (Sheon & Crosby, 2004, p. 2106).

These critiques have led to proposals for reworking the relations of proximity of prevention and health promotion work. Lisandre & Wernoth, for example, have argued that linear prevention strategies of information provision are being challenged by an emerging paradigm of “listening” (2000, p. 40). Holmes & Warner emphasize an understanding of barebacking as “language.” In calling for a reconceptualization of “the way in which we provide safer-sex education” (2005, p. 18), they point out that barebackers and public-health figures such as nurses are “not speaking the same language.” The first challenge for health care workers is therefore to find an adequate way “to be in conversation” with barebackers:

. . . [W]e must find out what kind of sex is meaningful, and why? What signifiers are in motion, and what fantasies are in play? How can we speak signifiers that are relevant in this discourse, and not just attempt to stifle the conversation? How can we involve the whole linguistic community of barebackers in a reflection on their signifiers? (2005, p. 15)

Such calls for reflection challenge certain silences typical of conventional public-health discourse, as well as some of the conventions of health and social sciences more generally: “We must be aware that we are in dialogue with our patients, and not observing, absent figures” (p. 18). My participatory, ethnographic research on HIV prevention and gay health promotion is grounded in a similar insistence on rethinking the relative positions of researcher and research subject and a view of the production of knowledge as more than simply a linear process of information transmission (Richardson, 1997; Visweswaran, 1994).

In practice, HIV prevention and health promotion organizations have not

always succeeded in introducing talk into the scenes and contexts of gay sexual life. Some recent community work in this area has nonetheless begun to expand the boundaries of health interventions in dialogic and conversational ways. AIDS Vancouver's "Gayway" project, for example, has re-oriented some of the agency's prevention efforts through the establishment of a "resource exchange" aimed at facilitating "the exchange of information, support, experience and friendship amongst gay men living in Vancouver" (Gayway, n.d.). The storefront project features diverse client-run workshops (knitting, speed dating, meditation) and has as its main objective the promotion of social networking, support, and interaction. Opened in 2003, Gayway has attracted a large number of clients and quickly outgrown its space.

In my own organization, a two-year project has seen us design an informational flyer about bareback sex (the first of its kind to be published in French in Québec) that encourages community members to share their ideas on barebacking via an online discussion page. Similarly, in a project to reinvigorate HIV prevention for men of colour in the United States, The Institute for Gay Men's Health has called for "open-ended, active, and engaged dialogue" to promote storytelling so that the "wisdom of myth is shared, social analysis occurs, community norms solidify or shift, and people are able to connect with the truth inside themselves and each other through their inter-connectedness with their communities and their world" (Ayala, Husted, & Spieldenner, 2004, p. 42).

From a clinical perspective, Shernoff has argued that honest grappling with bareback sex requires acknowledging that decisions to practise unprotected anal sex are not *a priori* irrational and "may in certain situations be without risk" (2006, p. 205). He points to techniques such as "negotiated safety agreements" that involve conversations between gay men to establish the limits of condomless sex within a relationship. Shernoff also foregrounds the need for "frank public conversations" about pleasure and safety":

Health care professionals who work with gay men would do well to initiate such discussions among themselves, as well as with their clients. Gay men have an ethical and public health responsibility to have these conversations among ourselves. . . the courage to engage honestly with one another about these difficult issues will result in a stronger and healthier community. (2006, p. 298)

These examples may point to the emergence of a new phase of HIV prevention and health promotion roughly concurrent with the emergence of bareback sex in the mid-1990s. This phase is marked by serious challenges, including significant rejection of the standard "always use a condom" messages of HIV prevention campaigns. It is also a time when some organizations are enlarging their focus beyond HIV transmission toward an integrated "gay health" framework for approaching HIV alongside other health issues. It is a phase characterized by an imperative to transform health promotion into dialogue, with organizations striving to incorporate *listening* into their practices. Responding to issues such as bareback sex has required a shift in focus from the micrologistics of transmitting prevention information or re-tooling interpersonal communication toward foster-

ing a diverse range of conversations with people about what they do, why they do it, and how it makes them feel.

What is at stake is a longstanding approach to behaviour modification within prevention and health promotion. The classic health promotion response to barebacking would involve an effort to “erase” or “replace” people’s desires, or to “fix” the ways in which desire is constructed in terms of gender and interpersonal communication. But the goal might also be to foster conversation and listen to what people have to say about their sexuality, their health, and how they navigate the issues they face. In the context of bareback sex, the promotion of interpersonal talk is a limited solution, because it presents too much of a challenge to the predominant ways in which many gay and bisexual men construct masculinity and desire. “No pleasure in anything if you mouth it up too much.” This quotation, with which Ernest Hemingway (1961) contrasts feminine “prattle” with masculine silence in a striking tale about how one man “becomes a man,” oddly encapsulates the bareback ethos that characterizes some gay desire. The challenges that masculine silence brings into play do not mean that efforts to improve people’s capacity for interpersonal communication should be abandoned, any more than we should abandon efforts to prevent HIV. To the extent that Levinas is right and people need talk to break free of the appearances that trap them, the viability of a visually obsessed and communicationally deficient gay culture can rightly be questioned, and conversation needs to be encouraged.

However, the pressure “not to mouth it up too much” puts limits on intervening in the private realm to promote talk. There may be some ways in which prevention and health promotion work involves simply living with the silences that infuse sexuality, gender, and desire and that are in their own ways rich forms of communication. As Ayala et al. point out,

there are silences between people that can be important to the pursuit of sex, pleasure and connection. These silences rely on other communication devices—including the full range of interpersonal and individual noises and touch: grunts, curses, physical movement, clothing, physical shape, posing, texture, and the use of hands, lips, eyes, feet and more. Community members hold this knowledge, and when they are able to share experience and language, it may become clearer where and how an HIV intervention is possible, and therefore easier to fine-tune prevention strategies. (2004, p. 32)

This suggests a need to go beyond a focus on *eliminating* silences deemed to be problematic. Instead, health promotion organizations and workers should respond creatively to silences that are “important” by examining the ethics of proximity that characterize their work and offering opportunities to “share experience and language” by inventing new ways to interact with the community members they serve. Organizations need to augment their “conversational capacity,” equipping themselves to foster dialogue and listen to what is being said on the community level, so that at least some kind of conversation can take place.

Acknowledgments

This paper was enhanced greatly by comments from Linnet Fawcett, as well as by ongoing discussion and sharing of research with colleagues at Séro Zéro—notably, Ghayas Fadel, Kathy Tremblay, and Robert Rousseau. My appreciation also goes to the *Journal's* reviewers for their generous and helpful remarks.

Notes

1. The opinions expressed in this paper are those of the author and do not necessarily represent the official policies and procedures of Séro Zéro.
2. Barebacking emerged to some extent as a rejection by gay men of prevention campaigns aimed specifically at them, and it includes self-aware, celebratory, and subcultural dimensions that distinguish it, for example, from unprotected sex among heterosexuals (Shernoff, 2006; Taéron, 2003).
3. Recent definitions have taken care to distinguish barebacking from unintended and momentary lapses in condom use, as well as from intentionally unprotected sex that occurs with a regular partner or in the context of a primary relationship (Adam, 2005; Shernoff, 2006).
4. Public controversy erupted in France in 2003, for example, with the publication of *Serial Fucker: Journal d'un barebacker* by novelist Érik Rémès. Rémès' fictional portrayal of an HIV-positive barebacker seeking deliberately (and sometimes fraudulently) to infect his partners drew loud condemnation, including "zappings" of the book's publisher by ACT-UP Paris and repudiation of the novel by France's premier gay magazine, *Têtu*, based on the view that the book encourages the growth of a destructive barebacking culture. Rémès defends himself as "*poète provocateur*," taking issue quite specifically with the way discussion of barebacking has been silenced: "On condamne le barebacking, et cela s'arrête là. On ne cherche pas à comprendre le phénomène" ["People condemn barebacking, and it stops there. We're not making an effort to understand the phenomenon"] (Boullé, 2003).
5. In September 2005, a cross-Canada social marketing campaign funded by the Public Health Agency of Canada was launched in six major cities to counter false perceptions of a widespread drop in condom use among gay and bisexual men. According to statistics used to support the campaign, three out of four men *do* maintain safer sex practices, including condom use, on a consistent and ongoing basis (GayMenPlaySafe.com, n.d.).
6. Survey research in this area has usually calculated the number of gay and bisexual men who report having unprotected anal sex, rather than the number who report taking precautions. In a 2002 survey of gay and bisexual men in BC, Trussler et al. offer additional data in noting that a "73.4% majority of participants reported practices consistent with sexual safety" (2003, p. 34). See also Adam et al.: "74.7% of MSM in the Toronto area report using only safer sex practices with casual partners in the past 3 months" (2005, p. 240).
7. In the context of bareback sex culture as a whole, the prevalence of intentional HIV transmission is unclear. Most research suggests "gift giving" and "bug chasing" are marginal practices. Although barebackers view HIV with varying degrees of concern or insouciance, only a small number appear to eroticize the virus and its transmission in any explicit manner.
8. In September 1998, the Supreme Court of Canada released a judgment on its first case (*R. v. Cuerrier*) dealing with the criminal prosecution of a person for engaging in sexual activity without disclosing HIV-positive status. Overruling lower-court decisions, the Supreme Court ruled that where sexual activity poses a "significant risk of serious bodily harm" (e.g., penetration without a condom), failing to disclose HIV-positive status may constitute "fraud" that renders a sexual partner's consent to that activity legally invalid, thereby making otherwise consensual sex an "assault" under Canadian criminal law (see Elliott, 1999).
9. Interestingly, Levinas' concern with getting beyond the "apparently given" of what people see and know through spoken interaction has been taken up in some recent HIV prevention campaigns for gay men. The 2004 cross-Canada "Assumptions" campaign, for example, featured the slogan "How do you know what you know?" juxtaposing images of men in the throes of sex against potentially faulty assumptions about the other person's HIV status that arise from a failure to communicate ("He hasn't asked for a condom. He must be negative." "He does it raw. He must be positive.") (Think-again.ca, n.d.). The concept was based on an earlier campaign undertaken in San Francisco.

References

- Adam, Barry D. (2005). Constructing the neo-liberal sexual actor: Responsibility and care of the self in the discourse of barebackers. *Culture, Health and Sexuality*, 7(4), 333-346.
- Adam, Barry D., Husbands, Winston, Murray, James, & Maxwell, John. (2003). *Renewing HIV prevention for gay and bisexual men: A research report on safer sex practices among high-risk men and men in couples in Toronto*. Toronto, ON: AIDS Committee of Toronto.
- Adam, Barry D., Husbands, Winston, Murray, James, & Maxwell, John. (2005). AIDS optimism, condom fatigue, or self-esteem? Explaining unsafe sex among gay and bisexual men. *Journal of Sex Research*, 42(3), 238-248.
- Ayala, George, Husted, Claire E., & Spieldenner, Andrew. (2004). *Holding open space: Re-tooling and re-imagining HIV prevention for men of color*. New York, NY, & Los Angeles, CA: The Institute for Gay Men's Health.
- Berlivet, Luc. (2004). Une biopolitique de l'éducation pour la santé: La fabrique des campagnes de prévention. In D. Fassin & D. Memmi (Eds.), *Le gouvernement des corps* (pp. 37-75). Paris, France: Éditions de l'École des hautes études en sciences sociales.
- Boullé, Denis-Daniel. (2003). Les tribulations d'un morpion de la littérature: Serial Fucker de Érik Rémès. (The tribulations of a literary louse: Érik Rémès' Serial Fucker.) *Fugues*. URL: http://fugues.vortex.qc.ca/main.cfm?p=100&Article_ID=2702&l=en [October 18, 2006].
- Dufour, Annie, Alary, Michel, Otis, Joanne, Noël, Roger, Remis, Robert S., Mâsse, Benoît, Parent, Raymond, Turmel, Bruno, Lavoie, René, LeClerc, Roger, & Vincelette, Jean. (2000). Correlates of risky behaviors among young and older men having sexual relations with men in Montréal, Québec, Canada. *Journal of Acquired Immune Deficiency Syndromes*, 23(3), 272-278.
- Easthope, Antony. (1990). *What a man's gotta do: The masculine myth in popular culture*. Winchester, MA: Unwin Hyman.
- Elliott, Richard. (1999). *After Cuerrier: Canadian criminal law and the non-disclosure of HIV-positive status*. Montréal, QC: Canadian HIV/AIDS Legal Network.
- GayMenPlaySafe.com*. (n.d.). URL: <http://www.gaymenplaysafe.com> [August 1, 2006].
- Gayway. (n.d.). *About us*. URL: <http://www.gayway.ca/aboutus.html> [August 1, 2006].
- Haig, Thomas. (2001). *The conversant community: HIV health promotion work at Action Séro Zéro*. Unpublished doctoral dissertation, Concordia University, Montréal, Québec.
- Hemingway, Ernest. (1961). *The snows of Kilimanjaro and other stories*. New York, NY: Scribner.
- Hogarth, Louise. (Director). (2002). *The gift* [Film].
- Holmes, Dave, & Warner, Dan. (2005). The anatomy of a forbidden desire: Men, penetration and semen exchange. *Nursing Inquiry*, 12(1), 10-20.
- Humphreys, Laud. (1970). *Tearoom trade: Impersonal sex in public places*. Chicago, IL: Aldine.

- Léobon, Alain. (2003, May). Barebacking et culture du risque: Les usages sociaux d'Internet et le développement d'une culture du risque au sein de la communauté homosexuelle. [Barebacking and risk culture: Social uses of the Internet and the development of a culture of risk within the homosexual community.] *Le journal du sida*, 155, 16.
- Léobon, Alain, Frigault, Louis-Robert, & Lévy, Joseph. (2004). *Les usages sociosexuels d'internet de la population homo et bisexuelle française : résultats de l'enquête "Net Gay baromètre."* [French gay and bisexual men and socio-sexual uses of the Internet: Results of the "Net Gay baromètre" study.] Paris, France, & Montréal, QC: Collectif de recherche sur les usages d'Internet et la sexualité. URL: http://www.gaystudies.org/NGB_cnrs.pdf [October 17, 2006].
- Levinas, Emmanuel. (1987). Language and proximity. Translated by Alphonso Lingis. *Collected philosophical papers* (pp. 109-126). Dordrecht, Netherlands: Martinus Nijhoff Publishers.
- Levinas, Emmanuel. (1989). The transcendence of words. In S. Hand (Ed.), *The Levinas reader* (pp. 144-149). Oxford, UK: Basil Blackwell.
- Levinas, Emmanuel. (1996). Truth of disclosure and truth of testimony. In A. T. Peperzak (Ed.), *Emmanuel Levinas: Basic philosophical writings* (pp. 97-107). Bloomington, IN: Indiana University Press.
- Levinas, Emmanuel. (1999). *Alterity and transcendence*. New York, NY: Columbia University Press.
- Lisandre, Hubert, & Wernoth, Chantal. (2000). *Informer ou écouter? Prévention de la transmission du VIH par voie sexuelle: Bilan et propositions pour les actions de proximité.* [Telling or listening? Preventing the sexual transmission of HIV: an assessment of the current situation and proposals for outreach work.] Paris, France: Direction Générale de la Santé, Division SIDA.
- Myers, Ted, Tudiver, Fred, Kurtz, Ruth G., Jackson, Edward, Orr, Kevin, Rowe, Cheryl, & Bullock, Sandra L. (1992). The "Talking Sex" project: Descriptions of the study population and correlates of sexual practices at baseline. *Canadian Journal of Public Health*, 83(1), 47-52.
- Myers, Ted, Allman, Dan, Calzavara, Liviana, Maxwell, John, Remis, Robert, Swantee, Carol, & Travers, Robb. (2004). *Ontario men's survey*. Toronto, ON: HIV Social, Behavioural and Epidemiological Studies Unit, Faculty of Medicine, University of Toronto.
- O'Hara, Scott. (1997). *Autopornography*. Binghamton, NY: Haworth Press.
- Patton, Cindy. (1990). *Inventing AIDS*. London, UK: Routledge.
- Patton, Cindy. (1996). *Fatal advice: How safe-sex education went wrong*. Durham, NC: Duke University Press.
- Richardson, Laurel. (1997). *Fields of play: Constructing an academic life*. New Brunswick, NJ: Rutgers University Press.
- Rivard, Pierre. (1992). Corps, sexe et pouvoir: Pour une problématique foucauldienne de l'épidémie du sida. *Sociologie et sociétés*, 24(1), 123-140.
- Scarce, Michael. (1999). A ride on the wild side: An HIV negative prevention activist goes through the latex looking glass to discover who's doing it raw, and why. *Poz* 44. URL: http://www.poz.com/articles/211_1460.shtml [October 18, 2006].

- Sheon, Nicolas. (1999). *Speaking out about sex in silent spaces: Can someone consent to unprotected sex without verbal negotiation?* [Transcript of panel discussion]. URL: <http://hivinsite.ucsf.edu/InSite?page=pr-rr-09> [August 1, 2006].
- Sheon, Nicolas, & Crosby, G. Michael. (2004). Ambivalent tales of HIV disclosure in San Francisco. *Social Science & Medicine*, 58, 2105-2118.
- Sherhoff, Michael. (2006). *Without condoms: Unprotected sex, gay men & barebacking*. New York, NY: Routledge.
- Signorile, Michael. (1997). *Life outside: The Signorile Report on gay men: Sex, drugs, muscles, and the passages of life*. New York, NY: Harper Collins.
- Simoni, Jane M., & Pantalone, David W. (2004). Secrets and safety in the age of AIDS: Does HIV disclosure lead to safer sex? *Topics in HIV Medicine*, 12(4), 109-118.
- Taéron, Corinne. (2003, May). Bareback: En quête de raisons et de sens. *Le journal du sida*, 155, 12-23.
- Think-again.ca*. (n.d.). URL: <http://www.think-again.ca> [August 1, 2006].
- Trussler, Terry, Marchand, Rick, & Barker, Andrew. (2003). *Sex now by the numbers: A statistical guide to health planning for gay men*. Vancouver, BC: Community-Based Research Centre.
- Visweswaran, Kamala. (1994). *Fictions of feminist ethnography*. Minneapolis, MN: University of Minnesota Press.
- Woodhead, David. (1995). "Surveillant gays": HIV, space and the constitutions of identities. In D. Bell & G. Valentine (Eds.), *Mapping desire: Geographies of sexualities* (pp. 231-244). London, UK: Routledge.

