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The perils of health promotion and the 'barebacking' backlash

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ABSTRACT This article seeks to explore the idea that contemporary health promotion and education may actually be instrumental in creating the very conditions that encourage and perpetuate people's 'risky' health practices. Using the example of gay men, unsafe sexual practices and the contemporary 'barebacking craze', it argues that 'health promotion' is increasingly being oriented to by gay men as something to 'resist' or 'transgress'. The implications of this for future health promotion interventions are discussed.

KEYWORDS *barebacking; health promotion and education; resistance; risky health practices; transgression; unsafe sex*

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> For now, I'm too busy being dumbstruck and fascinated to truly pass judgement. To think of all those endless condom ads, the endless sermonising. . . . To think of all the years, all the millions, all the dances and walks and runs and ribbons, and everywhere, like the emblem of the future utopia, the condom . . . it was the one thing you simply did not question . . . And then it happens – people start to abandon condoms – and it has nothing to do with the 'dangerous' dissident movement and everything to do with basic human lust and rage . . . (Farber, 1999: 6)

> [Barebacking is a] powerful reminder that sex is not a kitchen that can be cleaned up and child-proofed – that sex is not safe. The only thing that can be guaranteed once a pendulum swings so fast and so far as the Safe Sex pendulum did is that it will eventually swing back, not to the middle, but first all the way to the other end. (Farber, 1999: 6)

Background: the limitations of contemporary health promotion

Contemporary health promotion is based on the premise that the behaviours we engage in, and the circumstances in which we live, impact

on our health. Over the last century or so, 'health behaviours' have played an increasingly important role in health and illness. For instance, about 50 percent of premature deaths in western countries can be attributed to lifestyle (Hamburg et al., 1982). Four behaviours in particular, the so-called 'holy four' (McQueen, 1987), are identified as being associated with disease: smoking, alcohol 'misuse', poor nutrition and low levels of exercise. More recently, high-risk sexual activity has been added to the 'risk factor' list (Bennett and Murphy, 1997: 8). These behaviours are related in a complex fashion to wider social and structural variables such as gender, socio-economic status and ethnicity (Bennett and Murphy, 1997: 12–16).

Accordingly, 'risk' and 'risk behaviour' have become keywords in contemporary investigations of many different types of 'health-related' behaviours. National health strategies established in the UK in the 1990s have sought to improve the health of the population by reducing the prevalence of health-damaging behaviours. Interventions targeted at the level of the individual are largely based on psychological theories and models which assume, in varying degrees, that a person's performance or non-performance of health-related behaviours is determined by their *conscious* 'perceptions', 'beliefs' and 'knowledge', and through a rational process of weighing up the potential costs and benefits of their behaviour (see Ogden, 1996).

In accordance with such assumptions, the vast majority of health promotion and educational interventions tends to espouse information and education as the foundation of behaviour change. Hence, the provision of information and practical skills, sometimes 'diffused' through selected 'peer' or 'community' leaders to act as motivators for the implementation of healthy behaviours, remains the central modus operandi of much contemporary health promotion work.

The recent emergence of a more critical health psychology, however, drawing on developments in cultural (Radley, 1993, 1994, 1997; Brandt and Rozin, 1997), phenomenological, discursive (Smith, 1996; Smith et al., 1997; Yardley, 1997), narrative (Crossley, 2000a) and postmodern (Fox, 1993) approaches towards the study of health and illness, supplies the basis for a critique of dominant models of health promotion. One of the central critiques relates to the fact that such models produce an image of the individual that is overly rational, and relatedly, one which takes insufficient account of the complex psychosocial nature of 'choices' facing individuals in relation to health related behaviours. If we look carefully at how people conduct and talk about health-related activities such as eating, smoking, drug using, having sex and exercising, it becomes apparent that they embody latent emotional, social, cultural and value-laden meanings that individuals incorporate into their ways of thinking and are not necessarily consciously aware of (Calnan, 1987: 8; Nettleton, 1996: 41; Crossley and Crossley, 1998). In order to produce an adequate understanding of such

behaviours, it is therefore necessary to develop a 'deeper' explanation of the connections between health, individuals and their social worlds.

Particularly pertinent to such a project are recent developments in sociological and cultural theory which have suggested that 'health' has become a key concept, a 'dominant cultural motif', in the construction of identity in contemporary 'postmodern' societies (Bordo, 1993; Crawford, 1994; Radley, 1994; Leichter, 1997; Woodward, 1997; Williams, 1998). Crawford, for instance, argued that 'health has become the key organizing symbol for the good, moral, responsible self' (Crawford, 1994: 1347). Radley has likewise argued that 'health, as an aim, is inseparable from what people perceive the "good life" to be. It has an essentially moral and ideological character to it, because it is tied up with what people believe is "good", or "correct" or "responsible"' (Radley, 1994: 190). Similarly, Woodward claimed that 'health and the body imagined through it . . . are not only biological and practical . . . but packed with connotations about what it means to be good, respectable and responsible' (Woodward, 1997: 127).

These theories all suggest that 'health' has become associated with 'moral virtue' to such an extent that 'the pursuit of health is actually the pursuit of moral personhood' (Crawford, 1994: 1347). Leichter similarly proposes that '. . . good health now represents more than merely a state of physical (and perhaps mental well being). For many . . . especially the more affluent, it symbolises a secular state of grace' (Leichter, 1997: 359). Hence, the contemporary obsession with 'lifestyles' and health-related behaviours is not just about external bodily configuration, but represents a contemporary 'good' which has psychological and moral depth. Increasingly, 'the size and shape of the body has come to operate as a marker of personal, internal order (or disorder)' and as a 'cultural metaphor' for 'self-determination, will and moral fortitude' (Bordo, 1993: 68).

The 'flip side' of this attempt to create a sense of personal and social order by engaging in 'healthy' lifestyles lies in the values and meanings that may come to be attached to opposing 'unhealthy' and 'risky' behaviours. The potential is created for these behaviours to become practices which symbolize, conversely, lack of control, 'badness', 'immorality' and 'irresponsibility' (Crossley, 1997, 2000c; Crossley and Crossley, 1998). As certain behaviours become the receptacles for all that is valued and moral, a curious process takes place. Not only do their 'opposing' behaviours – non-exercise, unsafe sex, eating junk food, drinking heavily, smoking, using drugs – become associated with a sense of 'irresponsibility' and 'immorality', in the process of so doing, they may take on a certain *cachet* and value of their own. A deeper psychological understanding of 'risky' behaviours reveals that although knowledge of their potential lethality or harmfulness may serve as a deterrent, sometimes, by contrast, it may actually provide the primary motivation actually to engage in such behaviours. Hence, some people engage in 'risky' health behaviours precisely *because* of their association with risk. By engaging in particular 'unhealthy' practices, the body

comes to be used as a vehicle through which the individual can 'embody resistance to cultural norms' (Bordo, 1993: 203). It is in this way that 'risky' health-related behaviours may constitute a symbolic transgression and rebellion against dominant social and cultural values.

Theoretically, these ideas have an interesting resonance with the theory of psychological reactance first developed by Brehm (Brehm, 1966; Brehm and Brehm, 1981). According to reactance theory, when an individual's freedom to engage in a particular behaviour is threatened or eliminated, the individual will experience 'psychological reactance', defined as an unpleasant motivational state that consists of pressures to re-establish the threatened or lost freedom. The more important the freedom is to the individual, the greater is the reactance when the freedom is threatened or eliminated. One method of re-establishing the freedom is to engage in the proscribed behaviour. Accordingly, social influence attempts such as health promotion can backfire, in that the pressure towards change created by the health promotion intervention may induce the person to move in the direction opposite to the influence effort, sometimes called a 'boomerang effect'. Hence, if health promotion attempts are perceived as an attempt at censorship, reactance theory would predict that health promotion messages will actually increase the motivation to engage in 'unhealthy' or 'risky' behaviours.

Despite the complexity of the psychosocial processes involved in health-related behaviours, however, a great deal of health promotion continues to cling to an ideal of objective, value-free knowledge which can be translated into action through directive educational messages. One of the main aims of this article is to show that, not only do such interventions fail to appreciate complex relationships between health-related behaviours and moral identities, but that this failure may actually be instrumental in perpetuating and exacerbating the very behaviours it is trying to reduce, manage and control. This is because directive education may encourage a 'reactive' stance in which people, both consciously and unconsciously, act to defy prohibitions they feel are being imposed upon them. When this happens, engagement in 'unhealthy' or 'risky' behaviours may come to operate as a symbolic sign of psychological independence and resistance. This article seeks to provide a detailed illustration of these ideas by focusing on a case study of unsafe sexual practices among gay men. However, it is hypothesized that the central argument, unhealthy practices as symbolic of rebellion and transgression, is equally applicable to other behaviours such as smoking, drug using, eating, drinking and lack of exercise.

Method

The ideas in this article emerged from a number of different health promotion projects that I have conducted with gay men/men who have sex with men (MWHSWM) and men living with a HIV positive diagnosis over

the last five years or so (Crossley, 2000a). In particular, in a recent evaluation of an HIV prevention and health promotion service, I conducted interviews with representatives from 38 different agencies providing services and support for gay men (including genito-urinary medicine (GUM) clinics, drugs services, support and social groups, police contacts and managers of gay clubs and pubs). I also conducted in-depth interviews with 23 gay men, followed by a focus group with seven gay men (all of these men were clients of the health prevention/promotion programme being evaluated, see Crossley, 2000b for more details).

On the basis of this research, it became clear that there was an emerging 'discourse' relating to unsafe sex and what is colloquially referred to in gay circles as 'barebacking' (see below). Other important sources drawn upon in this article are some of the literature produced by dominant gay activists in the debates surrounding health promotion and HIV prevention. In addition, Internet sources are drawn upon as a way of highlighting the way in which talk about 'barebacking' has become commonplace in gay circles. This is not necessarily to suggest that 'barebacking' constitutes a new 'trend', but simply to indicate that a new 'discourse' has emerged, and to reflect on the implications of that discourse as one manifestation of the issue of 'resistance to health promotion' addressed in this article.

An example: gay men, unsafe sex and 'barebacking'

Within the contemporary HIV/AIDS field, there is a wide debate as to why, despite nearly 15 years of health education and health promotion directed specifically at gay men, a high incidence of unsafe sex (mainly unprotected anal intercourse) still exists (see Gold, 1995; Odets, 1995; Rofes, 1998). For instance, Odets (1995: 185) argues that, according to self-report figures, the percentages of gay men practising unprotected anal intercourse today are 'astonishingly close' to those before the epidemic, leaving the possibility that vast amounts of health promotion and education may have had 'little or no value at all in motivating change in the behavior that all gay men, and their grandmothers, know to be the most dangerous for transmitting HIV' (Odets, 1995: 185).

In fact, things may be even worse than that suggested by the 'no change' scenario. In 1999, the Centre for Disease Control (CDC) cited results from a significant survey of around 22,000 gay men in San Francisco, conducted by the advocacy group STOP AIDS. In 1997 39.2 percent reported engaging in unprotected anal sex. These figures indicated an increase from 30.4 percent in 1994 (Harpaz, 1999: 3). Similarly, in 1999, AID Atlanta, an AIDS testing site, reported a 50 percent increase in people testing HIV positive since 1997. Walter Armstrong, editor of *POZ*, a magazine for HIV positive people, recently said in an interview that 'unprotected anal sex is very, very common now in the gay community' (Harpaz, 1999: 4). And education directors of AIDS Atlanta have argued that 'in five years time, we could

be back to square one with record-breaking numbers of new infections' (Harpaz, 1999: 2).

As Rofes points out, it is important to be cautious in interpreting increased *self-reporting* as actual evidence of increasing unsafe sexual behaviour. Instead, this could just be indicative of a 'transformation in community discourse from a time when all gay men in the media represented themselves as having 100% safe sex to a time when some men have spoken openly' (Rofes, 1999: 4) about unprotected anal sex. In other words, many gay men might have been having unsafe sex all the time but just have been unprepared to admit it. The 'shift in community discourse' makes it safer for surveyed men to admit to such sexual activities. It could be argued, however, that such a shift in 'discourse' is even more worrying, portending an era in which unsafe sexual practices become increasingly acceptable and legitimated.

Such fears are not unfounded. Currently within gay circles and the gay press there is much talk of an increasing 'trend' and 'sub-culture' of what is commonly referred to as 'barebacking', a 'craze' which has, allegedly, been 'bubbling underground for several years' (Farber, 1999: 1). 'Barebackers' are gay men, some HIV positive, some HIV negative, who make a conscious decision to have unsafe sex. In some gay circles, 'barebacking' is depicted as a 'new form of self expression', 'enlightenment' and 'empowerment', one that 'prides itself' on the performance of *conscious*, premeditated unprotected anal intercourse (Farber, 1999: 1). For example, gay activist, Stephen Gendin wrote a controversial article in *POZ*, a mainstream AIDS magazine, in June 1997, entitled 'Riding bareback'. This article was reproduced on the Internet (QueerStage, 1997) and opens as follows:

> Skin-on-skin sex been there, done that, want more. I could taunt HIV by taking it into my body without being further hurt . . .
>
> . . . A year and a half ago at a conference, I heard a talk by a really cute positive guy on the fun of safe sex with other positive guys. He was beautiful, the subject was exciting, and I soon ended up getting f***ed by him without a condom. When he came inside me, I was in heaven, just overjoyed. *I'd had unsafe sex before, but never intentionally*. Those experiences were guilt-ridden . . . this was different. Knowing the guy was positive made the act empowering, not guilt inspiring. I relaxed into my desires instead of fighting them and felt good doing so . . . (Gendin, 1997: 64, emphasis added)

This is an attempt to eroticize unsafe sex. As Rotello argues, the very popularization of the term, 'barebacking' 'seems to indicate a shift from describing unprotected sex as unsafe sex, to describing it as sexy and alluring' (1997: 3). As the practice has spread, a whole new slang vocabulary has sprung up: 'F***ing raw', 'Riding bareback', 'skin-to-skin' (Gendin, 1997: 64). The idea is to 'unapologetically revel in the pleasure of doing it raw' (Scarce, cited in Farber, 1999: 2). Accordingly, a recent edition of *POZ*

was devoted to the 'barebacking' craze, the front cover displaying a nude man draped sensually over a horse.

'Dedicated barebackers' have their own websites, clubs and electronic mailing lists, and hold sex parties in private homes or rented spaces. The barebacker magnet site is called 'xtremesex'. This most hardcore of websites takes the act of barebacking to its furthest extreme, actually eroticizing not just unsafe sex but also HIV infection, particularly HIV infected semen. On this website, one is confronted by floating white spots labelled 'Pozcum, the f*** of death'. Clicking on these spots, one enters another page which invites 'contributions' to 'honor your bugbrother' and 'tell us about your own f*** of death'. Back to the main screen, icons of 'giftgivers' and 'bugchasers' provide entry to 'personal ads' in which HIV positive men offer to infect others ('giftgivers'), or HIV negative men seek 'Pozcum' to infect them ('bugchasers'). These adverts are characteristically hard core, speaking of wanting 'raw sex' and 'as much poz charged seminal fluid as humanly possible'. 'Bottom accepting all loads', reads one of the ads, 'I have become addicted to Pozcum' reads another; 'No hang up whatsoever on sharing any type of toxic manfluid'; 'Looking for charged loads . . . Only poz men will be considered'. This is a world in which the 'ultimate erotic bond' is for one man to consciously infect another. 'Barebacking . . . is equated with breeding, and infection with impregnation – some men even going so far as to select the man who will 'father' their HIV infection' (Scarce, cited in Farber, 1999: 2).

One barebacker, who calls himself Joey on the website, gives a richly detailed account of a 'barebacking party'. The following is an abbreviated version of Joey's story, cited in Farber (1999: 3):

> The host of the party addresses the 20 nude guests and recites the rules of the game: 'Try to engage in anal sex primarily. Make sure to get your cum inside as many men as possible. And, related to that, get as many different guys' cum in your ass as you can. Remember, no questions and no telling. Make each one like it's the one. And the number one most important stipulation is no condoms!' . . .
>
> 'There are twenty men here not counting me. I know that twelve of you are neg and eight are poz. Anybody who takes at least twelve loads this weekend is guaranteed at least one of these loads was charged' . . .
>
> Hearing that, Joey's skin goes 'tingly'. The orgy begins and the 'poz' men are the most desired. One man tells Joey, post-coitally, that he's 'pretty obvious in being neg; try not to give it away. Everyone here wants poz cum'.
>
> Joey's peak of excitement comes when he looks behind him and sees what may be lesions on the man currently servicing him. 'Cool!' he thinks, 'This guy's got AIDS'.
>
> Thirty six hours later, he is proud to find out he'd 'taken fifteen loads and seven of them were from poz men'.

> Twelve days later, he was *thrilled* to receive his test results and find that he had sero-converted. He was HIV positive. He had succeeded. (cited in Farber, 1999: 3)

Signorile has argued that the bareback sex phenomenon 'feeds on itself and grows' (1997: 23). On the basis of his detailed research in gay circles, he argued that he had encountered both HIV negative and HIV positive gay men who, in a circle of people with the same serostatus, were made to feel like 'a dweeb or nerd' because they wanted to use a condom. In Chicago, some young men informed him that they had really had to fight to have safe sex. For those around them, barebacking had become the norm and safe sex the exception to the rule.

In a recent evaluation of a health promotion and prevention project for gay men/MWHSWM I conducted semi-structured interviews with representatives from 38 different agencies involved with providing voluntary and statutory services for gay men in the Liverpool and Sefton area of the UK (see Crossley, 2000b). When I asked people if they thought that 'gay men were more likely to practise safer sex today than, say a few years ago?', 28 percent responded 'yes', 52 percent 'didn't know' (most such respondents said that this was a very difficult question to answer and that they were unsure) and 21 percent said 'no'. Those who responded negatively tended to be based within GUM and drug clinics. The following is a typical comment made by a health adviser at one clinic:

> The number of people that come through here who've had unprotected sex – It's the new thing isn't it? – 'bare backing' – unprotected penetrative sex with another person – it hasn't changed at all. And then there's the club scene – the combination of alcohol and drugs and the individuals themselves – body chemistry – they throw caution to the wind . . .

I also asked the same question to a selection of 23 gay men who had been involved in the health promotion project and agreed to take part in a semi-structured interview. The majority (N = 10, 43 percent) answered 'yes', they thought gay men were more likely to engage in safer sex. However, 27 percent (N = 6) 'didn't know' and 30 percent (N = 7) answered 'no'. The participants were asked to elaborate on their responses. Of those who answered 'no', the following comments were typical: 'I would like to say yes but I feel it's probably not the case'. As one man said, 'just by listening to people in general – condoms are readily available but I don't think people are practising safer sex'. Comments about 'people becoming blasé' and 'HIV generally slipping by people's awareness' were also common. As one man said, 'in the late 1980s/early 1990s people were very aware, very careful, but as time has gone on you don't hear about it, you kind of think there's less of it about, in places like London, Manchester, well perhaps yes, but not here (in Southport)'.

If gay men are having unsafe sex, why?

A number of 'narratives' or 'lay explanations' currently abound within gay circles and the academic literature as to *why* gay men seem increasingly willing to risk their lives by engaging in such practices. One of the most common explanations is the emergence of the protease inhibitor – a drug which has been successful in treating and reducing the viral loads of many people with AIDS. The availability of drugs enabling people with HIV infection to live relatively normal lives has, allegedly, meant that AIDS is now viewed differently, not as a death threat, but as a 'normal' disease that can be managed on a daily basis.

Related to this narrative is one that targets 'young gay men' as the people most likely to engage in unsafe sexual practices. When I conducted interviews for the evaluation of the health promotion/prevention project previously mentioned, there was perceived to be 'a lot of complacency' among younger gay men. Participants made comments such as: 'although people who got the message in the 1980s may still have safer sex, what about younger people?'; '10 to 15 years down the line it's just put on the back burner'; 'Younger gay men just think "well, it's not gonna affect me" or "people are HIV anyway so . . ." '. All of this complacency, according to one participant, related to issues of self-esteem among younger gay men. 'You have safer sex if you have self-esteem, if you don't, you don't care'. These issues, however, have 'just not been addressed within gay culture'.

Within the activist literature more generally, young men are seen as particularly likely to engage in unsafe sex because they never witnessed AIDS suffering firsthand, never watched their friends and partners die of the disease, and are therefore becoming cavalier, even defiant, about unprotected sex (Harpaz, 1999: 2).'There's a real sea change of attitude', remarked Mark King, education director for AID Atlanta, 'young men think the crisis is under control [but] . . . they did not have the front-row seats to death and dying that made older men change their behavior' . . . (King, cited in Harpaz, 1999: 2). Tony Valenzuala, one of these 'young men', aged 30, reiterates this narrative when he remarks that:

> I come from a generation that has normalized the epidemic . . . It's not my experience to lose half my friends and feel the debilitating effects of the virus . . . I can't help but feel that the idea of either getting HIV or transmitting HIV is not that horrible. I don't have a reaction to it the way people who have had so much loss around . . . (cited in Harpaz, 1999: 2)

The notion that young gay men are having unsafe sex because they have not witnessed the epidemic firsthand, is somewhat inadequate, however. This is evident when we look at rationalizations provided by men such as Will, aged 38, who accounts for his engagement in unprotected anal sex by describing the misery AIDS had already inflicted on him. Arguing that he has 'seen 68 friends die, takes 26 pills a day, and suffers from fungal infections, nausea and diarrhoea', he claims that "It's not like we have a

lot to lose"' (cited in Harpaz, 1999: 5). Likewise, at a recent US National Lesbian and Gay Health conference, it soon become apparent that 'barebackers' were not simply a small, youthful hidden pocket of the community, but were 'here at the health conference and among HIV prevention workers and gay male health providers' (Gay Today, 1999: 3).

Another common narrative as to why gay men have unsafe sex relates to the 'symbolic' nature of such behaviours. This explanation relates to recent studies which have found that unprotected anal intercourse is more likely to occur among gay men in 'closer' or 'more serious' relationships (de Wit et al., 1994; Lowy and Ross, 1994). This is because for some gay men, unprotected sex comes to represent an 'expression of love and commitment' as is evident in the following quotation when 'Philip' told his partner he loved him:

> I says, 'I love you enough to f*** you without a condom on'. Yeah, yeah, I says, 'I want to f*** you without a condom on or you f*** me, I want you to come inside me or I'll f*** you and come inside you'. (cited in Smith et al., 1997: 85)

In his study of unprotected sexual intercourse amongst heterosexual drug users, Rhodes (1998: 215) similarly illustrated how breaking the precedent of safer sex was viewed by many respondents as a normal thing to do in a 'serious' relationship. Indeed, for some, a transition to unprotected sex helped to *define* the relationship as serious. As Rhodes argues, 'this points to the symbolic value of unprotected sex in communicating meaning between partners' (Rhodes, 1998: 215).

From a less 'romantic' standpoint, unprotected anal intercourse may just be seen as a more 'authentic' and 'real' kind of sex. This is clear on the xtremesex website, which claims that 'safer sex is not hot sex. It's pretend sex'. 'The need for the intimacy of actual skin to skin contact is primal', it continues. 'Condoms are not just a question of sensitivity, they are a barrier to physical, emotional and spiritual communion'. 'Doing it raw', Gendlin similarly argues, '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' (Gendlin, 1997: 65).

Unsafe sex as transgression

Another possible explanation that has as yet received little attention is the notion that unsafe sex incorporates a symbolic meaning of rebellion and transgression. Odets points to this when he asks the question: 'What *is* so important about having a penis in your rectum – or putting yours in someone else's – that millions of gay men continue to do it even at the risk of death?' (Odets, 1995: 189). Likewise, Rofes argues that sex for gay men 'is about much more than the simple pleasure invoked by a touch of the mouth, a finger up the butt, a squeeze of the nipple, or the taste of testicles' (1998: 203). The significance of unprotected anal sex among gay men,

Odets continues, 'has real significance aside from its anatomical convenience' because it incorporates strong 'interpersonal and psychological *meaning*' (Odets, 1995: 189, emphasis in original). And again, Rofes claims that unsafe gay sex is all about identity and 'survival strategies' which 'makes living satisfying and worthwhile' (Rofes, 1998: 225).

What does this mean? In a similar vein to theorists who have argued that the pursuit of health is the pursuit of 'moral personhood' (Crawford, 1994), Odets has argued that safer sex has become a 'moral posture' in gay communities. 'Gay men can now have *good* sex by having safer sex, and *do* good and *be* good by not caving into "relapse" ' (Odets, 1995: 178, emphases in original). Such feelings achieved their most 'refined' expression in the 1993 campaign of the San Francisco AIDS Foundation which stated that: 'The Moral Majority [of gay men] is made up of . . . men who express their sexuality in a healthy way' (cited in Odets, 1995: 180). Increasingly, this 'moral posture' has made 'the topic of unprotected sex, or one's feelings about it, a taboo' (Odets, 1995: 178). Engaging in unprotected sex which puts oneself or others at risk has been publicly characterized as a 'betrayal of one's social and ethical responsibilities as a gay man' (Odets, 1995: 181). As with all taboos, however, this means that unprotected sex has increasingly taken on a certain aura of risk, rebellion and excitement. As Paglia argues, sexual desire is 'intensified, rather than quelled by boundaries and taboos. Transgression is *hot*' (Paglia, 1999: 3, emphasis in original).

Such comments are corroborated by an analysis of gay men's narratives such as Rofes' (Crossley, 1999) and also from my interviews with gay men. Analysing these has led me to the conclusion that one of the main reasons why gay men feel attached to certain 'risky' sexual practices is *because* they provide a psychological 'feeling' of rebellion against dominant social values, which, in turn, creates a sense of freedom, independence and protest.

For instance, Rofes' (1998) book smacks of rebellion against what he calls the 'assimilation-based, best-little-boy progress of the "responsible" gay community' and the 'value-system of middle-class America' which, encouraging 'long-life and safety', is 'supposed to be motivation enough to throw a cold blanket over our smoldering desires . . .'(Rofes, 1998: 225). In a similar spirit of rebellion, at the recent US National Lesbian and Gay Health conference, one workshop, focusing on the 'circuit party barebacking' phenomenon was entitled 'Bad boys du jour'. Likewise, advocates of the 'barebacking' phenomenon frequently refer to those opposing their actions as 'Condom Nazis' (see Farber, 1999: 1). On the Internet site for barebackers, xtremesex reverses all of the 'presumptions of the holy AIDS war', breaking the 'holiest of AIDS pledges – to live in fear forever' (Farber, 1999: 2). Barebacking, Farber explains, is:

> . . . like the ideological equivalent of the trying to climb across the Berlin wall, pre-1989, when guards were ordered to shoot. People did that too, and yes, it was suicide, but it was also the inevitable outcome of a long repressed freedom. You can no longer control a person who doesn't fear death. (Farber, 1999: 6)

A similar theme emerged from a discussion in a focus group I held with gay men conducted during the course of my evaluation of the health promotion project already mentioned in this article. The men had been discussing the fact that people engage in unsafe sex despite the fact that they logically *know* the risks attached to such practices. As one man said: 'If you looked at things logically nobody would smoke because of the health risks and nobody would have unprotected sex because of the risk of AIDS – but people do'. So why did the group think people did engage in such 'illogical' and 'risky' behaviours? This led on to the theme of 'risk' and life more generally. The group discussed the way in which 'taking a risk' actually 'satisfies a need' in some people. In a way, the very fact that a certain act is 'risky' makes it all the more pleasurable, valued and enjoyable. Risk, the men claimed, is an 'important part of life' which probably cannot and *should* not be eliminated. As one man commented:

> I think so much of life in general requires risk behaviour. If you think about it, to succeed in business you have got to be prepared to engage in really quite considerable risk behaviours, so why should we suddenly think that people's personal life should necessarily always be detached from that sort of general way that society operates.

More importantly, however, the group thought that the attempt to eliminate risk caused 'a lot of resentment' among gay men. One man claimed that 'people become resentful of the fact that they are trying to make everything so safe for everybody'. Perhaps even more problematically, 'people react against that'. It was generally perceived that health promotion campaigns, in characterizing a certain act as 'risky', may actually create a precedent for the increase in such activities. This was because people psychologically feel the need to rebel against what they are being told to do. As one man said, 'if you say this is highly risky people will say "it must be good, I will have a go" '. And another:

> The thing is, although, I don't take risky behaviour in terms of sex . . . I am very cynical about a lot of other things which we are told not to do. I will happily tuck into a T bone steak almost on principle because I feel I can make my own mind up I suppose, I guess other people feel the same way about sex.

Indeed, as another man commented:

> There is some evidence of this if you look on the Web for example, this is more in the States than here but in America there is a whole dance/party sub-culture which at the moment has this whole question about 'bare back riding' as they call it, in other words sex without condoms, and there are whole web sites dedicated to that topic and lots of personals between people who actually want to have unprotected sex, so you could argue I suppose that that is an example of where people are actually going out of their way to seek risky behaviour. I don't think it is quite such an organised thing here though . . .

Picking up on these comments another member of the group thought

that this 'could be right . . . because certainly the working girls [in Liverpool] have commented they are being offered additional money *not* to use condoms and some have been beaten up when they've refused to do that'.

The above examples point to the importance of appreciating the 'transgressive' or 'reactive' dimension of unsafe sexual practices. This is important because it demonstrates how such acts stand in defiance of more general societal prohibitions against 'bad sex' and homosexuality more generally (Odets, 1995: 195). The important point to note here is that such sexual activities constitute an affront to the conventions of 'normal', 'responsible', 'respectable' society. By explicitly engaging in such 'irresponsible' practices, culminating in unprotected anonymous sex and the *intentional* transmission of HIV infection, gay men engage in acts which rebelliously deny the values of mainstream culture, thus asserting their own psychological independence and autonomy. This is, to be sure, nothing less than a 'fight to the death'.

Indeed, it is in this sense that some academics have argued that barebacking is simply an extension of the gay liberation movement:

> Gay men have traditionally been at the vanguard of sexual liberation and experimentation with new forms of sexual relationships. This experimentation has always existed under the threat of sanction from powerful institutions such as the police, the church, schools and the family. Barebacking can thus be seen as merely the latest in a long line of challenges by gay men to the sexual status quo and the institutions which support it . . . Attempts to 'manage desire' . . . tend to produce 'transgressive desire', a fetishising of certain acts because they are dangerous, stigmatised and emotionally charged. (Sheon and Plant, cited Mallinger, 1999: 5)

Also of interest here is the way in which such ideas fit into psychological reactance theory. This theory predicts that the amount of reactance generated in response to a persuasion attempt (for instance, health promotion messages), depends on a number of variables. Two of these variables include first, the importance of the 'free behaviors threatened' and second, the implication of the threat to other freedoms (Brehm and Brehm, 1981). When the importance of the free behaviour is high, with severe implications for other freedoms, then reactance is also likely to be high. Given the symbolic importance of the freedom of sexual acts and sexual expression to the gay liberation movement, it may be predicted that reactance effects such as the 'boomerang effect', as manifest in the 'barebacking backlash', may be especially likely.

Simplistic health promotion, transgression and creativity

So far in this article we have seen that unsafe sexual behaviours, like other health-related behaviours, are related, in a complex fashion, to dominant cultural mores. It has been suggested that the eroticization of unsafe sex through the increasing trend for barebacking, presents an excellent example

of 'transgression' and the pursuit of a sense of psychological independence and autonomy even in the face of death, in fact, *especially* in the face of death. This is why barebacking has been construed by certain vocal members of the gay community as an extension of the gay liberation movement.

This leaves us with a difficult question. If barebacking, the conscious, informed, deliberate decision to engage in unsafe sex, constitutes an extension of gay liberation, where does this leave health promotion in relation to questions regarding the value of such practices and whether there should be interventions to try and change them? In what ways can safe sexual practices be seen as 'better' than unsafe sexual practices? Even if we were able to facilitate individuals and communities to shift from 'risky' to 'healthy' sexual practices, would that be desirable? Or do the alternative considerations and values highlighted by unsafe sex – the need for a feeling of independence and autonomy, have their own validity which competes with such definitions?

Some theorists, especially those associated with postmodern approaches to health studies (e.g. Fox, 1993), have argued exactly that. From this perspective, a deeper understanding of the meaning of health-related behaviours issues forth a 'radical suspicion' of scientific definitions of health with the implication that there are 'no unquestionable imperatives for activity' (Fox, 1993: 137). In this vein, Fox argues that:

> . . . [the idea of] a unitary notion of health or illness dissolves in the postmodern mood to be replaced by something which is very fragmentary and indeterminate . . . In place of health or its absence, one is left only with *difference*. I have called this indeterminacy *arche-health*. (Fox, 1993: 137, emphases in original)

This deconstructed notion of health would lead to health promotion programmes which, rather than consisting of 'indiscriminate and totalising interventions' are instead:

> . . . programmes which enable people to make active decisions about the lives they lead; a celebration of diversity in the target population, rather than a perspective which sees individuals as deviates from some norm of behaviour . . . and programmes which do not detract from the finitude of those who are clients, for example, by an overblown emphasis on 'being healthy' as opposed to 'becoming this or that'. (Fox, 1993: 137)

Fox's notion of 'becoming this or that' refers to his attempt to validate people's own perceptions of risks and values instead of trying to impose a pre-defined concept of 'health' upon them. So, for instance, taking the example of people having unsafe sex because of the value they place on their independence over and above their own survival, such behaviour would be valued and appreciated in its own right. Health promoters should have no right or moral sanction to try and change such behaviour.

Indeed, this is precisely the line taken by some prominent gay activists

who refuse to adopt the dominant health prevention line which attempts to provide clear demarcations between 'safe' and 'unsafe' sexual practices (see Rofes, 1998). Despite overwhelming evidence that gay men are knowledgeable about HIV/AIDS, promotion and prevention efforts continue to be based on psychological models which espouse information and education as the foundation of behaviour change. Accordingly, they tend to rely on informing and educating people on instrumental sexual techniques, and 'ridiculously simple solutions' such as 'how to use a condom' and exhorting people to 'use a condom every time' (Odets, 1995: 132). Unsafe sexual practices are accounted for in terms of 'addiction' models of behaviour, apparent in the fact that they are referred to as 'slip ups' or 'relapses'. As Odets argues: 'If we were to believe much of our AIDS education, the gay man who simply "plays it safe" can carry on with a "normal" life without a care in the world' (Odets, 1995: 186).

Such efforts at health promotion not only ignore, but deny, the complex psychological, interpersonal and psychosocial issues that have arisen as a result of the AIDS epidemic and are manifested in various forms of sexual behaviour (Odets, 1995: 186). They support the vision that gay sex is without human meaning, overdetermining gay men as sexual beings and undermining the complexity of sexual behaviour. Such meanings must be understood if health promotion is to have any impact on such behaviours. As Mallinger argues, 'we need to move beyond latex education to the real, messy complexities of sex education' (1999: 3). The failure to do this may actually have *created* the potential for the barebacking phenomenon which has emerged as *a reaction* to prevention efforts failing to address adequately the complex meanings of sexual behaviour (Mallinger, 1999: 5). Odets has similarly argued that it has been partly the 'prohibition against discussing obvious possibilities' that has led some gay men towards more dangerous forms of sexual behaviour. The practice of providing simplistic messages and instructions such as 'use a condom every time' has actively obstructed the development of a capacity for informed judgement (Odets, 1995: 195). In order to provide the opportunity for people to make informed, clear and conscious decisions about their behaviour, such issues must remain open to discussion rather than being prematurely prohibited. Unless this is achieved, 'unprotected sex will remain impulsive and covert among gay men . . . but no less destructive for its public invisibility' (Odets, 1995: 181).

It is in accordance with such objectives that at the 1999 US National Lesbian and Gay conference, a controversial track of workshops focused on 'health issues facing gay men's sexual cultures'. These workshops were addressed by a group of 'sex-culture pluralists' such as Eric Rofes, Michael Scarce and Tony Valenzuala. Scarce and Valenzuala held a workshop entitled 'Reducing the risk for doing it raw: Strategies for barebacking harm education'. Scarce argued that:

> By and large, AIDS prevention efforts have written off barebackers, demonizing

> them as the posterboys of unsafe sex, rather than meeting them where they are . . . we wanted to move past moral judgements . . . and provide supportive and useful information to meet these gay men . . . where they are at. (Gay Today, 1999: 3)

Likewise, in his recent book *Dry bones breathe: Gay men creating post-AIDS identities and cultures*, Rofes argues that it cannot just simply be assumed that the current increase in behaviours considered 'risky' (such as barebacking) and the rise in club culture (involving drug use and multiple sexual contacts, often with anonymous sexual partners) are necessarily a 'disaster for prevention or safe sex culture' (Rofes, 1998: 25). Instead, Rofes prefers to see such practices as evidence of 'emerging cultures' which document 'healthy, adaptive, and sometimes highly imaginative responses to the way AIDS manifests itself in our lives at this particular epidemic moment' (Rofes, 1998: 76). It is the increasing and revitalized 'freedom' to perform such meaningful sexual acts that Rofes perceives as central to the 'creative' rebirth and regeneration of gay communities and cultures.

Some critical questions: how 'creative' are unsafe sexual behaviours?

But how 'creative' actually are such behaviours? In addressing this question, it is important not to uncritically feed into the contemporary ideas and ideals of individual protest and rebellion. As we have seen in this article, gay men often feel emotionally and psychologically attached to certain sexual behaviours because they are associated with a sense of rebellion against dominant social values. Simply reiterating this sense of rebellion and autonomy, however, obscures the tension that exists between the psychological meaning of a behaviour, which 'may enact fantasies of rebellion and embody a language of protest', and the 'practical life of the disordered body' which, by contrast 'may utterly defeat rebellion and subvert protest' (Bordo, 1993: 181). It is all very well feeling creative, autonomous and free while engaging in unsafe sexual practices, but if the result is HIV infection, any sense of rebellion or subversion is surely severely circumscribed? Even if HIV infection may not necessarily mean death any more, but 'just' a chronic illness (at least for those who can afford protease inhibitors), who wants a chronic illness?

It is also important to address critically the 'creative' potential of the 'sex-based' culture espoused by Rofes as a vehicle for 'cultural rebirth'. The imagery dominating such culture, manifest on the xtremesex Internet site, and in explicit portrayals of sexual scenes in Rofes' book, parallels typical 'heterosexual' pornography: the dominance of phallocentric language, objectified images of sexuality, images of 'penile prowess' and the 'all powerful, ever-ready, male sex drive, located in the activities of the male

sex organ' (Segal, 1997: 193). Such imagery feeds into traditional heterosexual 'scripts of male behaviour' in which masculinity is tied into 'sexual performance' expressive of male assertiveness and dominance. Over the last 20 years or so, feminists have shown how such 'male scripts' are related to the prevalence of male sexual violence, rape and aggression.

Indeed, as one gay man commented in an interview with me, such imagery relates to the whole:

> . . . liberationist, libertarian, individualistic model of gay sexuality, a sort of hangover of 'we want sex, as much of it as possible and we want it now' rather than any feeling that actually having sexual rights also entails sexual responsibilities . . . this ideology has consciously affected the way that much of the gay world operates in its lack of, its infantilism its lack of personal responsibility . . . I think it is actually quite a dangerous ideology and not at all helpful to community building, you know that whole stuff about personal freedom rather than any sort of communitarian approach . . .

It is therefore important to consider the damaging implications of gay culture perpetuating such aggressive and objectifying narratives (Crossley, 2001).

Related to this point is also the fact that many 'average' gay men (not the 'up-beat' gay activists such as Rofes) remain profoundly ambivalent and desperate about their sexual behaviour[1] (Gold, 1995; Odets, 1995; Signorile, 1997). For some men, engaging in multi-partner anal sex, may be an act of desperation which, far from representing a 'creative' act of liberation, is something they do when feeling empty, lonely, depressed, stressed, low in self-esteem and worthless (Gold, 1995). Although such behaviours may provide a temporary release from such feelings, from a more long-term point of view, they may passively placate the individual and ensure the perpetuation of conditions which led to such feelings of inadequacy in the first place. By feeding into an ideal of individual sexual protest and rebellion, gay men may be being encouraged, in Rofes' much used term, to 'f***' themselves into oblivion. Rather than simply characterizing such practices as 'creative' and transgressive, attention needs also to be paid to their potentially destructive and self-defeating potential.

Conclusion

This article has argued that contemporary attempts to change gay men's sexual practices by relying on education and information-based models remain largely inadequate. This is because such approaches fail to take account of the *meanings* of sexual practices, which are related, in a complex fashion, to the psychosocial realities of contemporary life among gay men. Not least in this equation are the importance of psychological feelings of independence and autonomy in acting against perceived sources of authority. It may be that such feelings are instrumental in the emergent

discourse and practice relating to the 'barebacking phenomenon' discussed in this article. It has also been suggested that simplistic health promotion attempts may have exacerbated this problem by failing to bring such psychological dynamics out into the public domain and thus creating a 'taboo' of unsafe sex.

This leaves this article with some very difficult questions. It has been argued that existing health promotion attempts remain inadequate. But what is the alternative? Researchers such as Rofes and Odets emphasize the importance of creating opportunities for discussion within gay communities where issues such as those outlined in this article can be aired and the practical and moral choices facing gay men, and the underlying psychological and emotional dynamics influencing their behaviour, can be brought out into the open. The development and regeneration of social networks and supportive environments as an alternative to the 'commercial scene' are seen as forums in which gay men/MWHSWM can develop a more critical awareness of health and social-related issues and can address important issues of self-esteem, mental health, relationship problems, and develop the personal skills required to make informed lifestyle choices. It has been argued, for instance, that the success of HIV prevention efforts among gay men in San Francisco during the late 1980s/early 1990s was partly due to indigenous community mobilization within the gay population. This led to considerable political power which had a positive psychological effect among gay communities and the 'internalized' promotion of safer sexual practices. By contrast, the lack of such mobilization today, especially among gay youth, results in 'negative peer norms' regarding safer sex and the frequent use of alcohol and nitrites during sex (Katz, 1997). According to this perspective, the solution is greater community mobilization and development of alternatives to the commercial gay scene.

But what if such 'communities' do not exist? Is it possible to facilitate such community development and thus provide opportunities for more creative development and growth among gay men? How can this be done? Perhaps through strategies such as *The health of the nation*'s (Department of Health, 1992) attempt to create 'healthy alliances' and 'active partnerships' between community groups, individuals and health authorities? One example of such a project has been the health promotion and prevention programme for gay men/MWHSWM that I recently evaluated, mentioned over the course of this article (see Crossley, 2000b). Its intention, working on the model of 'community level health promotion' was to bring gay men together in the Liverpool area, 'empowering' individuals by peer leaders engaging gay men/MWHSWM through a mixture of outreach work, small discussion groups and publicity campaigns, thereby promoting psychological and health-related changes (Kegeles et al., 1996).

In the course of evaluating this project, however, it became increasingly clear that gay men were resisting even these more 'sophisticated' attempts to promote safer sex and to change their behaviour. Unlike gay community

developments in San Francisco during the early stages of the AIDS epidemic, projects such as this health promotion project were not the result of 'indigenous' community development. This may prove increasingly problematic to such projects as people refuse to participate in 'yet another attempt', as one man succinctly put it, 'to get us to put condoms on our willies'.

This article has attempted to develop an account of an increasingly emergent discourse of 'resistance' to health promotion and safe sex among gay communities. It has attempted to develop an explanation, drawing on psychological reactance theory, of this phenomenon. A neat ending to this article would be to promote more discursive and community oriented interventions to facilitate 'healthier' sexual practices among gay men. However, things might not be quite as easy as this. It may even be that such interventions, based on more 'in-depth' and qualitative research into how gay men think and feel, provokes an even greater reactance by gay men against what they perceive as an imposition on their basic rights to self-determination and freedom. In this context, maybe the most sensible route would be to abandon further attempts at health promotion? The aim of this article has not been to provide a definitive answer to this question, but simply to flag up the concept of resistance and its importance as another possible explanation of the rise of the discourse and practice of unsafe sex and 'barebacking'.

Note

1. Indeed, I would also argue that there is a strong sense of ambivalence even in Rofes' book. At the end of one section, entitled 'A visit to leather buddies' in which Rofes recounts, in stark, detailed, pornographic style, his sexual orgy with three men, he ends in the following manner:

> As we pulled ourselves together a moment later, wiped sperm from our various bodies, and readjusted our clothes, the questions filtered through my brain once again, finding no easy answers. Is this encounter a healthy part of my life? What effect does this degree of sexual freedom have on our communal culture? Is it possible to maintain gay subcultures that treasure promiscuity without causing plagues to constantly cycle through the community? (Rofes, 1998: 209)

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