Reconceiving Risk: Relational Understandings of Pre-Exposure Prophylaxis and the Down-Low

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Reconceiving Risk:

Relational Understandings of Pre-Exposure Prophylaxis and the Down-Low

a dissertation presented

by

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to

The Department of Sociology

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Reconceiving Risk:
Relational Understandings of Pre-Exposure Prophylaxis and the Down-Low

Abstract

This research advances sociological theorizing of risk through examinations of a sexual technology and a sexual practice. The sexual technology is the preventative HIV medication, Truvada for PrEP. The sexual practice is the “down-low” - the behavior of men who secretly engage in male-male sex but do not identify as gay. Previous studies of sexual risk examine categories of “at risk” people and rational calculations of risk. My analysis situates risk fully within sexual relationships and the temporal, unfolding process of sex. This perspective illuminates meanings related to risk that emerge from interaction as well as the emotions and uncertainty involved in the experience of risk-taking.

Content-analysis of online media articles about Truvada for PrEP (N=214) shows how PrEP is individualized and desexualized with reference to categories of people portrayed as “risky.” Subsequent interview analyses with White and Black men who engage in sexual relations with men (N=60) reveal disjunctures between categorical representations of PrEP and understandings derived from sexual relations. Respondents’ evaluations of risk are contingent on social comparison to others and perceptions of intimacy in their relationships. Finally, drawing from a subset of interviews (N=36), this relational understanding of risk is applied to the case of the down-low. I argue that, due to their boundary work against an out-gay lifestyle, PrEP may not be viewed as relevant by this population. However, understanding the relational contexts of more intimate partnerships can help reframe PrEP as compatible with down-low sexual practices.
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FOR JASMIN,

the books to my fruit
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INTRODUCTION
Emmanuel, a lean Haitian-American man, tips back in his seat with his arms crossed, balancing the chair on its two hind legs. His handsome, bespectacled face is marked by an amused half-smile as he ponders my question. On the day we meet, it is oppressively humid, so Emmanuel is wearing loose khaki slacks and has opened the top two buttons of his white linen shirt. After a beat, he plops forward, allowing his chair to settle on the floor almost silently, and leans in with his elbows on the table across from me. He continues his thought, perfectly postured to draw me into another of his careful reflections.

“I’ll put it like this,” he says, “As long as there is AIDS, I will be wearing a condom. So, PrEP is not for me.” Having already talked through much of his sexual history, I’m not surprised by Emmanuel’s response. He is fifty years old and works in an administrative capacity at a local research hospital. Years of experience around medicine and having spent his youth in Haiti, one of the global epicenters of HIV-viral transmission to the United States, have made Emmanuel acutely aware of the consequences of HIV exposure. “That said,” he continues, “I think this drug is great for the gay community.”

“You know sometimes, you’re excited because you’re going to fuck someone, and you go to put on a condom and you lose your erection.” Emmanuel purses his lips and shrugs. “Or maybe the condom breaks! So, I understand that life happens, and Truvada … takes care of that.” He and his chair tip back once more, and he continues to ponder.

It occurs to me that Emmanuel has a very specific use of PrEP in mind, so I decide to press him on another possible scenario. “You describe a situation where someone takes PrEP as a backup safety plan and you feel that, in this case, PrEP is a good option, right?” I begin, testing the waters. “Do you feel differently about that person versus someone who, say, takes PrEP and has no intention to use condoms in the first place?”
Emmanuel laughs and his chair dips forward once more. “Yeah!” He laughs. “I prefer the other guy.”

“But is the second guy, ok?” I press, the unasked question of what the consequences of this distinction are for PrEP’s public reception echoing in distant corners of my mind.

“I mean, it’s ok for them.” Emmanuel clarifies. “In fact, it’s good for them! But they will never have sex with me.” And the chair tips back once more.

* * *

This brief exchange touches on many interesting features of a new sexual technology called Truvada for PrEP. Truvada is the brand name for this medication (emtricitabine/tenofovir disoproxil fumarate) and PrEP is short for a process called “pre-exposure prophylaxis” - a mouthful of a phrase which means that it prevents HIV if taken in sufficient amounts before viral transmission. As a daily oral medication, PrEP presents an interesting case for studying sexual risk. It challenges the boundaries between the individual and the social, since it is taken by a single person, but in anticipation of a sexual relationship. Similarly, it is a sexual technology that is used in settings removed from the sexual act. In both of these regards, PrEP is not unlike a previous technological innovation - the oral birth control pill. When this earlier technology was developed in the 1960’s, its release was marred by concerns about long term toxicity and the social consequences of a liberated women’s sexuality. However, PrEP’s targeted users are comprised by more stigmatized and marginalized populations including gay men, injection drug users, and women in serodiscordant\(^1\) relationships (Meyers and Sepkowitz 2013). Given the

\(^1\) Partners have mismatched HIV status – one is HIV positive and the other is negative.
social stigma associated with these groups and the sexual practices which lead to HIV transmission, questions of moral judgments and the cultural frameworks used to evaluate risk are well approached through an investigation of this technology.

Let me be clear that not all respondents interviewed on the utility and feasibility of PrEP are as cautiously reflective as Emmanuel. Nor are they universally risk-averse. It also bears repeating, as stated elsewhere (Catania et al. 1986), that respondents’ reports of sexual and risk-taking activities are not always in line with their patterns of behavior. However, my conversation with Emmanuel, and interview work more generally, provides useful information about the meanings individuals associate with categories of people, how they portray specific sexual practices in relation to their self-conceptions, and how emotions inform the lived experience of sexual risk. In fact, the above excerpt touches upon all three of these sources of meaning related to PrEP. In such a short exchange we cover moral judgements about the potential “types” of PrEP users (e.g., backup safety v. planned unsafe sex), the practices associated with risk (e.g., condomless sex), and events that occur during the flow of sexual experiences that can increase risk (e.g., loss of erection, condom breakage).

This dissertation draws from such in-depth interview data, in addition to content-analyses of media coverage of PrEP, to advance a sociological theory of risk based within understandings of sexual relations themselves. In doing so, I examine risk in the context of analytical frameworks from science and technology studies, sociology of sexuality, and the sociology of culture. More specifically, the empirical question this dissertation seeks to answer is: How do men who engage in sexual relations with men think about Truvada for PrEP? This question is motivated by a broader theoretical question related to the limitations of studying risk as simply a
categorical or behavioral phenomenon: How do relational understandings of risk inform individuals’ reactions to sexual technologies? Previous studies in the sociology of risk tend to treat risk as the real attribute of a social category or behavior. They also tend to see risk-taking as the result of a means-end calculation in anticipation of rewards (Beck 1992; Giddens 1991). My study advances a relational perspective on risk to show how the meanings associated with “risky” behaviors depend on their social contexts. Additionally, this approach highlights the emotions and experience of voluntary risk-taking.

Before summarizing scholarship in the sociology of risk, in the following section, I introduce the two substantive topics under examination in this dissertation. The first is the drug Truvada for PrEP, which has already been briefly described. However, to fully contextualize respondent’s understandings of this innovation, I provide a more thorough overview of the drugs’ development, the findings from medical research, and the relationship of Truvada to racial inequalities in HIV transmission. The second substantive topic covered in this dissertation is a sexual practice known as “the down-low.” Down-low sexuality describes men who secretly engage in sexual relations with men but who do not identify as gay. Down-low men have been under examination by public health researchers for the past two decades to evaluate the prevalence of HIV exposure in this population. Men who identify as down-low also provide a fascinating case for understanding risk in a relational perspective because of the apparent disjuncture between their sexual identities and behaviors. After developing a relational theory of

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2 By “relational” I am not simply referring to the concept of relational sociology as articulated by Emirbayer (1997) and others, although I do think this approach is also consistent with what I am describing. Rather, I am more broadly referring to understanding risk in the context of sexual relationships – however transient the encounter. Given the unfortunate slippage in English between the term “relationship” and the idea of committed romantic partnership, I think “relational” is the most accurate and least confusing way to describe what I mean. In fact, the majority of the cultural theorizing in this thesis draws from symbolic interactionism (Blumer 1986[1969]; Berger and Luckman 1967) since framing theory (Chapter 2), scripting theory (chapter 4), and the sexual interactions described in chapter 3 are all related to this perspective.
risk in the beginning chapters of this dissertation, in the final empirical chapter, I analyze down-low sexual practice to assess the applicability of PrEP to this population.

**TRUVADA FOR PREP AND THE DOWN-LOW**

The use of Truvada (emtricitabine-tenofovir) as a preventative HIV medication is quite a recent development, with the FDA ultimately approving the drug for preventative use in 2012 (FDA 2012). However, the technological innovations paving the way for this drug span the latter half of the 20th century. In particular, the process of chemoprophylaxis, meaning the use of medications for the prevention of infection, is a well-established medical practice. For example, chemoprophylactic prevention of tuberculosis was shown to be effective as early as 1965 (Ferebee 1970). Given substantial precedent, the first trial demonstrated that chemoprophylaxis was effective for HIV prevention in Macaque monkeys in 1995 (Tsai et al 1995). However, due to the ethical considerations involved in developing clinical trials for human subjects, HIV chemoprophylaxis would not be attempted on human subjects for another decade.

As is often the case, the drugs used initially to treat a disease are the first hypothesized to have a prophylactic effect. The combination of drugs emtricitabine-tenofovir has been used for HIV treatment since 2004 with minimal side effects compared to precursors (Gallant et al 2006). Therefore, by 2005, the first human trials using Truvada as a preventative HIV medication were underway in Cameroon and Cambodia. These early trials were discontinued due to a vocal public opposition that decried the lack of proper HIV counseling and treatment options for participants who seroconvert (i.e., become HIV positive) (Singh and Mills 2005). However investigators improved their protocols for subsequent multinational trials in Peru, Ecuador, South Africa, Brazil, Thailand, and the United States, and efficacy of Truvada for PrEP was definitively
demonstrated in 2009 (Grant et al 2010). Following FDA approval, Gilead Sciences is the only pharmaceutical company licensed to distribute Truvada in the United States.

Currently, only around 10,000 of the 500,000 individuals the CDC recommends take the drug have prescriptions (McNeil 2015). While one study of electronic prescription data from US pharmacies indicated that PrEP use has been steadily increasing (especially among men) over the last few years (Flash et al 2014b), PrEP has reached only 2% of its maximal utilization indicating ample time to adjust outreach and enrollment strategies (Wilton et al 2015). In particular, many HIV prevention advocates are concerned about racial disparities in PrEP interest and uptake (Ahmed 2016). Although the studies on racial differences in PrEP acceptability are also largely confined to identifying individual attributes and behaviors affecting assessments of PrEP, it is necessary to highlight these findings to identify what a relational perspective on risk might add.

**But Does it Really Work? What We Know about PrEP So Far**

I now overview the most prevalent areas of inquiry within the medical research on PrEP. These areas are: efficacy, adherence, viral mutation, risk compensation, stigma, cost, and side effects. Some of these areas will come under direct scrutiny in my own analysis and others are in need of further clinical investigation before understanding how consequential they will be for PrEP’s future. However, they are all provide crucial terminology for studying the landscape of the PrEP discursive field.

The most important question addressed in public discourse around PrEP is that of *efficacy*. Naturally, if the drug failed to achieve its stated goal, any related controversies regarding changes in sexual behavioral would become moot points. On this front, there is substantial evidence that the drug serves its intended purpose quite well. The first randomized
controlled trial of PrEP in humans [iPrEx] found a 44% reduction in HIV-risk (95%CI: 15-63). The adjusted efficacy after testing subjects’ blood for presence of the drug was estimated to be 92% (Grant et al 2010). A subsequent two-year study out of England (PROUD) found an 86% risk reduction (90%CI: 58-96) (McCormack and Dunn 2015). This finding was later corroborated by a French and Canadian study [IPERGAY] that also found an 86% risk reduction (95%CI: 40-99) (Molina et al 2015). Finally, since the former studies utilized subjects who identified as MSM\(^3\), a study utilizing serodiscordant heterosexual partners [Partners PrEP] have also found risk reduction rates around 86% when adjusting for the drug’s presence in blood plasma.

The difference in efficacy rates between a study’s observed incidence of HIV among the treatment group and the greater likelihood of HIV resistance with verification that tenofovir can in fact be found in a subject’s blood plasma speaks to the importance of adherence for PrEP users (Van der Elst et al 2013). Simply put, if the drug is not consumed daily, it becomes less effective. Therefore, one behavioral consideration that should receive substantial attention in my interviews and media analysis is that of adherence, including barriers to daily usage and strategies for improving daily usage.

This concern relates to a second subject under research by PrEP specialists: the possibility of HIV-viral mutation leading to drug resistance. Again, existing research on this front leads us to a rather optimistic appraisal that increases in HIV transmission due to PrEP-related viral mutation are unlikely. A meta-analysis of all existing PrEP studies found only 9 documented cases of drug resistance across 10,045 subjects indicating a resistance rate of .18% (Spinner et al 2016). The topic of drug resistance relates to adherence because the primary

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\(^3\) Men-Who-Have-Sex-with-Men
pathway for viral mutation would be the accidental ingestion of PrEP by a subject who was unknowingly HIV positive. For instance, inconsistent adherence could lead to cessation of drug use, contraction of HIV, and then inappropriate continued PrEP use leading to viral mutation. Again, however, existing studies indicate that this scenario is highly unlikely when PrEP use is paired with mandatory HIV testing. Since the large-scale consequences of a .18% resistance rate are unintuitive, a public health study sought to extrapolate for population level effects over a period of a decade. Using estimated initial PrEP efficacy, estimated coverage of the susceptible population, and estimated incidences of inadvertent PrEP use, researchers predict a rise in HIV drug resistance by only 2.5% over ten years (Abbas et al 2011).

After adherence, the behavioral consequence of PrEP most likely to be under discussion in interview and media analyses is that of risk compensation. Risk compensation is the idea that subjects adjust their behavior according to their perceived level of risk; when they feel more protected they may undertake riskier behaviors. With respect to PrEP, risk compensation would manifest most commonly through increased sexual encounters and through condom abandonment. Condom abandonment could occur because subjects may feel they are protected from HIV, which is arguably the STI that causes them greatest concern, and choose to have condomless sex. This could lead to increases in other STIs such as gonorrhea, chlamydia, and syphilis. Studies on risk compensation due to PrEP have produced mixed results, (Guest et al 2008; Eaton and Kalichman 2007; Marcus et al 2013) making this a contentious area for public debate.

Since risk compensation could result in greater promiscuity and behaviors traditionally viewed as “unsafe,” another behavioral and social consequence of PrEP is the stigmatization that potential users may face (Eisingerich et al 2012). PrEP is associated with HIV, which could
result in symbolic pollution of the drug and could lower uptake. Additionally, the expectation that PrEP users behave immorally and increase risk to the LGBT community may cause the entire group to be stigmatized regardless of any individual’s behavioral choices.

Of course, one of the most practical barriers to PrEP use would be a prohibitively high financial cost. In fact, one study demonstrated that among physicians who said they were reluctant to prescribe PrEP, 57% were concerned about the financial burden to patients (Karris et al 2013). The wholesale price of Truvada is $1425 a month or $17,100 annually, which means PrEP is not currently a feasible prevention option without insurance (Horber et al 2013). While most insurance providers do cover PrEP, the pharmaceutical provider Gilead and progressive cities like San Francisco also offer medication assistance programs for low-income Americans. Finally, initial calculations determined that bringing PrEP to scale would save money in the provision of health services when targeted at the most risky subjects (Gomez 2013).

As with any medication, one primary concern surrounding its release relates to toxicity and side effects. Studies indicate that the most common side effects are nausea, abdominal pain, vomiting, dizziness, headache, and fatigue (Grant et al 2014) and that, for the vast majority of subjects, these issues resolve within the first few weeks of PrEP use. Additionally, PrEP has been associated with changes in renal function from long-term use (Solomon et al 2014), so users undergo mandatory kidney testing.

In sum, PrEP has been shown to be an effective medication with mild side effects. Concerns about the behavior of PrEP users relating to adherence and risky sexual encounters can be addressed by continued STI testing, but will likely play a large role in shaping PrEP’s public reception regardless of safeguards. Finally, cost and the social consequences of PrEP users’
stigmatization are areas deserving direct attention in the forthcoming analyses to identify strategies for increasing drug access.

**HIV Inequality and PrEP Acceptability**

The primary aim of this project is to investigate how respondents think about sexual risk and how PrEP may resolve or exacerbate these concerns. Throughout, I emphasize the elements of risk that are directly derived from the experience of sex rather than simple associations with demographic or behavioral categorizations. This perspective is rarely represented in public health literature which has produced the most scholarship related to racial inequalities in HIV. Therefore, I now briefly review literature on racial differences in HIV transmission and PrEP acceptability. A wealth of information has been produced in these areas and it is important that any relational analysis of sexual risk build off of this progress.

*Racial Differences in HIV Transmission.* The causes of racial differences in HIV transmission are complex and multitudinous, but they are becoming increasingly well-documented. The majority of studies on this topic emphasize the macro-social contexts (i.e., demographics of places) which are statistically associated with HIV. These studies point to factors such as poverty, income inequality, and educational attainment (Buot et al 2014), as well as incarceration and racial segregation (Adimora and Schoenbach 2005). In fact, HIV in the African-American community has been described as a “syndemic,” in which “two or more afflictions, interacting synergistically, contribute to excess burden of disease in a population” (Wilson et al 2014:983).

While these demographic associations are important for the distribution of health services and financial resources, they tell us very little about the *mechanisms* connecting the context of a
place to the very social act of sex (Fenton 1997). When studies do attempt to identify the micro-
sociological determinants of sexual risk, they tend to zoom in right past sexual relationships to
examine individual attributes (Aral 2002; Factor et al 2011). Further, many of these individual
risk-related behaviors are unable to explain unequal HIV incidence. Barker finds that higher rates
of depression and substance use among MSM are correlated with HIV (Barker 2008), but neither
of these behaviors can explain higher rates of HIV among Black men (Millet et al 2006). A
survey of 3,316 MSM even finds that although HIV is much more common in Blacks (16%) than
Whites (3%), risky sexual behaviors like condomless sex are less prevalent for Black men
(Harawa et al 2004).

Research on proximate social causes of HIV disparities is underdeveloped. Research has
documented the health benefits of “coming out” as gay in order to receive social support
(Brotman et al 2002) and increase perceived comfort when discussing sex with a physician
(Turner 2014). However, while homosexual stigma may be higher in Black communities (Mayer
et al 2013; Kerr 2014), non-gay identity is not associated with HIV transmission (Millet et al
2006). One study hypothesized that pressures of masculine conformity may prevent men from
seeking healthcare but ultimately found that men are particularly likely to seek help regarding
sex, since sexual performance is intimately tied up with enactments of masculinity (Obrien et al
2005).

Another important line of research relating to the social causes racial disparities in HIV
transmission utilizes network analysis. Laumann and Youn (1999) analyze the National Health
and Social Life Survey (NHSLS) and find that the sexual networks of Black individuals are
characterized by higher rates of intraracial sex (meaning diseases gain density within a racially
homogenous network) and dissortative mating (meaning that less promiscuous individuals more
often choose to have sex with the central figures in a network, which increases the likelihood of disease transmission). Racial segregation and gang turfs exacerbate these patterns for inner-city African-Americans (Lane et al 2004). Another network study shows that African-Americans are more likely to have concurrent sexual partners and uses mathematical modeling to show that diseases spread more quickly through concurrent partners than monogamous pairings, even with the same total number of sexual partners (Adimora et al 2002).

Network analysis is fundamentally social in its focus on sexual relationships rather than individual attributes, and these studies have contributed much to our understanding of this important epidemiological inequality. However, it is striking that our understandings of the racialization of HIV have gained comparatively little from relational studies at the level of interpersonal interaction. Is this simply “not where the action is”? Or have existing studies missed out on the role of sexual events in shaping their subjects’ relationship to risk? In the next section, I overview the interview research on PrEP and make a case for the latter interpretation.

**Existing Interview Studies of PrEP Acceptability.** Many interview studies have been conducted by public health scholars in recent years to determine whether potential users were aware of PrEP and what concerns they had about taking it. Some of these studies categorize the types of sexual behavior respondents’ engage in and tally PrEP’s acceptability within these categories. However, the furthest these studies go in placing considerations of PrEP within respondents’ sexual relations is to make note of relationship status during episodes of unprotected anal intercourse (UAI).

Initial studies of PrEP acceptability actually began before the FDA had approved the drug in 2012. These studies focused on measuring to what extend individuals had heard of pre-exposure prophylaxis as a treatment process (Barasc et al 2010; Kellerman et al 2006), were
open to a biological preventative method (Nodin et al 2008), and could be successfully educated about its proper use (Mimiaga et al 2009). After FDA approval, research on the drug expanded dramatically to prepare for (and facilitate) wider use of the product. Studies began to include transwomen in addition to MSM and noted particular sources of confusion about PrEP, such as doubts about its effectiveness even when informed about the promising results of randomized, controlled trials (Galindo et al 2012). Interview work summarized the primary concerns individuals had about taking PrEP relating to health side effects and the possibility of HIV becoming drug resistant. (Golub et al 2013). Additionally, research documented the demographic configurations correlated to PrEP acceptability – particularly with respect to age and education level (Gamarel and Golub 2015).

Interview work also connects respondents’ sexual experiences to their perceptions of PrEP. A study of African-American women found that subjects were more open to PrEP if they had experienced an incident of condom failure or had experience taking oral birth control pills (Flash et al 2014). Brooks et al document that primary motivations of gay and bisexual men for interest in PrEP include a desire to have condomless sex and to be free of anxiety during sex with HIV-positive people (2012). Interestingly, two studies have documented that the most “at-risk” individuals may be less interested in PrEP. First, Mutanski et al show that interest in PrEP is negatively correlated with the experience of UAI (2013). Second, a study of men in serodiscordant⁴ and seroconcordant⁵ relationships finds insertive partners during UAI were more interested in PrEP than receptive partners, despite lower risk for HIV transmission (Saberi et al 2012).

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⁴ Partners have mismatched HIV status – one is HIV positive and the other is negative.
⁵ Partners have the same HIV status – usually used in the context of two HIV positive partners.
A focus on the positions and mechanics of sex is absolutely necessary to understand PrEP’s feasibility and applicability. However, measuring a dichotomous outcome of “PrEP support” denies respondents the opportunity to consider PrEP in the context of their unique sexual histories. These studies are, rightly for their aims, designed to identify general patterns relating specific demographic attributes and sexual behaviors. However, they tell us very little about how respondents think about risk differently in the context of different sexual relationships.

**Racial Differences in PrEP Acceptability.** The most recent and comprehensive analysis of PrEP utilization actually found that PrEP use was not associated with race, but racial differences did appear in certain geographic areas. In particular, Black subjects in southeastern cities were less likely to access the drug (Strauss et al 2016). Further, Black respondents were less aware of PrEP overall and mentioned this as the source of their hesitation about the drug. However, Black respondents were less concerned about side effects and, perhaps counterintuitively given the aforementioned concerns about HIV stigma in Black communities (Kerr 2014), less concerned about partners learning they were on the drug (Strauss et al 2016).

Beyond these initial perceptions documented in survey research, what have interview studies revealed about potential barriers for PrEP use among Black individuals? First, Rosenberg et al (2015) argue that many of the same social and structural barriers that pattern HIV transmission may inhibit uptake. For instance, one study of urban African-American youth in Atlanta found that access to health services via public transportation was a primary concern among respondents, showing the very practical quotidian limitations on HIV prevention (Smith et al 2012). Even after respondents decide to go in for a PrEP prescription, race may be associated with sustained use of the drug. A study of men receiving PrEP from health clinics in
California, Florida and D.C. found lower levels of the drug in the blood of African-American men, indicating potential barriers in adhering to the drug once it is prescribed.

There may be important cultural differences inhibiting PrEP use as well, and most of these studies have been approached from a more relational lens. Eaton et al (2014) find that Black men report higher rates of discomfort talking to a medical provider and express “race-based medical distrust,” which could present a barrier to willingness to use PrEP. Related to doctor-patient relationships, one audit experiment found that physicians were less likely to prescribe PrEP to Black men because of their assumed higher rates of risk compensation (Calabrese et al 2014). However, telephone interview research conducted with African-American and White women found the former group to be more likely to follow health care providers’ suggestions about PrEP and less likely to feel uncomfortable talking with providers (Wingood et al 2013). So, more studies are needed to determine how gender mediates the relationship between race and PrEP use.

Questions of access, adherence, and patient-provider relationships are essential dilemmas facing PrEP going forward, but, again, none of these interview studies investigate how PrEP relates to respondents’ thinking about how they have sex and the risks involved in those behavioral configurations. With respect to race we might examine: how does race arrange bodies in the bedroom? How are sexual behaviors interpreted differently based on the race of an actor? And how do the opportunities and constraints PrEP introduces alter these behaviors and signals?

**Media Representations of the “Down-Low” and Public Health Scholarship**

Race is one important factor that may shape PrEP’s reception, but it’s not the only social category under examination regarding drug uptake and distribution. Due to PrEP’s close
association with gayness, some HIV prevention advocates worry that the down-low men who engage in sexual relations with men but don’t identify as gay will be uninterested in taking the drug. This concern once again places down-low sexuality at the center of conversations around public health and HIV.

Media Representations. Although clandestine forms of homosexuality have existed since the modern creation of the concept, the “down-low” (DL) nomenclature became embroiled in media controversy in turn-of-the-century television and popular press due to its perceived threat to heterosexual unions. A Los Angeles Times (Stewart and Bernstein 2001) exposé claiming to uncover this actually decades-old terminology is typical of coverage of the DL during this period for its exclusive focus on men of racial minorities betraying their wives and girlfriends. Similarly, a New York Times piece (Denizet-Lewis 2003) draws its informants from a Chicago bathhouse and plays into stereotypes that the deception of DL men leads them to seedy settings of rampant promiscuity and disease. These periodicals, and the attention they generated, inspired a tell-all novel by J. L. King documenting his account of living on the DL, which controversially encouraged women to act as detectives to identify signs of their partner’s duplicitous behavior (King 2004). A subsequent episode of the Oprah Winfrey Show (2004) led with the teaser:

“Sex lives and double lives: it’s a shocker. It’s called living on the down low. Men with wives and girlfriends secretly having sex with other men. One man’s story blows the lid off this sexual underground.”

The episode cast DL men as sinister and devious and played up stereotypes of homophobia in the Black community. Tellingly, King would later “come out” as a gay man on Oprah’s show, thereby reifying notions of DL men as simply confused or closeted gay men who need to disclose their “true” sexuality and dissolve their heterosexual relationships to protect their female partners.
In some respects, these media representations of DL sexuality are unsurprising. The public at large was unfamiliar with this type of behavior, so a sensationalist press amplified readily-bought stereotypes of men’s primitive sex drive, damsels in distress, and unconstrained Black sexuality (Boykin 2005). However, this coverage also hid its racial and gender bias behind the seeming moral authority afforded by the professed aim of protecting women and improving public health outcomes. For instance, an analysis of television representations of the DL argued that the complexity of men’s sexual feelings was downplayed to generate sympathy for the story lines’ betrayed heroines (Spieldenner and Glenn 2014). Similarly, an analysis of media coverage of the DL from 2001-2006 found that the sources used to comment on DL men of different races determined their positive or negative depictions (Pitt 2006). Media articles discussing Black men invoke circuit party goers and public health experts causing readers to focus on their irresponsible and risky behavior, while White bisexuality is discussed with social workers, support groups, and therapists leading to a more empathetic portrayal.

Public Health Research. While popular representations of sexuality might be expected to be two-dimensional and unrealistic, the scholarship on the DL also contributes in many ways to misunderstandings of the behavior. The primary source of inaccuracy is derived from this literature’s public health emphasis. This focus necessitates the construction of clearly defined empirical categories to measure various sexual risk outcomes of interest. Even writings from a sociological perspective often frame understanding the behavior as simply a precursor to some desired HIV-prevention policy. Thus before the variety of practices encompassed within the DL lifestyles is catalogued and understood, operational definitions are chosen which have direct bearing on variables relating to sexual risk. We have little reason to suspect these categorical
definitions comprise the characteristics that DL men themselves see as most central to living on the down-low.

There are three primary empirical categories which have been used to define the DL in public health scholarship. The first describes the DL as a relationship configuration in which a man has a stable female partner but takes occasional male sex partners on the side. The second describes the DL as an identity category synonymous with Black bisexuality. The third describes the DL as a temporary step in the social process of adopting an out, gay identity. While any of these definitions may be accurate descriptors of a number of DL men, many men fall outside of these categorizations. Further, each was constructed with consideration of particular health consequences causing the lifestyle and cultural practices of DL men to be overlooked.

The idea of the DL as a relationship configuration is born from an early theory known as the “bisexual bridge,” which suggested that heterosexual women would contract HIV because their male partners were engaged in gay sex acts (Rodriguez and Rust 2000). As in media representations, the presence of a female partner became central to understanding the DL for public health scholars since their primary concern was HIV transmission across sexual networks. In fact, Morbidity and Mortality Weekly Report noted that up to a third of men who did not disclose their homosexuality were involved in sexual relationships with women (MMWR 2003). This report provided no evidence of HIV transmission between these populations, but implicitly invoked the threat of the bisexual bridge. A subsequent statement by the Center for Disease Control and Prevention (CDC) doubled down on this conceptualization of the DL by stating, “Minority MSM may not identify themselves as homosexual … and may be difficult to reach with HIV prevention messages. In addition, the proportion of AIDS cases attributed to heterosexual contact and among women is substantially greater than earlier in the epidemic”
(CDC 2003). The statement places these two sentiments side-by-side in describing current HIV trends and thereby links closeted men of color to the vulnerability of women. This conceptualization of the DL as a relationship configuration emphasizes the protection of women, but presumes DL men are unfaithful to monogamous pairings (Malebranch et al 2010) and thereby simultaneously forefronts deceit and betrayal.

When studies examine the DL as an *identity category*, it is operationalized using broader designations such as men-who-have-sex-with-men-and-women (MSMW) (Dodge Jeffries and Sanfort 2008). However, this literature often alludes to the specter of the DL in their framing before conflating the DL with Black bisexuality. For example, Barnshaw and Letukas (2010) define DL men as survey respondents who express a heterosexual identity but engage in same-sex sexual behavior, even though this pairing of variables indicates nothing about the context of behaviors or identity expression. They even downplay their finding that more White men fit this descriptor by conjecturing that non-White men may be more likely to select the “something else” option in survey responses rather than a heterosexual identity. In response, Bowleg and Raj (2012) call for explicit studies of Black heterosexual men, since DL men comprise only a small part of this population and are overemphasized in the literature. Similarly, a study of sexual identities in the San Francisco area indicated that people of color disproportionately identify as MSMW before casting this designation as dangerous by detailing higher rates of HIV in these communities, even though the two subjects were examined separately (Brooks et al 2003). These studies define identity groups based on specific behaviors that transmit HIV like penetrative penile sex. However, treating DL and bisexual identities as functionally equivalent conflates identity and behavior and obscures how the sexual practices of these two groups diverge in culturally significant ways.
A meta-analysis of 22 studies of the DL (2007-2012) found that this research has an insufficient discussion of the relationship between the DL and bisexuality and often assumes respondents are actually gay (Pettaway et al 2014). When the DL is described as a step along the social process of coming out, the most common health consequences under consideration are the psychological toll of homophobia in Black communities (Carballo-Dieeguez and Dolezal 1996) and its negative impact on sexual health outcomes like STI testing and condom use (Watkins-Hayes 2013). For instance Lapinski, Braz and Maloney (2016) describe their respondents’ impressions of DL men as having poor communication about sexual health and requiring drug use to alter their mental states before homosexual encounters. However, another meta-analysis of 24 studies of the DL argues that the presumption that disclosure of homosexuality would make DL men have safer sex is incorrect, since men who identify as homosexual are more sexually active and have higher rates of condomless sex (Millet et al 2005). In addition to overstating the health consequences of DL sexuality, casting DL men as closeted gays who need to “come out” reifies notions of homophobia in Black communities and misrepresents DL men’s relationship to the gay lifestyle.

In sum, media representations of the down-low created a folk devil (Cohen 1972) from a genuine pattern of sexual behavior that, in itself, should be of interest to sociologists. Further, the DL scholarship’s emphasis on health impacts may actually contribute to the spread of HIV since it allows people to imagine they are safe as long as they know the sexual orientation of their partners (Phillips 2005). Fortunately, the pathway forward is clear. Ford et al (2007) argue that DL scholarship should move away from overly technical and rigid definitions of the DL and instead consider DL sexual practices in specific relational contexts. This perspective would afford greater attention to variations in DL practices along racial lines. Additionally, rather than
collapse racially diverse samples into White and non-White comparisons, studies should be designed to examine how the DL looks in specific racial groups (Mukherjea and Vidal-Ortiz 2006). In the final empirical chapter of this dissertation, I conduct interviews with down-low men and their sexual partners to determine how DL sexual practices vary between White and Black men. I then apply the relational perspective on risk developed in my interview and media research around PrEP to the case of the DL to demonstrate how this drug may be received by DL men.

So far, I have provided background information about PrEP and the down-low. Through my interview and media analyses of PrEP, I will develop a relational understanding of risk which I then apply to the down-low sexuality in order to assess PrEP applicability to this group. I will now review modernist treatments of risk (Beck 1992; Giddens 1991) and two camps of scholarship related to critiques of this paradigm to motivate a study of risk grounded in sexual relations.

THE SOCIOLOGY OF RISK

In the past three decades, numerous scholars have undertaken the project of summarizing existing work on risk in order to develop and refine a truly sociological perspective on the topic. Michael Bloor’s (1995) book *The Sociology of HIV Transmission* and Hart and Boulton’s (1995) chapter “Sexual Behaviour in Gay Men: Towards a Sociology of Risk” have the greatest substantive overlap with the subject of this dissertation, and many of their theoretical insights will be elaborated here. However, LGBT scholars are hardly alone in seeking to define a uniquely sociological risk paradigm. A few of the most influential works are: Stephen Lyng’s (1990) “Edgework: Social Psychological Analysis of Voluntary Risk Taking”; Deborah Lupton’s

I organize this introduction around the two main critiques that arise within the responses to modernist treatments of risk. The first camp of scholars levels a categorical critique of Beck’s work, citing first a lack of attention to the diversity in exposure to risk across social groups and then a subsequent exposition of how the social construction of risk categories themselves misrepresents the reality of lived experience with risk. These scholars ultimately conclude that meanings around risk are best analyzed within specific social contexts that make identities more or less salient to the risk at hand. A second camp of scholars advances the critique of overrationalization at modernist theorizing around risk. They note the overly psychological and economic means-end calculations of Beck’s actors and call for more attention toward the experiences of risky activities themselves. Thus, these scholars prefer analyzing practices and often highlight the habitual and emotional impulses that guide actions.

After overviewing modernist treatments of risk and the two main critiques and research lineages born out of “modernity as risk” thinking, I present unanswered questions in the sociology of risk which a study of Truvada for PrEP should be particularly well-suited to answer.

**Risk and Modernity**

The German sociologist Ulrich Beck’s famous account in Risk Society (1992) begins with the contention that we are undergoing a break within modernity as we progress from classical
industrial society that produces materials and wealth to a “risk society” in which the production of new hazards and dangers is a necessary consequence of technological advancement. These risks are rationalized and measured to the greatest extent possible and we, as witnesses to this transformation, partake in a “reflexive modernity” and are involved in the distribution of risk rather than simply material products. This notion of reflexive modernity falls somewhere between post-modern notions decrying instrumental thought and pure modernism that grants the scientific omnipotence, since it simultaneously reckons with human indeterminacy and the tendency to naturalize current social conditions.

Similarly, in *Modernity and Self-Identity* (1991) Giddens states that modernity is an ambivalent phenomenon since attempts at building more meritocratic economic and political systems are characterized by the high degree of trust and risk individuals engage in over the life course. They are simultaneously faced with opportunity and uncertainty. Further, in line with his theory of structuration, societies have come to valorize the power of individual agency at the same time academics tout the end of history and the arrival of perfectible global institutional forms. Thus, Giddens argues that modern society requires two types of trust: faceless commitments – meaning reliance on abstract systems; and facework commitments – meaning deep interpersonal trust. This latter form, which Giddens will come to call a “pure relationship” (1992), becomes especially relevant, as recent analyses of risk focus on relational contexts.

While the modernist approach to risk has been incredibly influential and taught us much about the relationship between macrostructural forces and individual relationships to institutions, the paradigm is not easily adapted to situations of sexual risk. There are two primary reasons for this: an unclear relationship to risk categories and an over-rationalized understanding of risk perception.
**Categorical Critique.** One critique of Beck’s formulation of risk society relates to its depiction of the globalized nature of risk. “Risks display an equalizing effect,” (Beck 1992:35). This pays insufficient attention so social differences in exposure to risk (Elliot 2002). In his analysis, the experiences of race, class, and gender appear but are superseded by macrostructural forces that, in actuality, would be powerfully shaped by these social categories. Beck contends that old antagonisms such as social class still exist, but in a new form due to the forces of automation. Therefore, he sees traditionally disadvantaged groups as facing the brunt of technological hazards as yet to be determined.

This conception reifies groupness with insufficient attention to the negotiation and power at play in social relationships. In fact, Beck’s notion of reflexive modernity concerns itself with risk distribution in ways which presages risk measurement and administration to swaths of socially classified others. The rational classification of populations considered “at-risk” is an implicit premise of his theorizing. Tierney (1999) writes that indeed the categories studied as “risk groups” are socially determined, but it is most consequential to ask why some actors are more influential in shaping and defining these groups. In short, she calls for more attention to power and struggle in the shaping of social categories. Similarly, in line with Beck’s own reflection on the tendency of social conditions to appear naturalized, the claimed consensus over how to assess risk leads to moral judgements of worth and a culture of victim blaming (Fox 1999).

This naturalization of risk categories and their subsequent consequences has been criticized in the work of medical anthropologists such as Catherine Panter-Bricks. She challenges the depiction of homeless youth as the most vulnerable members of society (Panter-Bricks 2004). This treatment leads to stigmatization of the subject and neglects the specific behaviors and
practices that endanger youth. Instead, she argues, these issues are better conceived as a poverty continuum with new analytical focus on how endangered individuals navigate adverse situations. These observations are also consequential for studies of sexuality. A study of young Tasmanian girls considered “at-risk” of sexual danger, such as abortion and unplanned pregnancy, vocalized an unwillingness to examine their specific sexual behaviors because of the blame associated with these activities (Bishop 2011). In such situations, the very designation of risk may exacerbate it. Similarly, related to HIV/AIDS, Cochran (1988) notes that the initial framing of HIV as a “White gay disease” meant that minority women underestimated their own risk of transmission, and Richardson (2000) highlights how even when women were discussed in public health analyses, the ultimate aim was framed as protection of heterosexual men.

Ultimately, scholars of sexual risk have come to conclude that while categorical risk is important for the distribution of financial and social support services, these categories are less predictive of risk than the meanings attached to them during sexual interaction. For instance, in his study of gay male sex workers in Glasgow, Bloor (1993) describes certain risk behaviors (rather than identities) which are emergent from sexual encounters. He notes more unsafe sex actions occur when clients are in a position of greater control, when the transaction is covert, and when communication of desired sexual activities is ambiguous. Similarly, Hart and Boulton (1995) argue that social structures organize exposure to risk during sex. For example, Holland (1992) finds that the gender power imbalances in heterosexual couples structure risk. Davies et al (1993) find the same pattern among gay men with respect to age (with younger men more likely to be the receptive partner during anal intercourse). Risk in sexual relationships is also patterned by material resources. Robinson and Davies (1992) find that “call men” are more likely to have their own place to practice sex work whereas “rent boys” often rely on clients for a place to stay.
which makes them more likely to accept further sexual impositions. Different drugs like crystal methamphetamine (Green and Halkitis 2006) and heroin (Rhodes and Quirk 1998) also have predictable relationships to sexual behavior because of their material properties and resulting chemical effects on behavior. Finally, the action of unprotected anal intercourse (UAI – generally regarded as unsafe in the public health literature), can mean different things in the course of sexual interaction. Among bisexual men, this practice is more common if the bisexual man “originates” from the heterosexual community since subsequent sex with a condom and female partner would require an awkward explanation (Boulton 1992). Similarly, Skidmore and Hayter (2000) find that gay men practice UAI with “people like me” because of the clean/dirty distinction imagined between self and other. 

**Over-Rationalization Critique.** Modernist writing on risk has also been critiqued for over-rationalizing actors’ perceptions and responses to risk. Elliot (2002: 300) cogently asks, “Is it right to see the means-ended rationality of risk, and thus the economistic language of preference, assessment and choice, as spreading into personal and intimate spheres of life in such a determinate and unified way?” Similarly, Mary Douglas (1992:13) says existing models of risk treat humans as “hedonic calculators calmly seeking to pursue private interests.” The aforementioned studies move from categorical understandings of risk to meanings arising from social interaction and from individual rationality to socially-contingent decisions, but even these studies treat their respondents as consistently calculating. For instance, Bloor’s work draws from Schultz’s (1970) systems of relevance approach to cognition. This approach rightly emphasizes
both individual volition and constraint, and that perceived relevance of threat is culturally
determined, but ultimately upholds the means-end calculus\(^6\).

**In addition to the economic language of preference central to modernist treatments of**
**risk, analyses tend to assume certain driving psychological mechanisms related to the**
**anticipation of expected rewards (Heimer 1988). Stephen Lyng writes that most psychological**
**portrayals of risk assume either an individual predisposition towards risk or motivational**
**mechanisms (e.g., pursuit of self-harm during episodes of depression) (1990). To move beyond**
**these characterizations, he suggests a new sociological framework called “edgework” to study**
**events of voluntary risk-taking in which respondents straddle feelings of chaos and order. This**
**paradigm is primarily targeted towards understanding high risk activities such as skydiving in**
**which death or debilitation are possible and a degree of skill is necessary for success. Therefore,**
**I would not characterize most sexual risk activities as “edgework,” since, although HIV may be**
**considered a debilitating disease, the “skill” of sex is not motivated by a need to control risk and**
**overcome it for survival. That said, Lyng’s focus on the sensations of the experience and the**
**feelings of oneness between self and the environment are theoretically transferable motivations.**

**Interestingly, just as Beck’s work was criticized for its treatment of categorical**
**differences in risk, Lyng’s theorizing focuses on male-typed activities and neglects gender. He**
**partially remedies this deficit in recent writing (2005) by enumerating several examples of**
**“group variations” in edgework according to gender, age, and class. However, Newmahr**
**(2011b) argues that the definition of the “edge” itself is shaped by gendered conceptions of risk.**
**She wonders what a feminist edge might look like and proposes emotional challenges and tests**

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\(^6\) However, in later writings Bloor (1995) distinguishes between situations involving “considered alternatives” and “routine activities” where respondents act habitually without a pre-determined best course of action.
to social collaboration as possible alternative definitions of risk. She then explores these propositions in her study of a sadomasochism community (2011a). The focus of scholars such as Lyng and Newmahr move beyond descriptions of risk taking as either “ignorant or irrational” (Lupton and Tulloch 2002:113). Along these lines, in the aptly named article “Life Would Be Pretty Dull without Risks,” Lupton and Tulloch categorize interview subjects’ risk experiences as opportunities for self-growth, emotional engagement, or control (2002).

In terms of sexual risk, then, analyses might anticipate that emotions of love and arousal will shape actors’ risk behaviors. For instance, UAI is more commonly reported among lovers than casual sexual partners (Mclean et al 1994). Additionally, Strong et al (2005) discover a relationship between sexual arousal and unsafe sex for both gay and straight men. Finally, Gold (2000) finds that the decision to withdraw the penis during ejaculation is made “in the heat of the moment” rather than as a premeditated plan. This observation about emotional intimacy and risk brings us full circle, since Giddens saw intimacy (1992) as a “pure relationship” necessary for anchoring oneself in a risk-filled world. This connection illuminates how interpersonally emergent emotions relate back to the macro-structural shifts described in Risk Society (see also Jamieson’s recent reformulation of Giddens as “disclosure intimacy” 2005).

In sum, critiques of the treatment of social categories in modernist conceptions of risk emphasize the social construction of risk categories, the role of power in risk definitions, and the importance of relational context in changing categorical meanings. Critiques that call modernist conceptions of risk overly rational seek to move beyond the preference-calculating man to incorporate the pleasurable and the routine. These studies focus more squarely on the experience of risky activity and describe how specific practices relate to emotional states.
**New Directions.** Sociological analyses of risk can begin with these shifts in theorizing risk: from categories to contexts and from preferences to practices. These innovations are particularly relevant for studies of sexual technologies where the materiality and function of a product limits and is limited by social interaction. For example, in his superb overview of sociological theories of the body, Chris Shilling highlights how the body is simultaneously defined by the social structural meanings imputed upon it and the phenomenology of carnal experience (2004). This dynamic relationship between the societal heuristics that simplify risk and the social interactions that complicate and constrain these foregone conclusions seem inherent to any sexual technology. With respect to PrEP, the technology represents an effort to remove risk-taking decisions from the context of a sexual encounter – how do relational experiences impede or advance this effort?

Similarly, PrEP is an interesting case because of the mutually constitutive nature of the categories and practices relating to it. Homosexuals are men defined, at least in part, by their sexual practices. Similarly, barebackers\(^7\) have formed a subcultural identity around a particular sexual practice related to PrEP (Dean 2009). In *Talk of Love*, Ann Swidler (2013) advances an identity model of culture which is relevant for understanding this mixing between social category and practice. She writes that individuals choose cultural practices from repertoires but that some options are more enactable based on their self-conceptions. Therefore, my study of sexual risk relating to PrEP should address the relational contexts neglected in modernist treatments of risk and described by Shilling as constraining technologies of the body. Additionally, the study should critically examine the relationships between social categories and practices.

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\(^7\) Men who intentionally pursue condomless sex and identify with this practice.
To achieve these aims, first, I conduct a content-analysis of online media relating to PrEP in order to identify how risk is framed with respect to different categories of PrEP users. This empirical project expands on Tierney’s (1999) observation that the categories of risk are socially determined and pays particular attention to how these categories themselves relate to practices. Second, I conduct interview research to analyze how men who engage in sexual relations with men think about Truvada for PrEP in the context of their sexual relationships. Finally, I draw from a subset of interviews to examine variations in the cultural practices of one group identified in the media as risky (i.e., Down-Low men). This project shows the importance of situating sexual practices within relational understanding of risk, since DL men pursue sexual behaviors based on attempts to distance themselves from out-gay men and this may affect their appraisals of PrEP. In what follows, I overview my methods for these three distinct empirical projects before summarizing my main findings.

DISSERTATION OVERVIEW

This dissertation progresses in four parts. In Chapter 1, I review my data and methods for the subsequent three empirical chapters of the project. For my media content analysis, I collected and analyzed 214 online news articles from 53 distinct press sources using GoogleAlert filters for key terms related to PrEP over the course of one year beginning May 2014. I follow the method of Saguy and Almeling’s (2008) content analysis of media framing around obesity, in which they categorize their media sources according the demographic groups under focus in the article. For my interview analyses, I conduct in-depth, in-person interviews in a Northeastern metropolitan area with 30 White and 30 Black (African- and Caribbean American) men who engage in sexual relations with men. To understand risk in the context of relationships, I employ
a symbolic interactionist approach (Blumer 1986[1969]; Berger and Luckman 1967) and interview them about their sexual histories, and ask them to reflect on this new sexual technology in the context of the behaviors, preferences, and specific sexual events they described over the course of the interview. Finally for my analysis of the DL, I utilize a subsample of my interviews including 9 DL men, 18 men with sexual experience with DL men, and 9 men who reflect on risk and the DL (N=36).

In Chapter 2, I conduct content-analysis of online media around PrEP to identify themes in the risk discourse relating to two distinct groups of potential PrEP users, namely heterosexual women in serodiscordant relationships and gay men. The social construction of risk categories occurs not just in pharmaceutical clinical trials, but in public discussions around drugs, and media outlets are a key source for individuals to access medical knowledge (Epstein 1994). In fact, PrEP is particularly well-suited for investigations of risk categories since it is often compared to oral birth control for women but differs in the more marginalized nature of its anticipated users (Meyers and Sepkowitz 2013). Further, like oral birth control, it is a sexual technology that is utilized individually with the anticipation of sexual relations, so the extent to which its meanings are socially negotiated remains an empirical question (to be addressed in Chapter 3).

Using literature on (bio)medicalization from science and technology studies (Clarke et al 2010; Conrad 1992), I identify two strategies through which health professionals translate sexual risk to the public: individualization (Fosket 2004) and desexualization (Mamo and Epstein 2014). I conduct frame analysis (Benson and Saguy 2005; Snow 2004) of PrEP media to quantify the frequency of each frame’s usage across my two comparison groups of potential PrEP users. I
find that articles taking women as their subject are more likely to individualize risk through the language of “Personal Choice.”

A reading of the literature on other women-controlled sexual technologies suggests that this framing relates to the power dynamics of heterosexual relationships. I also find that articles taking gay men as their subjects, particularly those who engage in bareback (condomless) sex, use a “Package Care” frame that removes risk from the act of sex into a medical context. These findings advance theorizing on risk by illuminating how even seemingly context-free categorical treatments of risk carry meanings about the sexual practices and situations that would make these categories salient to the discussion at hand.

Chapter 3 analyzes how White and Black interview respondents who engage in male-male sex think about PrEP in the context of sexual encounters. While the previous literature review of sociological theories of risk demonstrates the need to focus on risk in relational contexts, the details of actual sexual acts and the relationship circumstances circumscribing these acts are relatively absent from sexuality literature (Plummer 2003; Wuskal and Plante 2010). Some promising work in this area has pointed to the role of power and sexual positioning in affecting exposure to risk (Hoppe 2011), as well as the intersubjective understandings which shape the meaning of behaviors with certain partners (Nieto-Andrade 2010). In line with this research agenda, I conduct narrative interviews with my respondents about specific sex episodes so that they can walk me through their rational considerations of behaviors, affective reactions, and elements which felt beyond their control in specific moments.

I utilize the framework of symbolic interactionism (Blumer 1986[1969]; Berger and Luckman 1967), with its strong emphasis on phenomenological experiences, to assess how sex unfolds in ways meaningful to respondents’ understandings of risk and the resulting applicability
of PrEP to their situations. With an aim of identifying lessons about risk that can be transferrable to studies of other sexual technologies, I find three primary patterns. First, respondents evaluate the riskiness of sexual encounters in relation to their own history of behaviors and the presumed behaviors of others. Second, intimacy does not have unidirectional relationship to risk. Instead, risk depends on respondents’ relationship category, how they define intimacy, and the practices used to enact that definition. Third, during sexual interaction, the features of the body become racialized in a multitude of ways which pattern what type of sex occurs and thus shapes risk.

In Chapter 4, I conduct a racial-comparative interview analysis of one social group identified in the media: down-low men. This group of men has sex with other men, but does not identify as gay or closeted. In media representations and public health scholarship, this group has traditionally been portrayed as comprised of risky Black men, characterizations which subsequent studies have challenged (Millet et al 2005; Pettaway et al 2014). My interviews with White and Black DL men, and their sexual partners, analyze the DL as a cultural practice rather than a stable identity category in line with existing research which documents how DL men draw from heterosexual and homosexual cultural repertoires (Ward 2008; Robinson Vidal-Ortiz 2013; Carrillo and Hoffman 2016).

I use the cultural theory of scripting (Gagnon and Simon 1973), which has benefited a productive paradigm in sexuality research, to describe how White and Black DL men draw boundaries between themselves and the out-gay lifestyle in different ways by emphasizing its radicalism\(^8\) and “whiteness,” respectively. I also find that that practices of masculinity and intimacy are patterned by race, with the former being associated with certain body types and the

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\(^8\) I mean radical in the sense of challenging traditional relationship forms. In this case, white DL men see out-gays as radical because of their emphasis on promiscuity on non-monogamy which challenge traditional heterosexual dyadic relationships.
latter increasing with regularity of sexual encounters (which, in turn, increases in likelihood with intraracial pairings). Studying cultural practices of the DL contributes to theories of risk by demonstrating that it is not simply behaviors that relate to risk, but behaviors within certain social contexts. For instance, both White and Black DL men practice clandestine sexual encounters and previous conceptualizations of these men as closeted and psychologically traumatized might predict they “act out” in these scenarios and engage in unsafe sex. My study illuminates the social configurations that shape safe sex practices, since DL men distance themselves from radical and White-acting, promiscuous gays both through mental scripts and physical (condom) barriers.

In the case of DL men, many people assume PrEP will be unappealing to them due to their social distance from out-gay life and PrEP’s association with this subculture. However, I find that while it is true that most DL men are not interested in PrEP, this has less to do with their fear of sexual-orientation disclosure and more to do with PrEP’s irrelevance because they use condoms with non-intimate gay partners who they see as riskier than themselves (the reasons for which relate to symbolic boundaries). To the extent that public health officials believe PrEP still constitutes a good safe-guard for this group (in instances of condom breakage etc.), a greater understanding of the intimate (often intraracial) DL relationships which can lead to condomless sex is necessary to assess PrEP’s utility and feasibility.

In sum, my dissertation builds from critiques of the modernist treatments of risk (Beck 1992; Giddens 1991). I advance the sociological paradigm of risk analysis with three empirical projects that clarify the connections between risk categories and practices, practices and relational contexts, and relational contexts and risk categories. Throughout, I emphasize the phenomenological experience of sexual risk, but, to the best of my ability, I pause along the way
to offer implications for analyses at higher levels of abstraction. I conclude with a discussion of project limitations and new directions for research on sexual technologies.
CHAPTER 1

DATA AND METHODS
The primary goal of this project is to improve theorizing around sexual risk through examinations of Truvada for PrEP and the down-low. My overview of the sociology of risk literature revealed that current conceptualizations of risk are overly reliant on understanding risk through differential exposure across categories of people and treat social actors as overly rational. Given these tendencies, this project begins with content-analysis of online media coverage of PrEP to identify current trends in risk-related discourse around this drug. How is risk discussed differently across different categories of potential PrEP users addressed in the media? Second, I conduct subsequent interview analyses with men who engage in sexual relations with men to develop a relational understanding of risk based on their narratives of their sexual experiences. To what extent do the accounts of these men draw from media representations of PrEP and how do their understandings depart from these representations? Do the meanings assigned to risky behaviors vary across relational contexts in ways that affect evaluations of PrEP? Finally, given that one category of potential PrEP users which emerged from the media analyses was down-low men, I present findings from a subsample of interviews with respondents who have sexual experience on the down-low or identify as down-low themselves. How does conceptualizing down-low sexuality as a cultural practice inform our understandings of PrEP’s relevance to this population? This mixed-method dissertation draws from diverse data sources to conduct both quantitative, frequentist analyses of discursive trends and qualitative, interpretivist analyses of meaning making around risk.

**Media Content-Analysis**

I analyze media coverage of PrEP to identify the prevalence of each type of discourse across different imagined PrEP users. I also qualitatively analyze how these different media
frames are employed. This study builds upon the work of many scholars, especially in media and communication studies, who see the power of discourse in shaping social action. However, my hypotheses are drawn from sociological analyses of medical technologies and the queer political struggles for recognition.

**Online Media as Public Health Intermediary.** Studying public conversations around PrEP should be particularly fruitful grounds for uncovering relevant social divisions and moral dilemmas, since “HIV-prevention is an almost entirely communicative endeavor” (Adam 2005, p. 334). Further, PrEP’s initial release provides a good opportunity for this study since Latour (2005) contends that key knowledge, materials and actors are most visible when subjects are currently under debate and are a “matter of concern.” Finally, patients are becoming increasingly likely to seek medical information from news sources directly rather than reading scientific studies (Schlesinger 2002; Carlsson 2000). So, while I use medical studies overviewed in the introduction to generate my preliminary deductive coding scheme, online news articles are a better source for studying the public conversation around PrEP.

**Data Period and Sample.** In May 2014, the Center for Disease Control and Prevention (CDC) expanded its definition of populations “at risk” of HIV exposure and simultaneously increased the total number of individuals recommended to take Truvada for PrEP from a few thousand individuals to 500,000. Previous recommendations focused on injection drug users and partners (both homo- and heterosexual) in serodiscordant relationships, but this generated very little media conversation around the drug. The CDC’s expanded guidelines raised awareness of the drug, provoked opposition from the AIDS Healthcare Foundation (Barro 2014), and initiated disagreements about PrEP’s meaning and consequences in the media. While previous studies have analyzed the role of the CDC in shaping the conversation around PrEP (Schwartz and
Grimm 2016a), this analysis identifies the frames used to describe different PrEP users, rather than changes in uncertainty over time. Therefore, I collected data for one year following the May 2014 announcement. Since this date, I collected and coded 214 articles from 53 distinct publications using GoogleAlert filters for the following key terms: “Truvada,” “pre-exposure prophylaxis,” and “PrEP.”

**Data Collection Protocol.** I use GoogleAlerts to collect my online media articles, since it allows for daily, automated searches using designated key words. The results of these searches were delivered as an email which I filed before importation to Atlas.ti for coding. GoogleAlerts are used in research as diverse as analyses of proliferation of genomic testing studies (Gwinn et al 2011), evidence of web censorship (Sfakianakis et al 2011), and the causes of commercial livestock truck accidents (Grandin 2008). While unfortunately little is known about Google’s evolving and secretive search algorithm, the consensus from existing studies is that GoogleAlerts preferences websites with greater institutional legitimacy and higher web traffic. Google is the largest search engine world-wide, handling 3 billion searches a day (Biswas and Cellan-Jones 2013), and holds a 64% marketshare for search engines in the United States (Lella 2016). Simply put, Google’s popularity means the articles sent to my GoogleAlert’s tracker were likely to be some of the most read and influential during the year of study.

My media sources come from four primary genres: Generalist (high circulation, mainstream) media, LGBT specialty press, medical specialty journals, and regional publications. After omitting personal blogs and posts to online help forums from my sample (since these were lower circulation, poorly-sourced and researched), my sample totaled 163 media articles. Generalist media (e.g., NYT, Washington Post, NPR) comprised 32% of the sample. LGBT specialty press (e.g., The Advocate, New Now Next, Queerty) also comprised 32%. 23% of press
came from medical specialty journals (e.g., Kaiser Health, Healthline, AIDSmeds). Finally, 13% of articles came from regional publications (e.g., SF Gate, Austin Chronicle, Washington Blade). In line with Saguy and Almeling (2008) who categorize their media sources according the demographic groups under focus in the article, I also utilized dummy variable codes to indicate which subjects were under discussion with regard to PrEP: homosexual men (74%), serodiscordant couples (22%), women (14%), intravenous drug users (13%), transgender people (7%), and sex workers (6%). Of course, none of these categorizations is mutually exclusive, since several subjects can be mentioned in the course of a single article.

**Coding Strategy.** Articles were coded in Atlas.ti using deductive and inductive logics in a variation on grounded theory (Charmaz 2001; Glaser and Strauss 1967). From the medical literature on PrEP, I developed codes relating to drug efficacy, cost, side effects, adherence, risk compensation, drug resistance, and stigma. From the literature on science and technology studies, I developed codes relating to the individualization and medicalization of risk. Finally, from the sociology of sexuality and queer theory, I developed codes relating to the barebacking subculture, sex negativity, and racialized risk. However, codes also arose inductively from the data. These primarily related to the institutional factors affecting PrEP’s reception such as government agency backing, doctor-patient relationships, and informational campaigns.

**Analytical Strategy.** For my analytical strategy, I use a theoretical tool called frame analysis to codify and interpret discourse around PrEP. Cultural sociologists argue that interpretations of objects, events, and experiences do not occur naturally, but are imbued with meaning by the framing strategies actors utilize in the course of social contention (Snow 2004). This concept is born of Erving Goffman’s dramaturgical idea that frames provide individuals with “schemata of interpretation” that allow them to give meaning to occurrences and guide
future actions (Goffman 1974:21). My study follows the practices of frame analysis as established in other content-analysis projects such as Ferree’s study of news representations of abortion and Benson and Saguy’s study of immigration and sexual harassment (Ferree 2003; Benson and Saguy 2005). To research the framing of the PrEP debate, I identified primary frames during the construction of my coding scheme before conducting quantitative and qualitative analyses. First, I quantify the statistical prevalence of each frame across the six types of PrEP users. This allowed me to calculate t-tests for pairwise comparisons of frame prevalence. Second, I utilize in-depth qualitative analysis to examine connections between codes within an article. This allows me to understand the larger context of a particular frame and to surmise what an author’s intended goal may be in utilizing a particular frame. The qualitative analysis also afforded a closer examination of cases that go against the larger trend.

**Interview Analyses Relating to PrEP and Sexual Risk.**

In his manifesto for relational sociology, Emirbayer argues that a relational approach is well suited for studies in cultural sociology, since we can conceive of culture not as internalized values but shifting sets of relationships that become contingently sustained (Emirbayer 1997: 300). Building off of this orientation, the primary method of this paper is to draw from respondents’ narratives (Riessman 1993) of sex to understand how PrEP relates to specific moments during their encounters.

**Research Site.** One important consideration for the selection of my northeast, metropolitan research site, was the ability to locate respondents with various degrees of knowledge of and experience with PrEP. While awareness of PrEP is generally low (McNeil 2015), the preponderance of universities around my chosen research site and the presence of
leading research centers on LGBT-related health issues led me to expect that I would find many
residents who are more informed about this drug and are further along in the sense-making
process. In fact, many men in the city already have prescriptions (Mayer et al 2016).
Additionally, the city provided access to the two key demographic groups of interest: non-
Hispanic White individuals comprise 45.9% of the city’s inhabitants, while Black individuals
comprise 24.1% (DADS 2013). As these demographics are not evenly dispersed across
neighborhoods (Logan 2011), racial segregation in the city may inform respondents’
understandings in interesting ways.

Sample Inclusion and Exclusion Criteria. The CDC recommends PrEP to any “gay or
bisexual man who has had anal sex without a condom or been diagnosed with an STD in the past
6 months” (CDC 2014). The majority of my sample is comprised of PrEP-eligible, HIV-
negative, men who engage in sexual relations with men. However, in later rounds of sampling, I
did include eight men who already had PrEP prescriptions and two HIV-positive respondents, in
order to include these important perspectives in my research. Importantly, I do not restrict my
sample to gay-identifying individuals because the literature on sexual health reveals that there
are important differences between the sexual risks posed to individuals who choose to identify as
gay and those who practice male-male sex acts (Millet et al 2005). Race is also of particular
interest due to the higher rates of HIV transmission among Black Americans. Black MSM
between the ages of 13 and 24 accounted for 55% of new HIV infections among MSM despite
Blacks comprising just 12% of the total population (CDC 2012). The qualitatively different
experience of being a gay racial minority also shapes sexual practices and assessments of risk.
My sample was stratified by respondent race, with a comparison of 30 Black respondents
(African- and Caribbean-Americans) to 30 White respondents\textsuperscript{9}. At this point, saturation of responses was reached as indicated by the number of emergent themes being re-articulated by new respondents (Mason 2010).

**Recruitment Strategy.** Respondents were recruited via two primary avenues. First, in line with current sexuality interview research (Blackwell, Birnholtz and Abbott 2014), I utilized two dating apps and a website available on my password-protected mobile device where I was able to construct profiles identifying myself as a researcher and providing a brief description of my project. The first app appealed demographically to younger, primarily White men in the local university part of town, since its range was restricted by geolocation. The second app allowed me to more easily identify respondent characteristics such as race and also included the option of expanding the search geography to reach areas with lower-income respondents. The final website allows users to place personal ads for arranging dates and hookups and was particularly useful for contacting older respondents and those with more clandestine sexual behaviors. For my second avenue of recruitment, I went through two gate-keeper organizations related to LGBT social organizing. For each organization, I contacted the leader and asked him to circulate a flyer (usually sent via email list-serv) including a description of my research which called for volunteers. The first group catered to primarily older respondents of diverse economic means who seemed to place a great deal of importance on their gay social lives. The second group attracted men of diverse ages who were involved in social activism around issues of race, ethnicity, and immigration.

\textsuperscript{9} Two of my White respondents were ethnically Hispanic. Both identified as racially White. I decided to include their data in the sample, since both reflected on how their ethnicity affected sexual relations as well as their ability to “pass” as White. Interviews with two Asian respondents were dropped from the sample.
In addition to the demographic variation accessed by this dual recruitment method (Kristensen and Ravn 2015), I was particularly concerned with reaching men both on and offline due the primacy of sexuality in this project. Limiting my recruitment only to dating apps would risk neglecting the many individuals who aren’t actively pursuing sexual and romantic encounters online, but who still partake in sexual activities in a variety of ways. Conversely, studying only social organizations related to LGBT identity would not allow me to access the DL men who partake in gay sex but do not consider themselves active members of “the community.”

Table 1: Respondent Demographics

<table>
<thead>
<tr>
<th></th>
<th>Mean Age</th>
<th>Mean Years of Education</th>
<th>Mean Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black/African-American</td>
<td>37.57 (13.84)</td>
<td>15.4 (2.03)</td>
<td>45,156.67 (31,673.69)</td>
</tr>
<tr>
<td>White Respondents*</td>
<td>43.77 (18.30)</td>
<td>16.53 (1.76)</td>
<td>58,650 (32,659.99)</td>
</tr>
<tr>
<td>Full Sample</td>
<td>40.67 (16.38)</td>
<td>15.97 (1.97)</td>
<td>45,156.67 (31,673.69)</td>
</tr>
</tbody>
</table>

Notes: Standard deviations in parentheses. Survey question on degrees obtained was translated into years of education for comparability (e.g. 16 years = College Degree). *Two respondents identified as racially White but ethnically Hispanic.

Table 1 summarizes the demographic composition of my sample. While the White men in my sample appear to have higher educational attainment and income, the income difference is less substantial when considering the older age of White respondents. Given these mean age differences, I made sure to note when respondents referred to their age or other demographic attributes as factors shaping the type of sex they had, as well as any considerations of risk or
pleasure. Table 2 summarizes respondent’s sexual orientation according to identity, attraction, and sexual behavior.
<table>
<thead>
<tr>
<th>Sexual Identity</th>
<th>Black/African-American</th>
<th>White Respondents</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gay</td>
<td>20 (67%)</td>
<td>21 (70%)</td>
<td>41 (68.3%)</td>
</tr>
<tr>
<td>Bisexual</td>
<td>8 (26.6%)</td>
<td>5 (16.7%)</td>
<td>13 (21.6%)</td>
</tr>
<tr>
<td>Straight</td>
<td>0 (3.3%)</td>
<td>1 (3.3%)</td>
<td>1 (1.6%)</td>
</tr>
<tr>
<td>Queer</td>
<td>0 (6.7%)</td>
<td>2 (3.3%)</td>
<td>2 (3.3%)</td>
</tr>
<tr>
<td>Other</td>
<td>2 (6.7%)</td>
<td>1 (3.3%)</td>
<td>3 (5%)</td>
</tr>
<tr>
<td>DL*</td>
<td>4 (13.3%)</td>
<td>5 (16.7%)</td>
<td>9 (15%)</td>
</tr>
</tbody>
</table>

Sexual Attraction

<table>
<thead>
<tr>
<th></th>
<th>Black/African-American</th>
<th>White Respondents</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>25 (83.3%)</td>
<td>24 (80%)</td>
<td>49 (81.7%)</td>
</tr>
<tr>
<td>Women</td>
<td>0 (3.3%)</td>
<td>1 (3.3%)</td>
<td>1 (1.6%)</td>
</tr>
<tr>
<td>Both</td>
<td>5 (16.7%)</td>
<td>5 (16.7%)</td>
<td>10 (16.7%)</td>
</tr>
</tbody>
</table>

Sexual Behavior

<table>
<thead>
<tr>
<th></th>
<th>Black/African-American</th>
<th>White Respondents</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Only Men</td>
<td>14 (46.7%)</td>
<td>13 (43.3%)</td>
<td>27 (45%)</td>
</tr>
<tr>
<td>Men and Women</td>
<td>16 (53.3%)</td>
<td>17 (56.7%)</td>
<td>33 (55%)</td>
</tr>
</tbody>
</table>

\[N = 60 (100\%)\]

Notes: *DL identity is not mutually exclusive with other identifications
**Analytical Strategy.** A substantial body of interview research on PrEP awareness, applicability, and feasibility has asked interview subjects to evaluate PrEP as a largely context-free hypothetical prevention method. In asking my respondents to convey their sexual histories prior to our discussion of the drug, I am able to situate their thinking within the context their sexual behaviors and preferences. Some ethnographers have argued that experiential accounts in interviews are untrustworthy or unrelated to the real actions subjects’ undertake (Jerolmack and Kahn 2014). However, since my aim is to determine how *narratives* inform respondents’ thinking, their perceptions of what occurs shapes how they think of themselves (Bamberg 2011) and are therefore most important in their reactions to PrEP.

To put my findings more clearly in conversation with public health research, however, I also use various vignettes (Barter and Renold 1999) to ask respondents to place their considerations within different hypothetical contexts outside of their own. Examples of regularly used vignettes include: (1) portraying PrEP as a personal decision akin to birth control, (2) emphasizing PrEP’s ability to break the chain of HIV transmission, (3) describing PrEP as an “extra layer of protection” used in conjunction with condom, and (4) describing PrEP as a sexually liberating drug for those who prefer not to use condoms.

My interviews ranged in duration from 45 minutes to 2.5 hours with the median interview lasting 74 minutes. Interviews were recorded with oral consent and this project received approval from the Harvard University Institutional Review Board for the Committee on the Use of Human Subjects. Interviews were primarily conducted in my office on the university campus, and many respondents were eager to visit and I reimbursed them for parking or public transit. However, on several occasions, I traveled to libraries in the respondents’ neighborhoods so that I could meet them more conveniently and see their area of residence.
Coding Strategy. Hand written field notes were utilized to flag respondents’ emotional displays and mannerisms (Pugh 2013). Interviews were recorded, transcribed, and imported into a qualitative coding program (Atlas.ti) for analysis. Interview transcripts were coded in multiple rounds using both inductive and deductive logics in a variation of grounded theory (Charmaz 2006; Glaser and Strauss 1967).

To guard against selectivity in data use, I wrote ~3 page memos directly following each interview to properly document the flow and emphasis of the conversation with particular attention to the main themes each respondent tried to get across. This ensured that later readings of transcripts could not distort the respondents’ intentions or the context of their words. Transcripts were coded in a qualitative analysis software program (Atlas.ti) which allowed me to pull up quotations by coding category to continuously verify the scope of each code’s usage and identify any necessary sub-codes that should be constructed. I coded each transcript twice, re-applying the completed coding scheme from the first round to correct any coding errors and determine whether meanings had shifted over the course of my coding.

Interviews with Down-Low Men and Their Partners

Interview research is well suited for answering questions about social processes and meaning making (Weiss 1995). Since I want to learn about how DL men and their partners think about sexual encounters, in-depth interviews provide a window into their reasoning about desires and glean accounts of the process through which they identify and pursue potential partners. This project draws from a subsample of interviews comprised of 9 men who self-identified as DL, as well as 18 who had experience with DL men, and 9 of those who discussed their expectations of DL men. This diversity allowed me to analyze self-definitions by DL men, as well as accounts of
sexual experiences from their partners, and broader reflections on what DL sexuality means for the gay community.

**Subsample Characteristics.** My sample was stratified by respondent race since previous work on the DL has established that, contrary to popular media conceptions, the sexuality is not confined to a single racial group. I interviewed both White and Black respondents (18 of each group) since the former represent the racial majority in my research site, as well as nationally, and are the racial group least commonly associated with the DL and the latter are the minority group most commonly associated with DL sexuality. However, since DL men are represented in both racial groups in my sample, I pay particular attention to how the sexuality may function differently along racial lines.

**Interview Format.** My interview guide covered the following topics: relationship status, current sexual activity pattern, involvement in sexual communities, friendships, sexual identity and coming out, unique challenges facing the respondent’s age- and race-group, and questions about sexual health including exposure to HIV/STI’s, condom use and safe sex practices. I explicitly inquired about the DL in the section of the interview when subjects discussed coming out and when discussing social markers they use for determining potential partners.

Since interviews were primarily conducted in an office setting on a university campus, privacy was a concern for DL men. The reserved room had a sound-proof seal, which I pointed out before each interview to assuage any concerns respondents had of being overheard. While this setting did not allow me to observe respondents in their home communities, it provided a sense of legitimacy to the interviews that greatly relaxed fears regarding disclosure of rather sensitive information of a sexual nature (MacDougal and Fudge 2001). In fact, many respondents said that they had been contacted by researchers previously but felt the work wasn’t “legit”
because the researchers failed to provide an adequate description of the project or wanted to meet them in too-intimate a setting. Therefore, perhaps counter-intuitively, the institutional nature of the research site seemed to assure respondents that confidentiality was not taken lightly. This location provided convenient access for respondents to public transportation.

**Researcher Reflexivity.** My speech and mannerisms likely make me identifiable as a gay man. This aided in speaking a common language with many of my respondents, however it risked damaging rapport with DL respondents who dissociate from an out-gay lifestyle. Fortunately, I do not believe, based on the rich quality of my data, that my Whiteness or gayness hindered my interactions with minority respondents or those on the DL. This is evidenced by several interactions in which DL men would openly disparage the behavior of “promiscuous” out-gays or when Black men would lament the racism or other bad behavior of White sexual partners. My membership in these categories did not discourage open dialogue. Additionally, I have substantial experience in theatrical arts which I utilized to assume an air of relatability. However, my composure was also entirely genuine, as my interview strategy necessitates understanding and empathizing with my respondent’s perspectives. Finally, I was 27 years old at the time these interviews were conducted. As a visibly younger man, some conversations with older men made reference to the differences between us. Often, this contrast led to intriguing comparisons, but I also directly asked respondents to compare themselves to others their own age to better understand their accounts in the context of different reference groups.

**Limitations.** My data and methods do have some limitations. First, I did not include an ethnographic component in this study which would allow me to observe sexual behaviors in real time. Other studies of homosexuality have implemented this strategy yielding fascinating observations and informative ethical dilemmas (Humphreys 1970; Dean 2009). However, I am
most interested in understanding respondents’ narratives (Lamont and Swidler 2014), so their interpretations of their sexual behaviors should have more bearing on DL identification.

Additionally, I was able to build rapport with respondents which increased the likelihood of honest accounts. On two occasions, respondents were friends with previous interview subjects which provided me with confirmatory accounts of the previous interviews. Second, only nine respondents identify as DL. However, 18 respondents recounted sexual experiences on the down-low and 9 others were asked to reflect on this social phenomenon which provided ample data on expectations of the DL role. Further, in-depth interviews provide substantial data for understanding the meaning-making of DL men allowing me to analyze their accounts much more thoroughly than I could with a larger sample (Small 2009). Finally, my White sample is slightly older and wealthier than my Black sample. This is likely due to the slower rate of acceptance of homosexual behaviors in the earlier generation of Black men (Hammonds 2004) and persistent economic inequality along racial lines. However, accounts of sexual beliefs and behaviors were treated with caution to identify the influences of age and social class. This approach utilizes diversity in the sample as analytical leverage for greater understanding of findings.
CHAPTER 2

MEDIA REPRESENTATIONS OF
PRE-EXPOSURE PROPHYLAXIS (PREP)
Over 600,000 lives have been claimed by HIV and AIDS related illnesses since the beginning of the epidemic in the United States and, even today, 63% of the 50,000 new annual cases of HIV are contracted by men-who-have-sex-with-men (MSM) (CDC 2016). In the face of these devastating statistics, a new drug has been introduced that could potentially curb the increasing rate of HIV infections among MSM. In the summer of 2012, the Food and Drug Administration approved Truvada (emtricitabine/tenofovir disoproxil fumarate) as the first drug to be legally distributed for the purpose of reducing the risk of HIV infection in uninfected individuals. This technique, known as pre-exposure prophylaxis or “PrEP” for short, represents a revolutionary but controversial advance in the fight against HIV. In short, by committing to take a once-a-day pill, subjects can greatly decrease their risk of contracting HIV.

PrEP is primarily intended for use by individuals at the highest risk for contracting HIV. According to the Center for Disease Control and Prevention, these include: MSM who have a history of sexually transmitted infections or inconsistent condom use, men and women in serodiscordant relationships (meaning they have an HIV positive partner), and intravenous drug users (CDC 2014). However, the group that has received the greatest media attention with respect to PrEP is MSM due to the proposed scale of the intervention within this community and concerns about how this pill will alter sexual behaviors. In many respects, public resistance to PrEP mirrors earlier social strife in response to the development of the first oral birth control medication Enovid (Meyers and Sepkowitz 2013). Fears of increased promiscuity and condom abandonment drove moralistic opposition to this sexual health advance. Still, PrEP differs from birth control in substantial ways – most notably in the more marginalized status of its intended users. Given the unique social landscape of PrEP’s reception, it is unclear which social and practical tensions will shape how it is received and incorporated into daily life.
One strategy for identifying the major contours of a debate around a newly introduced technology is to analyze online media representations of the object. Mass media interpret and convey scientific information to the public (Epstein 1996). This is especially true during initial reactions to a technological advance, when it remains a “matter of concern” (Latour 2005). The role of the media is particularly important in discussing HIV, since prevention efforts rest entirely on awareness and communication (Adam 2005). Further, studies show that patients are increasingly likely to obtain medical information online (Schlesinger 2002; Carlsson 2000). Two recent studies have analyzed media representations of PrEP. A study in the U.S. documented the high degree of uncertainty in news coverage, especially in relation to homosexual users, and highlighted the CDC’s role in increasing PrEP’s legitimacy (Schwartz and Grimm 2016a). Another analysis out of the U.K. categorized discourse into representations of hope in the fight against HIV and representations of the risk of a social setback (Jaspal and Nerlich 2016). This study also highlighted the importance of oral birth control as an “anchoring technology” for understanding PrEP.

While this research provides a solid foundation for understanding the key tensions in the PrEP debate, no existing analysis has specifically identified how the framing of PrEP varies depending on the imagined user of the technology. Further, beyond comparisons to the birth control pill, it is unclear how PrEP is situated in the field of sexual health advancements or how it relates to the historical struggle for LGBT recognition. These question are important because PrEP media coverage may provide clues about how the different “risk groups” will come to understand and interact with this intervention.

For this research project, I collected and analyzed 214 online news articles from 53 distinct press sources using GoogleAlert filters for key terms related to PrEP. My data collection
period ran for one year following the CDC’s expansion of guidelines for recommended PrEP users in May, 2014. This action increased the target population for PrEP use to 500,000 individuals and drew intensive media coverage to a previously little-known blue pill. Using the cultural sociology tool known as “frame analysis” (Snow 2004; Goffman 1974), I coded and analyzed these online media articles to assess the prevalence of various frames across articles directed towards different categories of PrEP users. In particular, I follow the method of Saguy and Almeling’s (2008) content analysis of media framing around obesity, in which they categorize their media sources according the demographic groups under focus in the article. I then conducted ANOVA and t-tests to identify significant differences in the mean prevalence of different frames across these groups.

To generate hypotheses that situate my analysis within the larger history of sexual health and LGBT advancements, I engage with three literatures. First, I briefly review the existing medical and clinical studies of PrEP to highlight the primary scientific and logistic concerns surrounding the medication. Second, I utilize literature from science and technology studies to identify discursive trends in medicalization and the work on sexual health and fertility. Finally, I engage with writing by queer theorists and sociologists of sexuality to identify the major social cleavages challenging the LGBT community.

I find that, consistent with the literature on medicalization, PrEP is discussed in the media in ways that desexualize and individualize risk. For female users of PrEP, their stories are usually told through a lens of “empowerment,” borrowing discourse from feminist movements and the marketing of previously introduced contraceptive technologies. However, the narrative of African American women in serodiscordant relationships is one of a woman “empowered” against an unnamed Black male aggressor. Often, articles on heterosexual PrEP users only
engage with race in a discourse of threat and vulnerability. For gay men, PrEP is most likely to be medicalized (or rather, sanitized) when discussing queerer sexual practices like bareback (i.e., condomless) sex. Race is largely absent from this coverage, providing further evidence of the homonormative “White washing” of the LGBT community.

In what follows, I review existing studies of PrEP media before briefly recapitulating the medical studies on PrEP from the introduction to overview some basic facts about the drug. Then I review the literature on science and technology studies and queer theory. During each section, I present hypotheses about how PrEP might be framed with respect to diverse users. I then summarize my data and analytical methods before presenting results. These include both statistical analyses of frame prevalence and qualitative examinations of frame content. I close with a discussion of the implications of my findings for HIV prevention, theorizing risk, and challenges to LGBT race relations.

**Previous Studies of PrEP: Media and Medical**

There have only been a few systematic studies of the public discourse around PrEP. The first is a study of internet media in the United States comprised of 235 articles from the 11 highest trafficked online news sites (Schwartz and Grimm 2016a). The study was designed to measure the degree of uncertainty in discussing PrEP given the medication’s controversial potential behavioral consequences. The authors find that 80.4% of articles contain at least some uncertainty in discussing the drug’s utility and feasibility and that articles following the Center for Disease Control and Prevention’s (CDC) endorsement of Truvada contain significantly less uncertainty. Further, they find that uncertainty is higher in articles that take MSM as their subject. This research does not specifically investigate the seven themes from existing medical
PrEP research but any number of them could be the source of uncertainty in a given article. The same authors conducted a subsequent analysis of PrEP discourse on twitter (Schwartz and Grimm 2016b) to identify how tweets reinforced the causes of uncertainty in the media, but could also be used to counter stigmatizing narratives.

An analysis of 59 print media articles about PrEP in the UK between 2008 and 2015 identifies two distinct representations of the drug: the hope and risk representations (Jaspal and Nerlich 2016). The “hope representation” presents PrEP as a positive, individual and collective development in fighting HIV while the “risk representation” sees PrEP as a setback and places individual blame on misuse by gay men. Additionally, the authors describe the oral contraceptive pill as an anchoring technology used to understand and normalize PrEP, due to similarities in the form of drug delivery (daily medication) and the concerns around increased promiscuity which also followed the pill’s release.

These initial studies do a good job of describing the major contours of the PrEP debate, with a clear focus on the uncertainty of this technological development, the tension between HIV protection and potential condom abandonment, and the role of advocates in countering PrEP stigma. However, no media analysis has explicitly connected the public discourse around PrEP to the technological and social advances which preceded it. PrEP is entering our lives at a specific historical and cultural moment where medical technologies have reached unprecedented efficacy in treatment and social control. Beyond making simplistic comparisons to “the pill,” how do PrEP media articles draw upon understandings of existing technologies in their assumptions about PrEP? Further, PrEP has consequences for the organization of sexual life in an era of increased gay assimilation and normalization (Warner 1999) and when racial disparities in HIV transmission mean that for some of us the “plague” never ended (CDC 2012). Given the
distinct social circumstances facing potential PrEP users (e.g., Black gay men with their heightened risk of HIV; women in serodiscordant relationships), how is PrEP being presented as a solution for the different stakeholders in this debate?

Next, I summarize the medical literature on PrEP (previously presented in the introduction) and present my first hypothesis related to the trends in public health discourse. Then I review the science and technology studies literature on medicalization and the social consequences of sexual health advancements. This research lays the groundwork for understanding how PrEP relates to current trends in sexual technologies more broadly. I then summarize the queer theorizing around PrEP to situate media representations within the larger context of an LGBT struggle for recognition and to bring an intersectional lens to the analysis.

Medical Studies of PrEP. This dissertation began with a review of the medical literature on PrEP to provide necessary background knowledge for understanding discourse around the drug. The seven themes covered in this introductory overview of the medical literature were: efficacy, adherence, drug resistance, risk compensation, stigma, cost, and side effects. These themes were identified through a survey of the most recent and highly cited scientific publications on PrEP. Other topics could have been included, but there was a break-off point in frequency of mentions between these themes and lesser-mentioned topics indicating that these seven themes were the clear focus of public health research.

With respect to efficacy, there is substantial evidence that the drug serves its intended purpose quite well (Grant et al 2010; McCormack and Dunn 2015; Molina et al 2015). It has been compared to condoms with efficacy estimates as low as 86% but likely in the high 90’s. Related to adherence, clinical trials have shown that consistent usage greatly increases efficacy (Van der Elst et al 2013), so the drug must be taken daily as prescribed. On drug resistance,
studies show that rates of HIV viral mutation related to PrEP are extremely low at .18% (Spinner et al 2016), indicating an increase in drug resistance by 2.5% over ten years (Abbas et al 2011).

Studies on risk compensation have been much less definitive with various reports showing that condom abandonment may or may not increase with PrEP use (Guest et al 2008; Eaton and Kalichman 2007; Marcus et al 2013). Related to stigmatization, PrEP is associated with HIV, which could result in symbolic pollution of the drug and could lower uptake (Eisingerich et al 2012).

Cost a major concern of physicians who are unwilling to prescribe PrEP (Karris et al 2013), since the annual price of $17,000 is not feasible for most without insurance (Horber et al 2013). However, many insurers do cover the drug, and it has been estimated to save money in healthcare provision if brought to scale as a prevention strategy (Gomez 2013). Finally, the most common side effects are nausea, abdominal pain, vomiting, dizziness, headache, and fatigue (Grant et al 2014) and, for the vast majority of subjects, these issues resolve within the first few weeks of PrEP use. Additionally, PrEP has been associated with changes in renal function from long-term use (Solomon et al 2014), so users undergo mandatory kidney testing.

Given these trends in the medical literature on PrEP, each of these themes should receive substantial attention in online media covering this technology. Therefore my first hypothesis is:

**Hypothesis 1** – *Media coverage of PrEP should engage substantially with the seven main themes currently under evaluation in medical research: efficacy, adherence, drug resistance, risk compensation, stigma, cost, and side effects.*

I now turn to the literature in science and technology studies to understand how PrEP relates to current trends in sexual technologies more broadly.
Science and Technology Studies: Medicalization and Individualization

Although media discussions of drug efficacy and the likelihood of risk compensation carry with them the veneer of scientific objectivity, the framing of such articles rests on certain culturally-salient assumptions about the human relationship to medicine. Further, how articles imagine PrEP users interact with the new technology is shaped by their cultural context. Scholars of science and technology studies have done excellent work demonstrating how social forces shape the scientific process itself, the presentation of scientific findings, and the culturally-mitigated reception of technological advancements. In this section, I introduce two interventions from this field that provide important theoretical tools for analyzing PrEP media: the concept of medicalization and existing studies of sexual health technologies.

Before introducing medicalization, it is important to understand the simple, yet unintuitive, ways that culture shapes science and the reception of its products. For instance, Fausto-Sterling (2000) argues that, although “sex” seems purely biologically determined, cultural assumptions about the male and female role have influenced studies as diverse as human fetal development and animal sexual behavior. Similarly, Emily Martin (1991) analyzes how scientific texts describing conception utilize language of male actorhood and female passivity through anthropomorphized descriptions of sperm and egg. Beyond the process and presentation of scientific research, culture affects the use of scientific products. Some advances, like sexual lubricants, may be seen as taboo leading male partners to reject them and increasing STI transmission (Hilbert 2007). In response to such problems, actors in the fields of science and medicine have continually strived to eliminate the “human factors” which complicate disease treatment and prevention (Giami and Perrey 2012).
Medicalization. With respect to PrEP, eliminating “human factors” means circumventing behavioral complications to HIV-prevention through pharmaceutical means. This would be an example of “medicalization” which Conrad defines as, “defining a problem in medical terms, using medical language to describe a problem, adopting a medical framework to understand a problem, or using a medical intervention to ‘treat’ it.” (Conrad 1992 p.211). The sexologist Lenore Tiefer (1996) views medicalization primarily as a battle between professions raging since the late 18th century enlightenment. For her, the most insidious result of this jostling to maintain expertise is that socio-sexual problems are diagnosed as individual ailments. Attempts to address behavioral “problems” through individual medical means are not new phenomena, but they have recently increased in scope and changed in form. Adele Clarke et al (2010) coin the term biomedicalization to describe the most recent developments in the trend. They emphasize a few key attributes of biomedicalization such as: reliance on advanced technology, new knowledge, health and risk surveillance, and new forms of agency. It remains to be seen how/whether media coverage of PrEP engages with these ideas.

Scholars have recently critiqued the medicalization terminology since it constructs the medical field as independent when it in fact operates alongside a range of political and knowledge producing actors that constrain human behavior (Rose 2007). Further, it should be emphasized that by describing medical categories as “good” or “bad” we often lose sight of the many lives saved by the same drugs that are critiqued as forms of social control (Metzl and Herzig 2007). The most fruitful studies in medicalization, therefore, highlight the ambiguities and ethical dilemmas surrounding risk and choice (see Gunson’s 2010 study of menstrual suppression advocacy). In addition, new research in medicalization analyzes the neoliberal emphasis on drug consumers (instead of patients) and how individuals are constructed as risky or
deviant (Pickersgill 2009). Questions of risk and deviance may be especially relevant in coverage of PrEP due to its association with homosexuals.

This lens of “risky consumers,” centered on the marketing of pharmaceuticals to individuals who are at higher risk of contracting a given disease, is applicable to a multitude of health technologies. In fact, Bell and Figert (2012) assert that scholars today are less concerned with issues of social control and medical authority than studying how individuals are encouraged to actively participate in the process of medicalizing themselves by shopping for the best health options. For instance, the HPV vaccine Gardasil is marketed to customers as freedom from the worries of cervical cancer (Wailoo et al 2010). This marketing is part of a new “girl culture” that links self-realization with consumption of the latest beauty and health advances (McRobbie 2004).

The process of encouraging buy-in with a new health technology is dependent on first getting potential consumers to recognize themselves as “at risk.” One strategy for doing this is to calculate the statistical predictors for a given ailment and pass this information on to consumers. For example, the Gail Model is used for calculating breast cancer risk and produces a single percentage probability from the many and complex factors which pertain to an individual (Fosket 2004). This positivist model of risk involves data reduction and simplification which carries with it an objective, fact-like authority that is very effective for getting people into the examination room (Keogh and Dodds 2015). Similarly, Ebeling (2011) shows that pharmaceutical marketers turn physicians’ diagnosis criteria into simple symptoms checklists to encourage greater uptake of a medication. Thus, medicalization encourages consumption through the creation of a neoliberal risk culture in which individuals internalize risk as a real, applicable trait and feel responsible in the event of poor health outcomes (Saguy 2012). Given this new phase of
medicalization which encourages individuals to identify and personalize their risk of disease, I present the following hypothesis regarding the PrEP media:

**Hypothesis 2** – *Social and behavioral dilemmas surrounding PrEP, such as the possibility of risk compensation and condomless (a.k.a. bareback) sex, will be addressed with medical solutions aimed to decrease a subject’s “risk number.”*

While individualization increasingly shapes our sexual health experiences, no health decisions are made by individuals in a vacuum. Research that highlights the influence of intimate others (see Manlove and Franzetta 2007 for a discussion of how mothers and peer groups facilitate teen girls’ contraceptive decisions) shows that while pharmaceutical companies may desire consumers who individualize their risk numbers, risk can only be understood fully in a social context. I now turn to the literature on sexual health technologies to explore the characteristics of this unique social context further.

**Sexual Health Technologies.** Recall that one of the driving forces for medicalization is the desire to control the messy social and cultural factors affecting health. Therefore, as we might expect, tendencies toward the individualization of risk are especially strong in the area of sexual health. Further, since many technologies are designed for implementation in the context of heterosexual relationships, and women are uniquely affected by issues of infection and fertility, most literature focus on female-centered practices. The gendered power dynamics that sexual health technologies seek to address, and in which they become embedded, provide a good background for understanding how medical interventions relate to interpersonal relationships. This knowledge is essential for identifying the challenges facing both heterosexual and homosexual PrEP users.

Whereas individualization is usually framed as a negative consequence in the medicalization literature, the power dynamics characteristic of heterosexual pairings create a
desire for individual females to control their own sexual health decisions free of a man’s social influence. For instance, while half of the HIV infected are women, these rates are higher in countries with fewer economic opportunities and more rigid gendered power differentials (Karim et al 2012). Therefore, individualization in the science and technology studies literature on sexual health is often framed as female empowerment. For example, in his call for the development of a microbicide gel for combatting HIV, Potts argues that such an intervention “empowers” women to protect themselves when faced with sexual violence and unwanted intercourse (Potts 1994).

A vast literature on condom negotiation practices focuses on strategies for convincing partners to use protection (Lam et al 2004; Campbell et al 2014). However, when women ask male partners to use condoms they are often met with suspicion (Worth 1989). Similarly, in her study of sexual relations in migrant Mexican US populations, Gloria Gonzalez-Lopez (2005) finds that men won’t use condoms with women if they believe the request signifies a tacit confession of infidelity. Advocates argue that female-centered disease protection like microbicides can resolve these dilemmas while countering stereotypes of men as the empowered decision-makers in a relationship (Lufkin 2013). We should certainly expect that PrEP media might employ such descriptors of heterosexual relationships.10.

By looking at populations that are marginalized and sexual power differentials are starker, such as sex workers, we see that PrEP use could be particularly empowering but faces novel challenges such as stigmatization from health practitioners (Cowen and Delaney-Moretlwe 2016). Further, research on sex workers use of health products demonstrates that these technologies vary in how “stabilized” they are, or in the extent to which they are incorporated into sex without challenges (Moore 1997). To make technologies useful, sex workers make practical innovations and play with a material’s relationship to sensuality. It is unclear what novel situations and innovations enter media narratives around PrEP, but these likely vary according to the power dynamics of featured relationships.

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10
While empowerment discourse provides a seductive solution to addressing gendered sexual behavior, this framework also meets resistance when employed as a framing strategy for introducing new technologies. In her study of discourse around female condoms in Cape Town, Nairobi, and Kenya, Kaler (2001) finds that the empowerment framing espoused by global advocates conflicts with local views of gender as a zero-sum game since clandestine condom insertion was seen as threat to male authority. Similarly, Takeshita (2004) argues that gender subverting strategies such as secret implantation of the IUD do not actually challenge the social subordination of women. Finally, Fosket (2004) argues that language about empowerment is regularly appropriated from feminist advocates by profit-seeking biomedical corporations to sell their products. Therefore, while empowerment language seems to be employed whenever sexual health technologies involve power inequalities, it does not always serve its intended egalitarian purpose.

Given the history of empowerment discourse in feminist movements and the marketization of sexual health technologies to female users, I present the following hypothesis regarding PrEP media:

**Hypothesis 3** – Discourse emphasizing individual choice will more prevalent in PrEP media discussing female PrEP users due to the power imbalance which characterizes heterosexual relationships.

Of course, the sexual health technology most frequently mentioned in discussions of PrEP is the oral contraceptive pill, as previous media research has already documented (Jaspal and Nerlich 2016). After Enovid was approved by the FDA in 1960, the pill was, perhaps most famously, presented as an empowering tool for women. Advertisements even featured the mythological Greek heroine Andromeda breaking free of her chains (Meyers and Sepkowitz 2013). In addition to both PrEP and birth control being daily pills, the greatest similarities lie in
concerns about their cost, safety, and behavioral consequences. However, Meyers and Sepkowitz (2013) conduct a comparative historical analysis of the development of both technologies to argue that one of the most significant differences between the two drugs is PrEP’s more marginalized potential users. While the literature on sexual health and fertility technologies provides substantial background for understanding how serodiscordant heterosexual couples may be discussed in the media, I now turn the work of queer theorists and sociologists of sexuality to understand the unique circumstances facing PrEP’s gay users.

**Queer Sociology: Homonormativity and Race**

Pharmaceutical clinical trials once imagined a standard biological human as a White, middle-aged male (Timmermans and Epstein 2010). However, as medicine has differentiated to increase clients, and in response to demands by diverse subgroups for research and treatment, the biomedical complex has produced group standards for each subtype. The process of identifying certain group subtypes as “at risk,” can have broad social consequences beyond medical treatment, such as the formation of politically salient identities. For instance, one study documents how subjects with a genetic disorder known as 22q11.2 chromosome deletion, which is associated with the development of a host of harmful diseases from schizophrenia to autism, formed a support community even when they showed no signs of developing the feared conditions (Navon and Shwed 2012). Thus, we see how subjects’ internalization of risk shapes their social worlds.

In the case of PrEP, Holt (2015) argues that since clinical trials focused on “risky subjects” (i.e., men who reported incidences of condomless anal sex) they overestimated problems of adherence and the transmission of other diseases following condom abandonment.
The medical focus on condomless (aka bareback) sex has disrupted the drug’s acceptance and actually fractured the community. While the concern of condomless sex also overshadowed the release of oral birth control, the practice carries additional social stigma for gay men because of the historical importance of condoms for preventing HIV. Since PrEP disrupts traditional notions of “safe” and “unsafe” sex (Auerbach and Hoppe 2015), how will media treat PrEP’s connection to barebacking?

**Homonormativity.** Bareback sex is marked by its social distance from “heteronormative ways of understanding futurity and kinship” (Davis 2015, p. 4). Namely, given the historical relationship between Gay men and AIDS, barebacking itself is seen as a dangerous activity that defies valued relationship practices, “healthy” sex, and mutual care. Since the practice challenges socially acceptable ways of responding to HIV risk, it is considered a queer sex act. Further, one of the most thorough ethnographic accounts of barebacking argues specific communities consider themselves “antihomonormative outlaws” and should thus be defined as a subculture (Dean 2009). Given these social divisions, one should expect media accounts of PrEP to treat practicing barebackers differently than homonormative gay men. In fact, one study of the public discourse around PrEP shows the role of slut-shaming and stigmatization via the term “Truvada Whores” (Spieldenner 2016). However, since the science and technology studies literature emphasized the importance of individualization and empowerment for understanding sexual health technologies, it’s noteworthy that the practice of barebacking also often involves the neoliberal language of choice. A study of 102 barebackers in Toronto found they utilized language of informed consent, contractual interaction, free market choice, and responsibility (Adam 2005). Given the queer status of the practice of barebacking and its centrality to behavior
concerns related to PrEP, advocacy in the media will likely seek to ameliorate these concerns by emphasizing each individual’s freedom and responsibility over their own health:

**Hypothesis 4 - Discourse of individual choice will more prevalent in PrEP media discussing bareback sex since moral concerns about appropriate behavior can be resolved through appeals to individual decisions and responsibility.**

Kane Race has called PrEP a reluctant object since it could make a difference in people’s lives, but its association with bareback sex provokes aversion (Race 2016). Further, he highlights the unintuitive calculation of risk which PrEP requires and uses the phrase “paradox of the planned slip up” to describe a situation in which gay men are forced to anticipate the spontaneous act of occasional failure to use a condom. Dean (2015) asks whether this calculation may be incompatible with the fantasy of bareback sex. Thus, even when barebacking is not a subcultural identity, but an “accidental” sex practice, a subject’s relationship to PrEP is rife with ambiguities.

If barebackers represent the queerer side of the social cleavage PrEP illuminates, homonormative gays are on the other side of the divide. As a society, we remain uncertain whether lesbians and gay men are the moral equivalent of heterosexuals (Stein 2005). However, as gays become increasingly assimilated through the legal expansion of marriage and other rights, homonormativity means they are treated as good citizens if they practice married monogamy and keep their sexual relations vanilla and private (Seidman 2002). For instance, a study of US and British governmental definitions of tolerance shows they basically include gays who pass as straight (Johnson 2002). In some ways, this is unsurprising since the gay liberation movement has been a movement of sexual identity *but not of sex* (Warner 2000). In this way, the movement created fixed identities that increased political power for those who kept their sex homonormative and private. Simultaneously, it oppressed others in the community who did not
meet these standards (Gamson 1995). For instance, in court cases for gender reclassification transgender people uphold normal conceptions of the gender binary to win their cases (Meadow 2010, Kirkland 2003). Similarly, when Protestants include homosexuals in their congregations, they emphasize the need to fit in (Moon 2004). These strategies have the goal of distracting straight people from the parts of queerness that they cannot relate to (Halperin 2007), but the unintended consequence dividing LGBT people.

**Race.** In particular, queer politics have relied on race-erasing strategies which cast the normative gay as a White male and seek changes that benefit them disproportionately (Cohen 1997). Part of the disconnect between LGBT rights activism and people of color may stem from the higher rates of religiosity in the Black community. Fully 87% of African-Americans identify as religious (Sahgal and Smith 2009). This creates tensions with LGBT activism, since religious Blacks are greatly divided on the issue of homosexuality: 46% believe it should be discouraged compared to 41% who believe it should be accepted by society. This intolerance can exacerbate the previously described necessity to emphasize “acceptable” ways of being gay. For instance, one ethnographic study of a predominantly lesbian Black protestant church found that these women emphasized the importance of monogamy and motherhood to be accepted in their congregations (McQueeney 2009). However, it is not simply the case that Blacks have opted-out of LGBT activism for religious reasons. After all, many of the gay rights activist strategies have borrowed from the civil rights movement. Black gays and allies are also systematically excluded by their White counterparts. For instance, one study shows how White queer activists’ assumptions about who ought to be recruited as part of a cause relegate people of color (Riggs 2006). Further, the language of equal protection doctrines depict a normative, White gay and make comparisons to the case of civil rights in ways which exclude Blacks from the LGBT
movement (Hutchinson 2000). This racial division would be especially deleterious in promoting PrEP, since young Black MSM between the ages of 13 and 24 accounted for 55% of new HIV infections among MSM despite Blacks comprising just 12% of the total population (CDC 2012).

Given the historical tendency for social divisions at each stage of LGBT advancement, and the particular relevance of race when discussing HIV prevention, I present the following hypothesis:

**Hypothesis 5 - Discourse emphasizing the relationship between race and HIV will be less prevalent in PrEP media discussing gay men consistent with the historical erasure of people of color from LGBT social movements.**

An initial look at the queer and sociological theories relating to PrEP shows that drug implementation requires the construction of an imagined user. Due to the centrality of risky sex in PrEP’s development, PrEP is likely to inflame tensions within the gay community surrounding bareback sex and its relationship to a homonormative lifestyle. These tensions may divide LGBT people roughly along demographic lines with urban, White, gay men being the primary imagined beneficiaries of this pharmaceutical product (Kerr 2014). Finally, connecting the queer literature back to the earlier summary of science and technology studies, the process of individualization may take a unique form with PrEP, since members of the community differ in their desire and ability to access and utilize the drug (Gostin 2012). This could exacerbate inequality in HIV transmissions unless the public discourse around PrEP effectively addresses the aforementioned moral and social cleavages. In the following sections, I overview my data collection and coding method before presenting results.
METHODS

I analyze media coverage of PrEP to identify the prevalence of each type of discourse across different imagined PrEP users. I also qualitatively analyze how these different media frames are employed. This study builds upon the work of many scholars, especially in media and communication studies, who see the power of discourse in shaping social action. However, my hypotheses are drawn from sociological analyses of medical technologies and the queer political struggles for recognition.

Studying public conversations around PrEP should be particularly fruitful ground for uncovering relevant social divisions and moral dilemmas, since “HIV-prevention is an almost entirely communicative endeavor” (Adam 2005, p. 334). Further, PrEP’s initial release provides a good opportunity for this study since Latour (2005) contends that key knowledge, materials and actors are most visible when subjects are currently under debate and are a “matter of concern.” Finally, patients are becoming increasingly likely to seek medical information from news sources directly rather than reading scientific studies (Schlesinger 2002; Carlsson 2000). So, while I use medical studies to generate my preliminary deductive coding scheme, online news articles are a better source for studying the public conversation around PrEP.

In May 2014, the Center for Disease Control and Prevention (CDC) expanded its definition of populations “at risk” of HIV exposure and simultaneously increased the total number of individuals recommended to take Truvada for PrEP from a few thousand individuals to 500,000. Previous recommendations focused on injection drug users and partners (both homo- and heterosexual) in serodiscordant relationships, but this generated very little media conversation around the drug. The CDC’s expanded guidelines raised awareness of the drug, provoked opposition from the AIDS Healthcare Foundation (Barro 2014), and initiated
disagreements about PrEP’s meaning in the media. While previous studies have analyzed the role of the CDC in shaping the conversation around PrEP (Schwartz and Grimm 2016a), this analysis identifies the frames used to describe different PrEP users, rather than changes in uncertainty over time. Therefore, I collected data for one year following the May 2014 announcement. Since this date, I collected and coded 214 articles from 53 distinct publications using GoogleAlert filters for the following key terms: “Truvada,” “pre-exposure prophylaxis,” and “PrEP.”

I use GoogleAlerts to collect my online media articles, since it allows for daily, automated searches using designated key words. The results of these searches are delivered as an email which I file before importation to Atlas.ti for coding. GoogleAlerts are used in research as diverse as analyses of proliferation of genomic testing studies (Gwinn et al 2011), evidence of web censorship (Sfakianakis et al 2011), and the causes of commercial livestock truck accidents (Grandin 2008). While unfortunately little is known about Google’s evolving and secretive search algorithm, the consensus from existing studies is that GoogleAlerts preferences websites with greater institutional legitimacy and higher web traffic. Google is the largest search engine world-wide, handling 3 billion searches a day (Biswas and Cellan-Jones 2013), and holds a 64% marketshare for search engines in the United States (Lella 2016). Simply put, Google’s popularity means the articles sent to my GoogleAlert’s tracker were likely to be some of the most read and influential during the year of study.

My media sources come from four primary genres: Generalist (high circulation, mainstream) media, LGBT specialty press, medical specialty journals, and regional publications. After omitting personal blogs and posts to online help forums from my sample (since these were lower circulation, poorly-sourced and researched), my sample totaled 163 media articles. Generalist media (e.g., NYT, Washington Post, NPR) comprised 32% of the sample. LGBT
specialty press (e.g., The Advocate, New Now Next, Queerty) also comprised 32%. 23% of press came from medical specialty journals (e.g., Kaiser Health, Healthline, AIDSmeds). Finally, 13% of articles came from regional publications (e.g., SF Gate, Austin Chronicle, Washington Blade). In line with Saguy and Almeling (2008) who categorize their media sources according the demographic groups under focus in the article, I also utilized dummy variable codes to indicate which subjects were under discussion with regard to PrEP: homosexual men (74%), serodiscordant couples (22%), women (14%), intravenous drug users (13%), transgender people (7%), and sex workers (6%). Of course, none of these categorizations is mutually exclusive, since several subjects can be mentioned in the course of a single article.

Articles were coded in Atlas.ti using deductive and inductive logics in a variation on grounded theory (Charmaz 2001; Glaser and Strauss 1967). From the medical literature on PrEP, I developed codes relating to drug efficacy, cost, side effects, adherence, risk compensation, drug resistance, and stigma. From the literature on science and technology studies, I developed codes relating to individualization and medicalization of risk. Finally, from the sociology of sexuality and queer theory, I developed codes relating to the barebacking subculture, sex negativity, and racialized risk. However, codes also arose inductively from the data. These primarily related to the institutional factors affecting PrEP’s reception such as government agency backing, doctor-patient relationships, and informational campaigns.

For my analytical strategy, I use a theoretical tool called frame analysis to codify and interpret discourse around PrEP. Cultural sociologists argue that interpretations of objects, events, and experiences do not occur naturally, but are imbued with meaning by the framing strategies actors utilize in the course of social contention (Snow 2004). This concept is born of Erving Goffman’s dramaturgical idea that frames provide individuals with “schemata of
interpretation” that allow them to give meaning to occurrences and guide future actions (Goffman 1974:21). My study follows the practices of frame analysis as established in other content-analysis projects such as Ferree’s study of news representations of abortion and Benson and Saguy’s study of immigration and sexual harassment (Ferree 2003; Benson and Saguy 2005). To research the framing of the PrEP debate, I identified primary frames during the construction of my coding scheme before conducting quantitative and qualitative analyses. First, I quantify the statistical prevalence of each frame across the six types of PrEP users. This allowed me to calculate t-tests for pairwise comparisons of frame prevalence. Second, I utilize in-depth qualitative analysis to examine connections between codes within an article. This allows me to understand the larger context of a particular frame and to surmise what an author’s intended goal may be in utilizing a particular frame. The qualitative analysis also afforded a closer examination of cases that go against the larger trend.

RESULTS
In this section, I test the five hypotheses related to the medical research on PrEP, science and technology studies, and queer sociological theory. To evaluate the first hypothesis related to medical research, I present my full coding scheme to demonstrate the prevalence of these codes across the entirety of PrEP media. In the evaluation of subsequent hypotheses, first, I identify the relevant primary frames from my coding scheme. Second, I conduct a qualitative examination of the frame’s content and presumed purpose. Third, I quantitatively assess the frame’s prevalence across relevant categories of PrEP media as specified in each respective hypothesis.

My first hypothesis relates to existing medical studies of PrEP and the issues raised in these studies. Table 3 presents my full coding scheme. The column for “frame presence”
indicates the percentage of articles that utilized each framing strategy. The two columns under “frame emphasis” represent the mean number of discrete mentions of a particular frame within the average article and the standard deviation, which gives an indication of each frame’s variability. I utilize dummy variable indicators of frame presence for my analyses, because while emphasis is a useful measure for detecting an article’s main point, it also varies depending on the length of the article and writing style of the author, which makes interpretation difficult.
Table 3. PrEP Media Coding Scheme with Frame Presence and Frame Emphasis

<table>
<thead>
<tr>
<th>Medical Science</th>
<th>Frame Presence</th>
<th>M</th>
<th>SD</th>
<th>Social Consequences</th>
<th>Frame Presence</th>
<th>M</th>
<th>SD</th>
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<tr>
<td>Drug Efficacy</td>
<td>31.9</td>
<td>0.4</td>
<td>0.68</td>
<td>HIV Stigma</td>
<td>29.5</td>
<td>0.61</td>
<td>1.22</td>
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<td>Side Effects</td>
<td>26.4</td>
<td>0.36</td>
<td>0.74</td>
<td>Generational Divide</td>
<td>22.7</td>
<td>0.47</td>
<td>1.37</td>
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<td>Other STIs</td>
<td>25.8</td>
<td>0.36</td>
<td>0.74</td>
<td>Individual Choice</td>
<td>22.7</td>
<td>0.35</td>
<td>0.84</td>
</tr>
<tr>
<td>Condoms</td>
<td>23.9</td>
<td>0.33</td>
<td>0.68</td>
<td>Reduced Anxiety</td>
<td>20.3</td>
<td>0.39</td>
<td>0.95</td>
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<td>Package Care</td>
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<td>0.67</td>
<td>Sex Negativity</td>
<td>15.3</td>
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<td>0.39</td>
<td>Racialized Risk</td>
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<td>0.7</td>
<td>Party Drug</td>
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<td>0.15</td>
<td>0.56</td>
<td>Youth Complacency</td>
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<td>0.44</td>
<td>Social Class</td>
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<td>0.56</td>
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<td>Serodiscordant Couples</td>
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<td>Injection Drug Users</td>
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<td>Transgender</td>
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<td>Institutional Context</td>
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<td></td>
<td></td>
<td>Analogies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost</td>
<td>40</td>
<td>0.64</td>
<td>0.97</td>
<td>Varied Analogies</td>
<td>16.6</td>
<td>0.22</td>
<td>0.56</td>
</tr>
<tr>
<td>Government Backing</td>
<td>38</td>
<td>0.64</td>
<td>1.05</td>
<td>Birth Control Pill</td>
<td>12.3</td>
<td>0.21</td>
<td>0.79</td>
</tr>
<tr>
<td>Physician Recommendation</td>
<td>33.7</td>
<td>0.56</td>
<td>0.99</td>
<td>Vaccine</td>
<td>6.1</td>
<td>0.09</td>
<td>0.41</td>
</tr>
<tr>
<td>Information Deficit</td>
<td>30.7</td>
<td>0.46</td>
<td>0.79</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Scale-up Challenges</td>
<td>9.2</td>
<td>0.14</td>
<td>0.51</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral Considerations</td>
<td></td>
<td></td>
<td></td>
<td>N = 163 total articles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risk Compensation</td>
<td>41.7</td>
<td>0.56</td>
<td>0.76</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adherence</td>
<td>38.7</td>
<td>0.65</td>
<td>1.05</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bareback Sex</td>
<td>31.9</td>
<td>0.58</td>
<td>1.07</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Promiscuity</td>
<td>23.3</td>
<td>0.3</td>
<td>0.62</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Grayed cells represent the seven frames derived from medical literature on PrEP relating to Hypothesis 1.
As the note on Table 3 indicates, the grayed cells represent the seven frames/codes which were generated deductively from the medical literature. These are: efficacy, adherence, drug resistance, risk compensation, stigma, cost, and side effects. It should be readily apparent from this table that these topics dominate the highest positions under each theme within my coding scheme indicating that they were mentioned in the largest proportion of articles. In order of overall prevalence, risk compensation was mentioned in 41.7% of articles, cost in 40%, adherence in 38.7%, drug efficacy in 31.9% of articles, stigma in 29.5%, side effects in 26.4%, and drug resistance in 11%. Therefore, hypothesis 1 finds almost universal evidence of support.

The only medical code which falls below the top positions within a particular thematic category is “drug resistance.” There are a few possible reasons why this topic receives relatively scant attention. First, existing studies cast doubt on how relevant this particular challenge to PrEP scale-up will be (Spinner et al 2016; Abbas et al 2011). However, this could be said of many of the popular medical frames such as side effects and efficacy. Second, the problem of drug resistance is substantially more complicated to explain to lay readers due to its relationship with adherence, “window periods” in early viral transmission which render the virus invisible to tests, and the biology of viral evolution. It could be that this theme often takes a back seat to issues considered “lower hanging fruit,” such as the social problems related to PrEP. Finally, related to these social problems, online press is incentivized to cover issues that will generate the most “clicks” and views. Therefore, drug resistance may simply represent one of the least appealing or “sexy” topics to cover.

As anticipated, the behavioral problems of risk compensation and adherence were two of the most dominant frames in the media, representing the first and third most talked about issues. In fact, the inductively-generated sub-category of risk compensation, “bareback sex,” was
present in 32% of articles making it more prevalent than most of the codes generated from medical literature. Given the primacy of stigmatized sexual activities in media studies of PrEP, the science and technology studies and queer sociological literature seems well positioned to inform interpretations of PrEP media.

Medicalization of PrEP

My second hypothesis relates to the concept of medicalization and the tendency of discourse around sexual health products to become desexualized. To evaluate this hypothesis, I assess the prevalence of a frame which I call, “Package Care.” Package care is the idea that PrEP should not be used in isolation but as part of a package of HIV prevention resources which serve to decrease HIV risk, but also address other problems anticipated in the medical literature. Here is an ideal type (Weber 1952) demonstrating of how this frame appears in the news media:

“PrEP promises to help to curb the rate of new HIV infections as part of a comprehensive prevention plan—including safer sex, regular 'opt-out' HIV testing, risk reduction counseling, and treatment of any other sexually transmitted infections,' says Benjamin Balderson, PhD, a Group Health psychologist and Group Health Research Institute research associate.”
~ MedicalXpress, April 6, 2015

PrEP coupled with condoms, a physician’s risk counseling, regular STI testing, and kidney exams addresses the concerns of more promiscuous behaviors, the spread of other STIs, and potential side effects. As another publication asserts, “PrEP is a tool. And with a tool, it's probably a good idea to have a toolbox, with some other tools as well, to maximize risk reduction,” (Edge Media, February 23, 2015). Notice how an emphasis on counseling, testing, and exams allows individual patients to learn and internalize their own disease risk, similar to the classic depiction of a “risk consumer” (Fosket 2004). In this way, the Package Care frame
represents one strategy medical authorities and PrEP advocates use to shift the conversation away from the messier, social side of sex.

Table 4 presents the descriptive statistics and t-test results for the prevalence of the Package Care frame across four topics featured in the media: risk compensation, bareback sex, media that takes gay men as its targeted PrEP user and that which addresses female PrEP users. These four categorizations are not mutually exclusive. Therefore the Package Care frame is analyzed through a series of paired t-test which measured the prevalence of the frame in each type of media compared to all other media. For instance, to evaluate hypothesis 2, we should examine the first row of the table. The confidence interval and t-statistic presented are from the test of the differences in the means of the Package Care frame between media that addressed risk compensation and media that did not. The test indicates that media discussing risk compensation was more likely to use a Package Care frame, though the test falls just shy of statistical significance (p=.063). Therefore, hypothesis 2 receives modest, but uncertain support.
Table 4. Descriptive Statistics and T-Test Results for the "Package Care" Frame

<table>
<thead>
<tr>
<th></th>
<th>Independent Frame Present</th>
<th>Independent Frame Absent</th>
<th>N</th>
<th>95% CI for M Difference</th>
<th>t</th>
<th>df</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risk Compensation</td>
<td>0.26</td>
<td>0.44</td>
<td>0.15</td>
<td>0.36</td>
<td>-0.24</td>
<td>0.01</td>
</tr>
<tr>
<td>Bareback Sex</td>
<td>0.33</td>
<td>0.47</td>
<td>0.14</td>
<td>0.34</td>
<td>-0.32</td>
<td>-0.06</td>
</tr>
<tr>
<td>Gay Male Subjects</td>
<td>0.18</td>
<td>0.39</td>
<td>0.22</td>
<td>0.42</td>
<td>-0.09</td>
<td>0.17</td>
</tr>
<tr>
<td>Female Subjects</td>
<td>0.17</td>
<td>0.39</td>
<td>0.2</td>
<td>0.4</td>
<td>-0.15</td>
<td>0.2</td>
</tr>
</tbody>
</table>

Notes: *p<.05, **p<.01, ***p<.001
However, analyzing the second row of Table 4, where the prevalence of the Package Care frame is tested across media which addresses bareback sex and media which doesn’t, we see that the former is twice as likely utilize a Package Care frame. 33% of articles addressing bareback sex use Package Care language compared to only 14% of those which don’t mention bareback sex (p < .01). Remember that bareback sex is a subtype of risk compensation, since PrEP users may choose not to wear condoms when they know they are protected from HIV. Therefore, although we do not see consistent evidence that the media medicalizes PrEP use for all risk compensation, the media do medicalize PrEP use when discussing barebackers. For instance, an article from BusinessWire stresses that, as part of its boxed warning for the drug company Gilead Sciences, the FDA advises PrEP use along with “safer sex practices such as consistent and correct use of condoms” (December 8, 2014). This finding is unsurprising given existing studies that document increased medicalization of products as associated sex acts become more taboo.

For instance, Epstein’s study of the HPV vaccine highlights the taboo surrounding the “great undiscussable” anal sex (2010). Similarly, another study utilizes online framing experiments to analyze public reception of PrEP and finds that the drug garners lower approval when directly associated with homosexuality (Calabrese et al 2016).

**Individualization of PrEP**

Recall that both hypothesis 3 and 4 anticipate increased language of individual choice but for articles addressing women and barebackers, respectively. The frame which I call “Individual Choice” has a variety of applications, but all touch upon the user-centered nature of PrEP. Here is a typical example:
"Women still need the acceptance of the partner to use the female condom, so it’s still the same issue [that arises with male condoms]," says Erika Aaron, an adult nurse practitioner at Drexel University who specializes in HIV. But with Truvada, "the user has total control, and it can be taken confidentially - their partner doesn’t need to know - so it’s really up to the woman, and it’s about her own self-empowerment."

~The Verge, September 12, 2014

It was often the case with the Individual Choice frame that PrEP was contrasted with an earlier sexual health intervention (such as condoms) which relied on partner negotiation. In articles discussing a woman’s Individual Choice, the language of empowerment was pervasive, as predicted by studies of the IUD and female condom (Lufkin 2013; Kaler 2001). However, in articles addressing barebackers, the language of individual choice often slipped into moralistic assessments of one’s responsibility over their own health. This tension has previously been identified by sociologists anticipating how PrEP may shape the relationship between HIV positive and negative people (Auerbach and Hoppe 2015), and I will return to it in the discussion.

Table 5 presents the descriptive statistics and t-test results for the prevalence of the Individual Choice frame across the same four media categories. To test hypothesis 3, the fourth row of Table 5 shows that there is a higher likelihood (43%) of Individual Choice language in articles that take women as their subject compared to articles that don’t (19%) (p<.01). For instance, another article on women’s PrEP use describes a situation in which a women learns that her husband had not gone to see a doctor in six months, so was unaware of his viral load and the increased risk of HIV transmission. The article summarizes her situation as such, “Basically, she found out that she was not fully aware and didn’t have as much power in the relationship as she’d previously understood, in terms of protecting herself” (BetaBlog, June 18, 2018). Given the statistical evidence and the qualitative connection between women’s choice and empowerment, hypothesis 3 receives substantial support.
<table>
<thead>
<tr>
<th></th>
<th>Independent Frame Present</th>
<th>Independent Frame Absent</th>
<th>N</th>
<th>95% CI for M</th>
<th>t</th>
<th>df</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Compensation</td>
<td>0.24</td>
<td>0.22</td>
<td>163</td>
<td>-0.15</td>
<td>0.12</td>
<td>-0.212</td>
</tr>
<tr>
<td><strong>Bareback Sex</strong></td>
<td>0.35</td>
<td>0.17</td>
<td>163</td>
<td>-0.31</td>
<td>-0.04</td>
<td>-2.52</td>
</tr>
<tr>
<td>Gay Male Subjects</td>
<td>0.14</td>
<td>0.38</td>
<td>163</td>
<td>0.11</td>
<td>0.37</td>
<td>3.56</td>
</tr>
<tr>
<td>Female Subjects</td>
<td>0.43</td>
<td>0.19</td>
<td>163</td>
<td>-0.43</td>
<td>-0.06</td>
<td>-2.6</td>
</tr>
</tbody>
</table>

*Notes: *p<.05, **p<.01, ***p<.001*
Turning to hypothesis 4, the second row of Table 5 describes the prevalence of the Individual Choice frame in media articles that discuss bareback sex compared with those that don’t. 35% of articles mentioning bareback sex utilized the language of Individual Choice compared to 17% of those that don’t mention bareback (p<.05). However, while media coverage of barebackers does frequently use the language of individual choice, the third row of Table 5 indicates that media coverage of all gay men has a negative statistically significant association to the Individual Choice frame (p<.001). This difference is worth highlighting because it presents the possibility that, for gay subjects, the Individual Choice frame is often used to envisage moral solutions to the challenge queerer sex represents for homonormativity (Duggan 2003).

While the use of the Individual choice frame was less common in LGBT media than in media addressing female subjects, when it did appear (14% of the time), the frame manifested in a similar form to the “empowerment” depiction. For instance, an article from one of the leading gay-themed publications The Advocate quotes one PrEP user as saying, “With PrEP, I could make rational decisions about my sexual choices and still remain 100 percent in control of my negative HIV status” (October 6, 2014). Similarly, San Francisco’s Bay Area Reporter explains, “Finally we have something that is in full control of the receptive partner. Finally we have something that doesn't need to be negotiated in the heat of the moment” (August 28, 2014). In these occurrences, the power dynamic of being a bottom (i.e., someone who prefers to be the receptive partner in anal intercourse) closely parallels the experience of heterosexual women.

To account for cases that might refute my conclusions, I’ll note a secondary subversive use of the Individual Choice frame in gay-themed press. Here is a typical example:

“(‘How many blowjobs have I given? What's that times the infected rate? Times one in one thousand?’) That's a lot of math to do with a cock in your mouth. [With PrEP] I wouldn't be dwelling on the question of whether the top is going to know how to put the condom on right, whether they're going to try to turn grinding into something more
before putting a condom on, whether they’ll double check to make sure the condom is intact before they finish off.”
~Q Atlanta, August 5, 2014

This excerpt is most notable as an example of a departure from the typical, medicalized framing of PrEP. While many of the themes are related to documented risk factors for HIV, such as unprotected oral sex and “improper” condom use, the presentation of these themes is explicitly, intentionally sexualized. The author’s choice of the provocative title “Enjoy your Buttsex and Truvada Too” serves as evidence of the article’s intent to push back against the previously documented overly-sanitized and sex-negative depictions of the drug (Spieldenner 2016). So, while articles such as this are rarer, they represent one strategy queer activists may use to “de-medicalize” and “re-sexualize” PrEP.

Racialized Risk: Neglected in Gay Subject Matter

Finally, my last hypothesis relates to another social division within the gay community, the relationship between race and HIV risk. Building off of literature analyzing the divisive tactics employed during the gay rights movement (Warner 2000; Gamson 1995), hypothesis 5 anticipates that the subject of race will receive less substantial coverage in media focused on gay men. To evaluate this hypothesis, I measure the prevalence of a frame I call “Racialized Risk” which explicitly connects the race of individuals featured in an article to the likelihood HIV transmission. Here is a typical example of the frame:

“Public-health experts still aren’t sure why new infections are increasing among younger Black gay and bisexual men in particular. Research has shown that among men in relationships with partners of the same race, Black gay couples are actually more likely to use condoms than their White counterparts, but many researchers believe that several different social and economic factors—including poverty, limited access to healthcare and insurance, high incarceration rates, homophobia, and racism-play a role in keeping the infection rate high.”
~The Atlantic, February 11, 2015
This was a particularly nuanced use of the frame from a renowned mainstream publication. It was much more common for the frame of racialized risk to simply list the relative HIV-rates for different racial groups rather than hypothesize about their social etiology. In fact, the described structural and cultural barriers facing African American HIV-prevention are well-documented (Mayer et al 2013). This frame was not only used to describe African Americans, but they were the group most frequently connected to HIV risk, followed by Latinos and then White men.
Table 6. Descriptive Statistics and T-Test Results for the "Racialized Risk" Frame

<table>
<thead>
<tr>
<th></th>
<th>Independent Frame Present</th>
<th>Independent Frame Absent</th>
<th>N</th>
<th>95% CI for M Difference</th>
<th>t</th>
<th>df</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Compensation</td>
<td>0.12 0.32</td>
<td>0.15 0.36</td>
<td>163</td>
<td>-0.08 0.13</td>
<td>0.54</td>
<td>161</td>
</tr>
<tr>
<td>Bareback Sex</td>
<td>0.21 0.41</td>
<td>0.1 0.3</td>
<td>163</td>
<td>-0.23 0</td>
<td>-1.97</td>
<td>161</td>
</tr>
<tr>
<td>Gay Male Subjects</td>
<td>0.05 0.21</td>
<td>0.29 0.46</td>
<td>163</td>
<td>0.14 0.35</td>
<td>4.65</td>
<td>161</td>
</tr>
<tr>
<td>Female Subjects</td>
<td>0.39 0.5</td>
<td>0.09 0.29</td>
<td>163</td>
<td>-0.44 -0.15</td>
<td>-4.05</td>
<td>161</td>
</tr>
</tbody>
</table>

Notes: *p<.05, **p<.01, ***p<.001
Table 6 presents the descriptive statistics and t-test results for the prevalence of the Racialized Risk frame across the four types of media. The third row of the table shows that only 5% of media which takes gay men as its subject uses the frame of Racialized Risk compared to a stunning 46% of all other media (p<.001). Therefore hypothesis 5 receives strong support. While this outcome bolster’s critiques from queer theorists about the problems of racial inclusivity in the gay community, it is no less obvious than it is reprehensible given the high rate of HIV transmission among Black MSM. At the same time, the last row of Table 6 shows that this frame has a positive and statistically significant relationship to media mentioning female subjects (p<.001). To make sense of this discrepancy, I qualitatively examine the Racialized Risk frames addressing female subjects.

On September 5, 2015, the *Star Ledger* ran a piece about the HIV-epidemic in heavily Black Newark, New Jersey. The piece explained that African American women account for 64% of female HIV infections despite comprising just 12% of the population. The piece then went on to say, “while women can acquire HIV from drug use or sex, it’s more likely that they will acquire it from a steady partner.” This article is typical in its focus on women in serodiscordant relationships and this circumstance is particularly common among African American women. So, while identifying an important epidemiological trend, these articles also contribute to a “vulnerability paradigm” which views women as the unassuming victims of male sexual aggression (Watkins-Hayes 2014, p.439). Additionally, while the male partners of these women are rarely interviewed in articles about serodiscordant relationships, readers are given the implicit understanding that these men may be “down-low” and not open about their bisexuality (Han et al 2014). For instance, another article features an African American woman who asks that her real name not be used “because her ex-boyfriend is not out to everyone” (*Daily Beast,*
February 8, 2015). Scholars have critiqued media representations of the down-low for depicting Black sexuality as deviant and reifying notions of a homophobic Black community (Boykin 2005; Decena 2008). Therefore, it seems that even when Black people are represented in media coverage of PrEP they frequently exist in a discourse of vulnerability and threat. I now discuss the implications of my findings for HIV prevention, our theorizing of risk, and challenges to gay race relations.

**DISCUSSION**

Frame analysis of PrEP online media has revealed that the language used to discuss this intervention varies greatly depending on the sexual practices under consideration and the type of PrEP user the article is targeting. Articles addressing risk compensation use a medicalized frame of “Package Care” to desexualize the object of study. Articles addressing bareback sex are also medicalized, but use the language of “Individual Choice” to emphasize an individual’s responsibility over their own HIV risk. Finally, articles covering female PrEP users employ the language of “Individual Choice” to describe women as empowered. Overall, the treatment of race in PrEP media highlight a weak spot in LGBT media advocacy. A frame of “Racialized Risk” was rarely used in discussions of gay men, despite inequities in HIV transmission. Further, when it was used describing female subjects, it failed to give Black male partners a voice, reifying their existence as a threat.

While previous studies of PrEP media have highlighted the extent of uncertainty in news coverage (Schwartz and Grimm 2016a) and contrasted frames depicting the drug as increasing hope or risk (Jaspal and Nerlich 2016), no examination has situated their analysis within the larger context of advances in medical technology and gay rights. My findings contribute to an
extensive literature on medicalization. Just as Mamo and Epstein (2014) have identified the process of desexualizing medicines as a key strategy for social acceptance in their studies of HBV and HPV, my study identifies various frames which seek to make PrEP more palatable to the public.

Further, biomedicalization (Clarke et al 2010) is also characterized by an increasing internalization of risk, demonstrating the powerful connection between the chemicals we ingest and the social world we occupy. Queer theorists have recently begun to examine the question of how chemical substances alter social behavior and sexuality. For instance, in Testo Junkie Paul Preciado details his experience with the illicit application of testosterone gel to his body (2013). He calls the new relationship between bodily technologies, media representations, and daily life “pharmacopornographic capitalism” (Preciado 2013, p.77). Dean (2015) then applies his framework to reflect upon the consequences of PrEP’s mandatory blood testing given the historical surveillance of gay men’s bodies by the government. “If panopticism still functions in the 21st century, it is because we have swallowed it whole in the name of health,” he asserts (Dean 2015, p.238). From my own media database, one op-ed from Slate frames the connection between biochemistry and sex as follows: “[PrEP] presents itself as a shield - it bestows one of us with cellular invincibility against a single threat and boasts of a hard-won defensive posture toward the encounter. The situation of the other becomes largely irrelevant” (December 5, 2014). This critical take on PrEP bemoans the anticipated lack of interdependence and communication between sexual partners once humans don their molecular, chemical shields. However, given my finding that media coverage of gay men was actually less likely to individualize risk than media with female subjects, the time is ripe for in-depth interview studies to investigate if and how gay
men utilize relational reasoning around risk when deciding whether to take the medication (See Chapter 3).

With respect to HIV-prevention and theorizing risk more broadly, my findings also demonstrated that the language of individual choice can take many forms ranging from empowering to blaming. Therefore, future examinations of sexual risk should pay particular attention to how discourses of responsibility shape interventions. At the height of the HIV epidemic, responsibility fell on every gay man to protect himself and others from the virus by using condoms. However, with the development of testing for viral loads and the increased legitimacy and safety conveyed by an “undetectable” HIV-status, HIV-positive men came to bear the brunt of the responsibility for transmission (Ahmed 2016). Utilizing John Rawls idea of the “veil of ignorance” Burris and Weait (2012) contend that in designing a just society, all should reject a regime of blame on HIV-positive people. PrEP has the potential to bring shared responsibility for ending HIV back to -positive and -negative individuals (Auerbach and Hoppe 2015). Regardless of one’s personal moral reaction to sharing the HIV burden, the example is illustrative: sexual health interventions bring with them social and ethical dilemmas that can only be understood in the larger context of previous advances in sexual technology.

Trends in medicalization, queer theorizing around medicine, and ethical reasoning about risk all demonstrate a need for a more communal understanding of PrEP that might heal divisions within the LGBT community and make HIV-prevention a shared endeavor. In fact, Cairns et al recommend that the best strategy for absolving social concerns about PrEP is to promote greater community ownership of the intervention (Cairns et al 2016). What are the consequences of this study for understanding possible pathways towards that goal? First, my study provided evidence that receptive anal partners may resent the same power dynamics that
disadvantage women in sexual decision-making, as noted by queer scholars. For instance, Halperin observes that communication problems are one of the most common causes of condom abandonment (2007), and Warner describes diverging top and bottom mentalities with respect to HIV risk (1995). This pattern may speak to the need for individual control, but it also presents an opportunity to reframe PrEP as protecting the more susceptible receptive partner and thus breaking the link towards community-wide transmission. Second, it’s important to remember that medicalization is born out of a desire to regulate messy social and behavioral processes. However, there is some evidence that behavioral HIV-prevention efforts are actually effective in themselves. Koblin et al (2004) evaluate a behavior modification program and determine positive effects that diminish over time. They suggest the best means for promoting sustained behavioral change is to operate at the community-, rather than individual-, level.

Finally, this study highlighted several social cleavages within the LGBT community relating to homonormativity and race. As articles using “Racialized Risk” frames to describe serodiscordant, heterosexual couples indicate, some men of color (just like some White men) consider themselves “down-low” and do not interact with gay media. Chapter 4 explores how we can understand down-low sexuality as a cultural practice with a unique relationship to Whiteness. So, on the cultural reception side of the equation, that is part of the answer to why PrEP news reads as so gay, White and siloed. We must understand to what extent minority and non-homonormative people consume and interact with LGBT media due to cultural preferences and distinct ways of knowing. However, a much larger part of the answer relates to the cultural production of PrEP as a product. What consumer was envisioned during clinical trials of the drug? Who owns media outlets covering LGBT issues and are they striving to represent the racial, sexual, and gender diversity of readers? What issues are the best-funded LGBT advocacy
organizations pursuing and how do they choose to mobilize support? While these questions of institutionalized homonormativity and systemic racism are beyond the scope of this research paper, they are fruitful areas for further investigation.
CHAPTER 3

RELATIONAL REASONING:
RESPONDENT EVALUATIONS OF PrEP
A recent article in the Boston Globe had the striking headline, “This Pill Prevents HIV - Why Don’t People Take It?” (Freyer 2016). This news motif – questioning the seeming irrationality of people at risk for HIV who are unwilling to take the necessary precautions to keep themselves safe – has been a fairly common one since the FDA approved Truvada for use in the preventative HIV process known as pre-exposure prophylaxis or “PrEP.” These articles present an intriguing puzzle. While HIV may no longer be a “death sentence,” it still infects approximately 40,000 new individuals in the United States each year and can dramatically alter one’s health, comfort, and way of living (CDC 2015). Upon closer inspection however, a host of complex individual and social factors shape how people choose to control their exposure to risk.

Previous interview work assessing interest in PrEP has enumerated many of the individual determinants of the decision not to take the pill such as fear of side effects and concerns about drug resistant strands of HIV (Golub et al 2013). Initial studies have even highlighted some of the more social consequences related to risk compensation (namely, the abandonment of condoms) (Brooks et al 2012) and the pill’s association with HIV stigma (Strauss et al 2016). However, even these more “social” analyses downplay the impact that other people have on one’s reaction to PrEP. Further, there have been no sociological studies of how PrEP shapes thinking around risk in the context of sexual, interpersonal relations.

Simultaneously, literature in the sociology of sexuality has increasingly featured calls for more thorough examinations of sexual relations themselves, rather than investigating material that relegates the sexual to a study’s periphery (Plummer 2003; Dowsett 2000; Wuskal and Plante 2010). Research on PrEP provides an opportunity to heed these calls by studying how the unfolding process of sex is shaped by understandings of PrEP and in turn informs individuals’ reactions to PrEP. Of particularly consequence in these examinations is the role of race, since...
45% of 2015 HIV infections were comprised of Blacks, who represent just 12% of the total population (CDC 2015). Additionally, many LGBT advocates worry that PrEP will exacerbate racial inequities in transmission, since its use relies on access and daily adherence. These are circumstances that may be harder to meet in situations of financial and social constraint more common for disadvantaged populations (Ahmed 2016).

To theorize risk more fully in the context of sex itself, and to highlight how these social considerations may inform understandings of PrEP, I draw from two theories in cultural sociology. First, I employ a symbolic interactionist approach (Blumer 1986[1969]; Berger and Luckman 1967) which posits that people act towards things based on the meanings that arise out of social interaction. This paradigm has contributed to many productive lines of theory related to sexuality, particularly the concept of sexual scripts (Simon and Gagnon 1973). However, while interaction is a fundamentally relational concept, once theorists identify the identities and patterns that are created in interaction, they often analyze them as static attributes of individuals which dilutes the dynamism of sex as a social process. Therefore, to address this shortcoming, I combine the valuable search for meanings afforded by an interactionist lens with a second theory: relational sociology. Relational sociology rejects methodological individualism and takes dynamic unfolding processes as the unit of analysis rather than their constitutive elements (Emirbayer 1997). This theoretical perspective is particularly well suited for understanding how racial hierarchies of desirability (Green 2007) inform sexual preferences and how the resulting practices may expose certain subjects to disproportionate risk.

I conduct in-depth, in-person interviews in a Northeastern metropolitan area with 30 White and 30 Black (African- and Caribbean American) men who engage with sexual relations with men. I interview them about their sexual histories and ask them to reflect on this new sexual
technology in the context of the behaviors, preferences, and specific sexual events they described over the course of the interview.

By analyzing these interviews with symbolic interactionist and relational frameworks, I find three patterns that inform theories of sexual risk. First, the men in my sample understand the riskiness of their sexual behaviors relative to their own history of actions and the actions of others. With respect to PrEP, this means that standard measures of UAI (unprotected anal intercourse) will be poor predictors of PrEP applicability and feasibility in some contexts. Second, I find that intimacy has a complex relationship to risk, at times creating situations of vulnerability and other times making respondents feel more insulated from disease concerns. Previous studies of PrEP have assumed feelings of intimacy lead to safe sex in the context of relationships, but may increase the need for PrEP outside of relationships. However, my findings show that the sexual practices used to express intimacy also shape perceptions of risk. Third, a relational perspective reveals how the features of the body become racialized and how sexual practices differ depending on the race of partners. These findings have important consequences for who is exposed to greater HIV risk and whether they will see PrEP as a suitable prevention method.

In what follows, I highlight existing symbolic interactionist and relational sociological studies of sexuality. Then, I describe my interview methods with a particular focus on how respondents construct narratives that tie their sexual behavior to their feelings about risk and PrEP. Finally, I present the results of my interview analyses. I show that respondents understand risk as a relative phenomenon, with a particular focus on the behavioral contingencies of intimacy, and the racialization of bodies and sexual practices. I conclude by connecting these theoretical advances back to the macro-social context of inequalities in HIV transmission.
Relational Approaches to Studying Sexual Risk

While individualization increasingly shapes our sexual health experiences, no health decisions are made by individuals in a vacuum (Fosket 2004). Cultural sociologists offer tools which allow analyses of PrEP to move beyond the structural and the individual and take sexual relations as the unit of analysis. Perhaps the most influential perspective in this direction was is the theory of symbolic interactionism which posits that people act towards things based on the meanings that arise out of social interaction (Blumer 1986[1969]; Berger and Luckman 1967).

Symbolic Interactionism and Sexuality

Over the past four decades, this theory has been instrumental to studies of sexuality. A summary of scholarship by Grecas and Libby (1976) asserts the utility of this framework in emphasizing how “vocabularies of motive” become aligned during sexual interaction (Mills 1940:360). And, most famously, Simon and Gagnon’s (1973) introduction to sexual scripts launched a valuable paradigm within the field (see Chapter 4 for an overview). However, scholars have recently documented why symbolic interactionism briefly fell out of favor. They note the obsession within sexuality scholarship with Foucauldian discursive analysis and the lack of attention in symbolic interactionism to materiality (as favored by Marxist feminist scholars) (Jackson and Scott 2010). Nonetheless, symbolic interactionists continue to contribute to our understanding of sexuality in studies covering diverse topics like intersubjectivity in sexual scripting (Whittier and Melendez 2004), historical studies of the pathology of homosexuality (Brickel 2006), and the diverse meanings negotiated around asexuality (Scott and Dawson 2015).

Risk and Race in Interaction. With respect to interactionist work on risk, the separation of professions has kept considerations of public health relatively removed from these cultural
analyses. There are, of course, a few notable exceptions that serve as models for this project on a medical and sexual technology. One study argues that microbicides are depicted by medical experts as women-controlled technologies, but women’s bodies are often constructed as a ‘negotiated space’ during sexual interactions (Tanner et al 2009). This challenges the idea that medical technologies can truly individualize sexual risk considerations. Another study documents how sex workers rework the materials and erotic meanings of safe sex tools in order to please clients and protect themselves (Moore 1997). More tangentially related symbolic interactionist work on risk investigates: the sexual networks of Australian tourists (Brown et al 2012), how urban American-Indian girls relationships to native culture affects sexual health (Safterner 2014), how categorizing young Tasmanian girls as “at risk” stigmatizes them and prevents reflexive evaluation of their sexual practices (Bishop 2010), how Thai women living with HIV become joint actors in creating social distance from the uninfected (Klunklin and Greenwood 2006), and the absence of scripts relating to lesbian sexual health (Power et al 2009).

Importantly, the relational perspective of symbolic interactionism can also be used to understand racial differences in evaluations of risk. In fact, Lewis and Kertzner argue that this lens can counter the incorrect assumptions of Black homogeneity rampant in epidemiological work (2003). They posit that a greater focus on context and meanings can illuminate racial differences that are unrelated to structural questions of financial resources and access to health care. One study of sexual tourism in Gambia argues that while foreigners buy into scripts of Black “beach boy” sex workers’ unlimited virility and sexual prowess, some sex workers are able to trade on their sexual objectification for a chance to leave the country and escape other types of risk (Nyanzi et al 2005). Another study of a “gay sexual field” in Chicago finds that men of color are both agents of production and resistance in creating sexual racism (Orne 2015). The
author describes how minority men are involved in shaping both hierarchies of attraction and the interactional search for partners in ways that may advantage them personally (by trading on their racially fetishized attributes) but contribute to a system of oppression.

**Relational Sociology**

Symbolic interactionism provides a helpful framework for this study of preventative HIV medication, but it is not without its limitations. The overemphasis on reflexive reasoning makes the theory rather ineffective at understanding unconscious thought and emotions (Longmore 1998). Further, once identities, patterns, and managed selves are created in interaction, the theory treats these features as individual attributes and neglects attention to how bodies come together during sex (Plummer 2003). For these reasons, I also intend to draw on the concept of “relational sociology” which rejects methodological individualism and takes dynamic unfolding processes as the unit of analysis rather than their constitutive elements (Emirbayer 1997).

**Studying Sexual Relations.** One of the key advantages of a relational approach to studying sexuality is that it brings the focus squarely back to the phenomenological experience of sex. The dearth of actual data on sex in studies of sexuality has been noted by influential scholars in the field. Plummer laments, “There are odd flashes of innovation, but in the main we could speak of a ‘vanishing sexuality’ —a certain absence of the sexual” (Plummer 2003:522). Dowsett calls for scholars to “cease that pastoral project, stop seeking to clean up sexuality in some liberal pluralist project of purification, and instead begin to enjoy a little more of creative potential in its sweat, bump and grind” (Dowsett 2000: 44). More recently, Wuskal and Plante state the problem by dryly observing, “Read enough sex(ualities) literatures and one might find it hard to stay awake, let alone get in the mood!” (Wuskal and Plante 2010:155). Theorizing of risk
suffers from this analytical blind spot, because a relational approach allows us to move from research on discourse about sex to the flow of power during sex (Burkitt 1998). Due to the complexity and immersive nature of their method, ethnographers have made greater strides in this direction (see Humphreys 1970; Dean 2009), but interview work is also well suited to examine “the communicative interplay, strategic maneuvering, and reflective problem solving carried out by actors in response to relational tensions and dilemmas” (Mische 2011:17). The relational approach “involves studying fields rather than places, boundaries rather than bounded groups, processes rather than processed people, and cultural conflict rather than group culture” (Desmond 2011:547). Perhaps it can also allow us to study sexual relations rather than the attributes of sex.

Some studies have begun to incorporate more relationality into their analyses. A study of institutional logics of sex and love in American universities focuses on corporeal practices with hands, genitals, and mouths (Friedland et al 2014). Economic sociologists observe how the symbolic exchange of money during sex work places limitations on intimacy of subsequent sexual actions (Bandeji 2012:176). Through a relational approach, studies of romantic relationships become studies of sex over the course of relationship formation, from initial attraction to embodied expressions of love (Sprecher and Regan 2000).

**Risk and Race in Sex.** The most exemplary research strives for richly relational understandings with clear consequences for theorizing risk. One study examined what actions in the bedroom HIV positive men undertook to convey their status, with refusal to engage in riskier behaviors being interpreted as a tacit admission of infection (Stanley 1999). Hoppe’s (2011) study of gay men who are bottoms\textsuperscript{11} shows that their self-conceptions as sexually submissive

\textsuperscript{11} Men who identify primarily as receptive partners during penetrative anal intercourse.
create risk/pleasure dilemmas they must negotiate in risky sexual scenarios. He provides plentiful examples of how different sexual actions shift the balance of power in the bedroom at times liberating and other times constraining the submissive partner. Another interview study of 44 Mexican gay men in serodiscordant relationships finds that both condom use and the refusal to use condoms can signal commitment to a partner, depending on the relational context (Nieto-Andrade 2010). The author states that he combines symbolic interaction with a more phenomenological approach, much in line with the aims of the current study.

Finally, a relational approach also enhances analyses of race and sex. Considering the robust connection between racialized HIV risk and geography established in the introduction, relational sociology would allow scholarship to stop conflating context with demographic composition (Cummins et al 2007) and begin to understand how racial hierarchies inform behaviors in the bedroom. Work on sexual fields (Green 2007) is a promising start in this direction. Again, the theory of symbolic interaction will be helpful here, because while race is a “well-founded fiction” (Desmond and Emirbayer 2014:339), it is treated as real and affects how people act towards one another. Relational sociology can also explicate on how racial difference becomes internalized in sexual acts of symbolic violence (Bourdieu and Wacquant 2014) that may relate to risk in predictable ways. Finally, but perhaps most importantly, studying relations improves theories of intersectionality. Previous work describes how individuals occupy different race, class, and gender locations (Crenshaw 1991; Collins 1998), but a relational approach instead emphasizes how these social attributes have multi-dimensional and transient relationships to one another (Choo and Ferree 2010).

**Relationality of PrEP?** No previous sociological studies examine how men who engage in sexual relations with men think about PrEP. Some queer theorists have carefully observed
media discourse about the drug and made hypotheses about how is may rework current conceptions of risk. Kane Race writes about the “paradox of the planned slip-up” in which gay men take a daily pill to give themselves the option of accidental condomless sex (2015:23). Tim Dean wonders whether this pill is incompatible with the desire for bareback sex, since intimacy may only be “mediated pharmaceutically” but PrEP still interrupts the fantasy (2015). My research is the first to engage with relational data on PrEP in the context of such “slipups,” and fantasies.

METHODS

In his manifesto for relational sociology, Emirbayer argues that a relational approach is well suited for studies in cultural sociology, since we can conceive of culture not as internalized values but shifting sets of relationships that become contingently sustained (Emirbayer 1997: 300). Building off of this orientation, the primary method of this paper is to draw from respondents’ narratives (Riessman 1993) of sex to understand how PrEP relates to specific moments during their encounters. A substantial body of interview research on PrEP awareness, applicability, and feasibility has asked interview subjects to evaluate PrEP as a largely context-free hypothetical prevention method. In asking my respondents to convey their sexual histories prior to our discussion of the drug, I am able to situate their thinking within the context their sexual behaviors and preferences. Some ethnographers have argued that experiential accounts in interviews are untrustworthy or unrelated to the real actions subjects’ undertake (Jerolmack and Kahn 2014). However, since my aim is to determine how narratives inform respondents’ thinking, their perceptions of what occurs shapes how they think of themselves (Bamberg 2011) and are therefore most important in their reactions to PrEP.
To put my findings more clearly in conversation with public health research, however, I also use various vignettes (Barter and Renold 1999) to ask respondents to place their considerations within different hypothetical contexts outside of their own. Examples of regularly used vignettes include: (1) portraying PrEP as a personal decision akin to birth control, (2) emphasizing PrEP’s ability to break the chain of HIV transmission, (3) describing PrEP as an “extra layer of protection” used in conjunction with condom, and (4) describing PrEP as a sexually liberating drug for those who prefer not to use condoms.

One important consideration for the selection of my northeast, metropolitan research site, was the ability to locate respondents with various degrees of knowledge of and experience with PrEP. While awareness of PrEP is generally low (McNeil 2015), the preponderance of universities around my chosen research site and the presence of leading research centers on LGBT-related health issues led me to expect that I would find many residents who are more informed about this drug and are further along in the sense-making process. In fact, many men in the city already have prescriptions (Mayer et al 2016). Additionally, the city provided access to the two key demographic groups of interest: non-Hispanic White individuals comprise 45.9% of the city’s inhabitants, while Black individuals comprise 24.1% (DADS 2013). As these demographics are not evenly dispersed across neighborhoods (Logan 2011), racial segregation in the city may inform respondents’ understandings in interesting ways.

The CDC recommends PrEP to any “gay or bisexual man who has had anal sex without a condom or been diagnosed with an STD in the past 6 months” (CDC 2014). The majority of my sample is comprised of PrEP-eligible, HIV-negative, men who engage in sexual relations with men. However, in later rounds of sampling, I did include eight men who already had a PrEP prescription and two HIV-positive respondents, in order to include these important perspectives
in my research. Importantly, I do not restrict my sample to gay-identifying individuals because the literature on sexual health reveals that there are important differences between the sexual risks posed to individuals who choose to identify as gay and those who practice homosexual acts (Millet et al 2005). Race is also of particular interest due to the higher rates of HIV transmission among Black Americans. Black MSM between the ages of 13 and 24 accounted for 55% of new HIV infections among MSM despite Blacks comprising just 12% of the total population (CDC 2012). The qualitatively different experience of being a gay racial minority also shapes sexual practices and assessments of risk. My sample was stratified by respondent race, with a comparison of 30 Black respondents (African- and Caribbean-Americans) to 30 White respondents. At this point, saturation of responses was reached as indicated by the number of emergent themes being re-articulated by new respondents (Mason 2010).

Respondents were recruited via two primary avenues. First, in line with current sexuality interview research (Blackwell, Birnholtz, and Abbott 2014), I used online dating apps to construct profiles identifying myself as a sex researcher and providing a brief description of my project. For my second avenue of recruitment, I went through gate-keeper organizations related to LGBT social organizing. For each organization, I contacted the leader and asked him to circulate a flyer (usually sent via email list-serv) including a description of my research and calling for volunteers.

In addition to the demographic variation accessed by this dual recruitment method (Kristensen and Ravn 2015), I am particularly concerned with reaching men both on and offline due the primacy of sexuality in this project. Limiting my recruitment only to dating apps would

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12 Two of my White respondents were ethnically Hispanic. Both identified as racially White. I decided to include their data in the sample, since both reflected on how their ethnicity affected sexual relations as well as their ability to “pass” as White. Interviews with two Asian respondents were dropped from the sample.
neglect the many individuals who aren’t actively pursuing sexual and romantic encounters online, but who still engage in male-male sex. Conversely, studying only social organizations related to LGBT identity would not allow me to access the down-low men who partake in gay sex but do not consider themselves active members of “the community.”

My interviews ranged in duration from 45 minutes to 2.5 hours with the median interview lasting 74 minutes. Interviews were primarily conducted in my office on the university campus, and many respondents were eager to visit. I reimbursed them for parking or public transit. However, on several occasions I traveled to libraries in the respondents’ neighborhoods so that I could meet them more conveniently and see their area of residence. Interviews were recorded, transcribed, and imported into a qualitative coding program (Atlas.ti) for analysis. Interview transcripts were coded in multiple rounds using both inductive and deductive logics in a variation of grounded theory (Charmaz 2006; Glaser and Strauss 1967).

RESULTS
I organize my findings around three main ideas. First, respondents’ thinking around PrEP shows that risk is always a relative concept. People can only reflect on whether different prevention methods make sense for them by comparing the sex they’re currently having to other moments in their sexual histories and the presumed behavior of others. Second, PrEP’s relationship to intimacy is contingent on how that intimacy is sexually expressed. Previous studies have documented the relationship between intimacy motivations and condomless sex (Golub 2013),

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13 Throughout the results section I use the terms condomless sex, bareback sex, raw sex, and unprotected anal intercourse interchangeably. In studies focusing on the different cultural attachments and communities formed in relation to these practices, different meanings are attached to the terms especially with respect to how intentional, frequent, and “anti-homonormative” the action is. However, my subjects for the most part used various terms to describe the same behavior over the course of a single interview, and the specific variations in meanings is not my focus here.
but how that sex unfolds can lead to feelings of vulnerability or security. Finally, studying the
dynamic relational configurations of sex draws our attention to how certain body parts become
racialized and associated with risk.

Table 7 presents a summary of how my respondents reacted to PrEP in terms of its
benefit to themselves and the community.

Table 7: PrEP Acceptability by Respondent Race

<table>
<thead>
<tr>
<th></th>
<th>On PrEP*</th>
<th>Personal Reaction</th>
<th>Community Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Positive</td>
<td>Negative</td>
</tr>
<tr>
<td>Black/African-American</td>
<td>3 (10%)</td>
<td>16 (53.3%)</td>
<td>14 (46.7%)</td>
</tr>
<tr>
<td>White Respondents*</td>
<td>5 (16.7%)</td>
<td>9 (30%)</td>
<td>21 (70%)</td>
</tr>
<tr>
<td>Full Sample</td>
<td>8 (13.3%)</td>
<td>25 (41.7%)</td>
<td>35 (58.3%)</td>
</tr>
</tbody>
</table>

Notes: *Individuals who are currently on PrEP are also counted among respondents
with a positive personal reaction to PrEP.

Within my sample, I encountered White and Black subjects already on the drug in about equal
proportions. Black men were more favorable toward the drug for its personal benefits, and White
men were more favorable towards the drug in terms of its community impact. However, I don’t
want to dwell on these frequencies or hypothesize about potential causes of variation, since my
sample of only 60 individuals is not representative. Instead, the strength of my data lies in
connecting respondents’ reactions to PrEP to specific sexual behaviors within different relational
contexts.
Sexual Risk is Relative

Ike (26, Black) works as a home security call responder. On the day we meet, he is wearing a loud-patterned, teal and yellow button-up and his hair is styled into a bulbous pompadour. His personality is as colorful as his style. He tells me candidly about the last time he had sex without a condom:

“We was doing our thing…When it happened, I didn’t realize he was unprotected because he didn’t tell me. But then I felt it. I could feel the difference. And then I asked and he was like, ‘Oh shit! I didn’t even realize!’ Whatever. I feel like he knew what he was doing, but was trying to act like he was bothered by it. But I was like, ‘Boy, we’re already mad strokes in, you might as well continue.’” ~ Ike, 26, Black

In this story, Ike relays how he bottomed for one of his regular partners without a condom. At first, as can often be the case, Ike, didn’t notice anything different about the experience. And when Ike’s top admitted to the “oversight” the two mutually decided that, at this point, any continued activity didn’t matter. More pragmatically, they were caught up in the urgency and pleasure of the moment (Gold 2000). Other studies have demonstrated the tendency of men to discontinue condom use after an initial incident without protection (Boulton and Hart 1995). In this example, we see how such an incident unfolds. What is important here is that, based on Ike’s sexual history, I know he is fairly risk averse and goes into sexual encounters with a firm expectation that condoms will always be used. In fact, he told me that he isn’t interested in trying PrEP because it makes the decision to bareback too easy, and he doesn’t want the temptation.

In the context of this story, that assessment makes sense, since during a passionate encounter, he quickly decides that any harm has already been done and adjusts his future expectations of risk.

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14 He had already been having condomless sex for a while…
15 Insertive partner in penetrative anal intercourse.
16 Have condomless sex.
Put simply, Ike thinks about risk relative to the sexual actions he has already undertaken, and the emotional urgency of sex makes strengthens these heuristics.

Not only did the men in my sample refer to past experiences when considering PrEP, but they judge the risk involved in different types of sexual behaviors relative to one other. Jasper (59, White) and I have an extended conversation about the rules of his open relationship with his husband, a partner of 38 years. He tells me how he came to violate one of the rules by admitting to another man, Genki, that he loved him. He explains what happened next:

“I was lying on my back, and he was on top of me. He started dancing my penis around his butt, bringing it to his hole\textsuperscript{17}. He looked at me and said, “Is this a problem?” And I said, “No.” And then he looked at me and said, “Can I go all the way?” And I said, “Yes.”

~ Jasper, 59, White

Genki proceeds to take Jasper’s bare cock inside him, violating a second rule of the open relationship. For this and all future encounters they forego condoms. Jasper relays this story with some guilt, given his promises to his boyfriend. After all, any potential infection transmitted from this night would not only cause health problems but serve as proof of his infractions. However, Jasper explains how he had come to trust Genki and not worry about those possibilities. The story can only be understood with the background knowledge that two met online through their shared interest in fisting. Jasper says, “For us, fucking was actually foreplay as opposed to being the main event. Fisting\textsuperscript{18} is inherently dangerous when it comes to HIV. There is no way you can really mitigate all that danger.”

Given their past experience with “inherently dangerous” fisting, and the knowledge that the night may well continue in that direction, condomless anal sex seemed like a relatively trivial concern. The two did eventually discontinue their sexual encounters, since Jasper did not wish to

\textsuperscript{17} Anus.
\textsuperscript{18} Inserting one’s fingers and hand into the rectum.
endanger his relationship. However, they came into contact some months later. Jasper, as the top during their hookups, realized he was less vulnerable to HIV, but he asked Genki if he had heard of PrEP. He was incredibly relieved to learn that Genki had in fact been on the medication for some time, given his fondness for getting fisted.

In these examples, neither Ike nor Jasper is personally interested in taking PrEP. Following the model of previous public health interview work, one would categorize them as having engaged in the risky behavior of UAI - “unprotected anal intercourse.” However, the story is more complicated than that. The two assess the ability of PrEP to address their situations completely differently. Ike, citing how easily he caves to the temptation of raw sex, wouldn’t trust himself on the pill and worries about whether it will encourage others to bareback as well. Jasper, who sees barebacking as much less consequential than fisting, is keenly aware of the risk he brings upon others. So, while he personally doesn’t require the pill, he values its contribution to the community.

One of the groups the CDC recommends should take PrEP is men in serodiscordant couples. My respondent Ted (71, White) has an HIV positive partner, and he vocalized some experiences that doubtless apply to many men in his position. He talks excitedly, almost nervously, with a bit of a raspy voice. He has only been dating Will for a few months, having recently lost a long term partner to cancer. Given his naivété regarding the HIV positive experience, he largely takes Will’s lead regarding how best to reduce his risk for HIV. Will is undetectable, but he forbids them from engaging in anal sex. “Maybe, at some point in the future, we’ll use toys. Like a dildo.” Ted tells me. For now, they’ve primarily been doing mutual masturbation, but Ted just gave Will head for the first time. He tells me:

19 Condomless.
20 Has a very low viral load so is unlikely to transmit HIV.
“I wasn’t totally bothered by it, because he’s one of the most sexually attractive people I’ve met, and I really trust him. I thought, “This is something I want and I’m going for it.” But during, I had a thought, “Is this really ok?” We don’t go to the point of cumming, so I won’t swallow… but there was still a nagging thought, “Is this ok?”

~ Ted, 71, White

In this reflection, Ted describes the worries he had about contracting HIV even in the heat of the moment when he was fully committed to servicing his hot new boyfriend. Ted says he knows Will has his best interests in mind and would never intentionally endanger him, but sex is rarely about unemotional, “rational” calculation. Given his concerns, I ask Ted about PrEP. Ted says he would like to know more about it but that Will has advised him against taking it. Ted relays, “Every medication you take has side effects – and Will ought to know!” Still, Ted wants to go to a physician to learn more about it, stating, “If there is anything I could do to make this relationship more sexually fulfilling and adventurous, I would probably do that.”

Even in novel situations like Ted’s, risk needs some point of comparison. Ted’s thought are informed relative to Will’s experience with HIV and medication, since he has little other reference point. This illustrates how assessing sexual risk is rarely an individual act. Even though Ted has some doubts about the safety of his behaviors, his attraction for and trust in Will lets him proceed despite his nagging thoughts. On PrEP, he and Will are negotiating their options together, as is the case in any relationship to varying degrees.

PrEP is often lauded for placing control over sexual health in the hands of one individual, but it is a fundamentally social technology. The decision to take it is made relative to the types of people one sleeps with, the actions one has undertaken in the past, and the relational configurations they expect to occupy in the future. Even after one goes on the pill, there are social considerations about whether and how to disclose its use. Post on dating profiles? Only mention if a condom breaks? Other social impacts depend on how it will alter one’s sexual
behavior. Regardless of my respondents’ thoughts about PrEP, they all consider their HIV risk relative to their sexual experiences and those of others.

**The Contingencies of Intimacy.** Each of the previous examples also tells us something about the relationship between risk and intimacy. In Ike’s case, it was only after he and his regular hookup became more comfortable together that they stopped using condoms. In Jasper’s case, condomless sex didn’t occur after the first incident of fisting, but rather after the two first confessed their love. In Ted’s case, it is his powerful affection for Will that makes him want their relationship to be more sexually gratifying, but it is his respect for Will’s experience that makes him heed his advice. Clearly, how intimacy manifests in sexual encounters is quite contingent on the context and the characters involved.

Doug (27, White) is a law student and is also in an open relationship. However, he is searching for very different experiences than the ones Jasper described. With his boyfriend of 2.5 years, Doug is usually the dominant partner. His boyfriend likes to be “throat fucked,” and they’ll occasionally play with athletic gear like a wrestling singlet to “masc things up.” While Doug enjoys his relationship, he personally identifies as versatile, so they have arranged to see other people so that he can be dominated by other men from time to time. He currently has three regular FWB’s and he is on PrEP. He explains his decision to go on the drug in the context of these encounters where he is dominated:

Doug: “I feel like PrEP is an extra security blanket, even though I always use condoms I just… [Hesitates]. So like, I don’t always know what’s happening or what’s going on behind me. It’s not like a have a rearview mirror! [Laughs]”

Interviewer: [Laughs] So, what kind of sex are you picturing when you say that?
Doug: “Usually doggy.” In my relationship, I’m expected to be the dominant one, so

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21 Act in an eroticized, masculine way.
22 Engages in both insertive and receptive anal sex.
23 Friends with benefits – people with whom he maintains a casual friendship in addition to having sex occasionally.
24 Short for “Doggy Style” - A sexual position where the receptive partner is on his hands and knees and insertive partner kneels behind him.
with other people I want the roles to be flipped. And that’s feels more submissive to me.”

~ Doug, 27, White

From an interactionist perspective, a combination of factors make doggy style feel particularly submissive and less intimate. First, bodies are physically separated creating an emotional distance. Second, the inability to make eye contact or to see a partner’s face makes it easier to objectify them or to fantasize about others. In Doug’s case, counter to the previous examples, it is the lack of intimacy that creates a loss of control. He uses PrEP so that he can fulfil these desires with the knowledge that even if a partner stealthily chose not to use a condom, he’d be protected from HIV. Importantly, Doug’s relationship to PrEP isn’t predicted by any one identity variable or sexual act. His stable relationship informs his preference, but does not determine it. He doesn’t take it because he is a bottom (he isn’t) or because he prefers barebacking (he doesn’t), but because of the dynamic configuration of social considerations that lead to this moment of submission and the intentional surrender of control.

Another one of my respondents, Luke (30, Black), explains how considerations of intimacy don’t just arrange bodies in space, but also alter thoughts and biochemistry. He explains his experience with a hookup who he had developed quite a crush on.

“This is actually how I knew I liked him so much! I had a tough time staying hard with him. And the one other time that happened was with this guy who I felt really serious about. I don’t know what it is, I think it gets mental and I feel like I need to do a great job. And it ends up being terrible. I couldn’t stay hard, so I tried to take off the condom and put it in before I lost wood. And at the time that worked, but I felt so guilty afterwards.”

~Luke, 30, Black

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25 He inserts his penis without a condom so he can maintain stimulation and not lose his erection.
This glimpse of Luke’s experience evinces the value of the relational perspective. He isn’t one to neglect condoms generally, but in this instance - with a French foreigner who he found romantically enticing - his intimate intentions were sabotaged by psychology. As he states, this has happened once before, the only other time he topped bare. Because of the rare circumstances surrounding these occasions, Luke doesn’t consider himself to be a good candidate for PrEP.

However, another one of my respondents struggles with the same inconvenience and says it’s precisely why he would want PrEP. Aaron (50, Black) works as a community organizer. He speaks with a booming voice and tells me bluntly, shaking his head from side to side in exasperation, “At my age, it’s difficult for me when I’m in the mood and I have to stop and put on a condom. That kills me a lot of times, you know? So I would think about taking [PrEP], because currently when I get that mood I have to seize it before a condom like breaks the flow.”

In Aaron’s description, we get a much clearer picture of how PrEP as a sexual technology comes with certain logistics that operate differently than a condom. From a relational perspective, condoms break the flow of sex. Any change in the rhythm of gyrating bodies can take Aaron’s head out of the game and cause him to lose his erection. Since he views this as a normal (and increasingly frequent) part of aging, PrEP suits his needs better than Luke’s.

Racial Familiarity and Fetish

Racial preferences may relate to risk because both homophily and macro-social hierarchies of desirability (Green 2007) can affect who we take as sexual partners and whether we act towards them differently because of race. During my interviews, I asked respondents about these preferences using a variety of different questions. Approaching such a fraught topic tactlessly can cause interview subjects to clam up, hedge, or redirect. The dating history of most
subjects was patterned by race - usually by a moderately-strong in-group preference but often with a particular interest in a few specific groups. Some men did confess to overt discrimination with varying degrees of discomfort about their preferences. Many of my interviews allowed subjects to reflect on the experiences we had already discussed in the context of race.

**Familiarity Framing.** The most prevalent explanation I received for racial preferences in sexual partners took some form of what I’m calling “familiarity framing.” For example, Kevin (29, Hispanic-White) has a graduate education and thoughtfully describes his dating history by saying, “There’s a particular constellation of demographics, related to age, education, race that just feels more like I’m likely to get along with you. I try not to be too hard on myself, but I realize that’s the same as having a racial preference.” Similarly, Sterling (49, White) works in publishing and describes his deep connection with other professional-type White men by saying, “I like guys who remind me of myself. *We feel simpático.*” Shawn (39, Black) who works as a pharmacist says, “I do like Asian guys, because they have that shared experience of being a minority, but they also act more White in some ways, like in terms of career aspirations.” And Noah (21, Black) has quickly learned the role of racial difference in dating as a young Black boy. He explains, “I prefer to date people of color because there’s a connection based on understanding and *a language about our experience.* And I don’t like how White guys talk to me, ‘give me that BBC… are you hung?’ all that crap.” The preference stated by Black men for other people of color was the most common in-group preference in my sample. This is important to note given the literature on HIV transmission which highlights the role of racially homogenous sexual networks in exacerbating inequalities (Laumann and Youn 1999). I can’t

26 Big, Black Cock – a common fetishizing term for a Black man’s (stereotypically assumed to be large) penis.
27 Do you have a big penis?
28 Though, I suspect social desirability bias may affect this result, since it is less socially acceptable for white men to admit their intraracial preferences.
generalize from my interviews but I hypothesize that these networks are shaped by cultural tastes for shared experiences just as they are shaped by structural factors like segregation (Lane et al 2004) and incarceration (Adimora and Schoenbach 2005).

One of my respondents, Darnel, who is 36 years-old and works as a pre-school teacher, has a very detailed “narrative of self” (Bamberg 2011) which he deliberately connects to his interest in other Black men. Darnel grew up in a diverse part of London where he described race as being “Just this cool thing that you knew about, but it didn’t really matter like it does here in the US.” His family then relocated to the outskirts of Newark, NJ where the Black people surrounding him were poor and undereducated. He started to feel like he couldn’t relate to this community. Darnel attended a private school where most of his ambitious peers were White and Asian, and he felt more like them. He started to think that his Blackness was somehow wrong. When he studied hard and was accepted into a good college, he recalls hearing some White friends who hadn’t gotten into the college saying that his acceptance was just affirmative action. On some level, part of him agreed with them. A turning point came when Darnel joined a Christian group at school, since faith is a very large part of his life. The group “literally forced” him to go to a large gathering of Black Christians in Atlanta. During the trip, he encountered “good people of faith” who were in professional positions and had even bigger aspirations for the future. From that point on, while living and teaching in the area, he has made a point of pursuing exclusively Black men and relating to them on a level that other people could never fully understand.

I convey this narrative because it relates to Darnel’s reaction towards PrEP. He tells me about his last sexual encounter and how it changed his thinking.

“We took separate showers and met in the bedroom. He was Black, young, a doctor - he met the qualities that I’ve been looking for. What’s significant was he wanted to fuck me,
and I never find that pleasurable so I have a quota of like once a year. [Laughs] But I really wanted to do it with him, because it was him, he was fun, and he made things comfortable. And I did find it pleasurable. But when he was fucking me, his condom broke, but he told me, “Don’t worry. I’m on PrEP.” ~Darnel, 36, Black

Darnel had previously relayed to me how he saw PrEP as something that gave guys an excuse to behave irresponsibly, but his experience with the doctor changed his mind. He elaborates, “It wasn’t like, telling me he’s on PrEP first thing so that we could be bare. So, it’s something I’m looking into now, because I just like I felt I don’t want to put bottoms in a situation where they have to second guess.” The doctor, likely given his medical training, used PrEP in conjunction with condoms as is advised on the packaging. While Darnel knows that not all men use the drug in this way, the comfort he derived from this man’s racial and professional background allowed him to enter a new sexual position and recognize PrEP’s benefits from a new vantage point.

Of course, as expressed earlier by Noah, not everyone seeks familiarity in their relationships, and many men see the “exotic as erotic” (Bem 1996). Indeed, when subjects did have an out-group racial preference, there was ample evidence of the fetishization of racial difference in my interviews. However, I do not dwell on that here, since it has been thoroughly documented in numerous studies (Farly 1997; Murji and Solomos 2005; Raj 2011). I instead focus on how certain practices become reserved for men of different races and how racial meanings get attached to bodies during the course of sex in ways that affect risk.

Bodies Become “Raced.” There is a long history of, thoroughly debunked, scientific racism regarding differences in bodies (Morning 2014; Hammonds 2009). However these essentialist narratives of racial difference still play a substantial role in my findings. Racial groupings are socially constructed and ample scholarship has detailed the substantial genetic variation that exists within, rather than between races (AAA 1998). What is interesting, however, is the extent that my respondents hold these claims as true and use them to justify approaches to
sex based on how they believe they compare to others. What matters isn’t which race has tighter holes or larger poles, but whether sexual experiences unfold differently because of *perceived* associations between race and physiology.

One of my respondents, Spencer (28, White), who runs his own start-up, tells me that his ideal man has “a classic look, a James Dean type.” Since he has described a White archetype, I ask him whether this has been his preference historically and he confirms that most of his partners are White men. He quickly expounds however, that this pattern goes beyond mere aesthetics:

“...I’m so tight and so many people don’t have patience to work it in correctly. So, I don’t use condoms or water-based lube. Only silicone. When I have tried condoms, three or four times, they break. I wasn’t kidding when I said it was tight. So, *there are very specific parameters in terms of penis size that I find appealing, and that tends to be White guys.*” ~ Spencer, 28, White

Spencer refers to the tightness of his anus necessitating just the right size penis – large enough to be pleasurable, but not so large as to be painful. His personal physiology is also related to his dislike of condoms, which can create friction, and his preference for White men whose anatomy complements his own. Given his predilection for barebacking, Spencer is on PrEP. Though, he tells me that he always fantasized about “getting bred” so he wasn’t using condoms long before PrEP. Again, we need not know the “real” tightness of Spencer’s asshole or the average penis size of a White man for this story to make sense. His sexual behaviors are motivated by his understanding of his own anatomy and that of others.

As a point of comparison, the looseness of “holes” can justify condomless sex just as easily as tightness. Another respondent, Daley (27, Black), who prefers men who look different

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29 Sexual lubricant which decreases friction for anal sex.

30 Letting a man ejaculate inside of his rectum.
from himself, “like Asian, Middle Eastern, and Latin men,” tells me why the last time he had sex wasn’t satisfying.

“The last hookup I had was kind of boring. It wasn’t the best because … to be blunt… he could have been tighter. So I was finding it hard to finish, because he was too loose. During it, I thought about how he’s probably been with too many other guys.”
~ Daley, 27, Black

Daley didn’t use a condom during this encounter. He tells me directly that this is “because I’m on PrEP.” He also explains, however, that he “likes sex a lot” and has it “pretty much every other day.” Given this frequency, he suggests that finding looser guys isn’t unheard of. PrEP (without condoms) provides one option for maintaining sensation.

The relationship between body parts and sensitivity was most commonly discussed with respect to foreskins. One respondent, Jeff (55, White), who works as an accountant, demonstrates how his foreskin affects both pleasure and risk. He says, “Being uncircumcised, I need my foreskin to be able to move freely. That’s where the best sensation is, at the head of your dick. And condoms cover that. So, it’s very rare that I can even cum while fucking with a condom.” Jeff is interested in PrEP for this reason. There is some debate among epidemiologists about the relationship between circumcision and HIV transmission (Parini-Roses et al 2013; Larke 2010; Hill 2007).

What matters for my purposes is how the foreskin was frequently used as a proxy for race in order to filter out partners of color. Another respondent, Carlo (25, Hispanic-White), works in a hospital and is very familiar with statistical disparities in HIV transmission. He credits this knowledge for why he prefers to sleep with White men who are “lower risk.” However, he has found that many are not interested in him. “People don’t discriminate against me directly for being Hispanic, but one thing I hear a lot is ‘I’m not into uncircumcised.’ But, like, I’m a bottom. I’m not even asking you to suck it. Why does it matter?” Indeed, this prejudice was confirmed from the

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31 Uncircumcised.
perspective of a White respondent, Doug (27), who said, “One racial difference that does come to mind, like sometimes with a Black or Latino guy - they’re uncut. And it’s ... uncomfortable, it just doesn’t come with an instruction manual.”

While the penis is more frequently racialized than any other body part, the size and hairiness of asses also came up occasionally. One of my respondents, Drew (31), who is White, tells me that he, “like[s] Asian boys a lot. And the reason I like topping Asians is that their asses are so smooth. It’s much easier for rimming. I enjoy giving pleasure to them.” Drew tells me that he usually finds Asian men on BBRT, a website specifically dedicated to bareback sex. He says a large part of the fantasy is breeding Asian men, “You know, we might roleplay. I’ll be the foreign customer. He’s the shopkeeper who doesn’t speak English. And I pay with my seed.” Even though he has a regular pattern of barebacking, Drew is uninterested in PrEP because he is wary of the side effects and doesn’t like the surveillance of regular STI screenings. This provides one example of how configurations of race, fantasy, and personal protection may disadvantage certain groups – in this case Asian bottoms. PrEP still shapes Drew’s sexual behavior, however: he tells me that when he finds men who are on PrEP he considers them safer than average if they are on the BBRT website, but riskier than average if found on a regular dating site. Again, risk is relative.

Finally, in addition to bodies becoming raced, the way people interact with them can be patterned by race in the minds of my respondents. One of my HIV positive respondents, Jaye (44, Black) works as a flight attendant. Consistent with the courtesy demanded by his industry,

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32 Hairless.
33 Anal oral sex.
34 He will cum inside him. His “payment” is the sperm from breeding.
our conversation is very animated and congenial. He speaks candidly about his preferred sexual activities:

“I’m gonna be honest with you, Black guys are great sexually [Laughs]. However, I like toys. Especially being HIV+ that’s one thing that is safer to do. But Black men are not into that. They like freak out. When I pull out my dildo collection they’re like, ‘What do we need that for?’ They aren’t into experimenting, so I don’t even ask anymore.”

~Jaye, 44, Black

Jaye’s experience with Black men leads him to perceive a distaste for anal play with toys, even when it may be safer than penile-anal intercourse. Over time, he has adjusted his expectations for different groups of men in ways that constrain the options of sexual play and limit the menu of risk-averse activities. Of course, as a “poz guy,” Jaye isn’t a candidate for PrEP. He tells me he wishes it had been available when he was younger but suspects he probably wouldn’t have taken it because he is very skeptical about putting chemicals in his body.

DISCUSSION

A relational perspective on risk allows me to identify three factors that shape respondents’ thinking around risk and may be generalizable to other situations outside the context of PrEP.

First, I document how respondents think about risk as a relative concept, not a finite number or a dichotomous indicator of being “at risk” which they internalize and associate with their person. This “theory of sexual relativity” is too cute by half, but its explanatory power is evident in how respondents adjusted their expectations of risk relative to (1) previous instances where they had engaged in the same behavior, (2) different types of sexual behavior viewed as more or less dangerous, and (3) comparisons to other people. Increasingly, physicians are learning the

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35 Usually dildos, butt plugs, anal beads, and the like. In this case he means anything that aids penetrative sex without a penis, which is riskier for HIV transmission.

36 HIV positive person.
importance of taking the sexual histories of their patients (Loeb et al 2011). Sociologists of sexuality have long dealt in narratives, but can pay greater attention to the points of comparison that arise from these stories.

Second, my respondents’ stories show that the relationship between intimacy and risk is incredibly complex. Existing studies of inequality in HIV transmission have focused on intimacy as a motivation for condomless sex (Golub 2013), but my work shows how equating intimacy with condomless sex misrepresents the diversity of types of sex people have. Sometimes intimacy leads to security and other times it makes people feel emotionally vulnerable, as in the case of Luke’s lost erection. Importantly, as indicated in the case of the DL, racial homophily is often a factor that respondents associate with the familiarity that leads to intimacy. Since studies of HIV inequalities have noted the important role of social networks in disease transmission, cultural affinities deserve greater attention for their role in crafting these racially homogenous networks.

Finally, by combining symbolic interactionist and relational perspectives, I illuminate the various ways in which specific features of the body become racialized. Beyond surface-level descriptions of stereotypical thinking, this analysis further showed how men would interact with body parts differently depending on the race of a subject. These perceptions of biological difference shape sexual interactions in ways that relate to risk. While this section of findings presented a slew of independent examples rather than any consistent logic of how this racialization usually takes place, it also highlights the utility of the relational perspective which brought our attention more fully to the bodies and physicality that define sex. This “carnal knowledge” (Wacquant 2011) is essential for the sociology of sexuality because, while discourse and meanings are fascinating in their own right, they only come to affect sexual risk when they
are enacted through and upon bodies. Additionally, it may be the case that the logic of how bodies become racialized is almost entirely unconscious at the level of interpersonal interactions. Respondents’ draw from societal hierarchies of desirability (Green 2007) when they practice and even when they defy the typical ways of sexualizing race. Here we see where the demographic studies on macro-level determinants of HIV transmission meet the micro-sociological relations that play out in the bedroom.

How does this new perspective on risk increase our understanding of PrEP? Although I did not set out to evaluate the hypotheses of Race and Dean presented earlier, revisiting their analyses in the context of my data brings many new insights. The “paradox of the planned slip-up” described by Race manifests in the words of respondents like Doug who don’t intend to have condomless sex, but realize that they are consistently putting themselves into positions where this may be out of their control. In this example, the planning and the slip-up are evident. Doug plans ahead by using PrEP and prefers to get fucked doggy-style which involves greater submission and can lead to a slip-up. However, the “paradox” described by Race seems entirely resolved, since all individuals hold contradictory conceptions of themselves at any given time. In this case, theorizing the relationship between risk and intimacy allows Doug to mentally separate sex with FWB’s from sex with his stable partner. They are different social worlds and different worlds of risk. PrEP doesn’t apply in both of them, but he takes it because he knows he moves between them.

Dean’s hypothesis that PrEP is incompatible with the fantasy of bareback sex is also simultaneously true and untrue. It is true in the extent to which men identify with a sub-culture of barebacking that is anti-homonormative and rejects the organization of sexuality around questions of health entirely. This may be the case with respondents like Drew who utilize
websites like BBRT to pursue strictly bareback encounters. Drew engages with fantasies around breeding that a condom would interrupt, and he doesn’t utilize PrEP because he doesn’t want to have frequent STI screening data stored in any hospital’s central computer. Indeed, this aversion to the cataloguing and processing of gay men’s bodies seems very much in line with the subjects of Dean’s own research. However, theorizing risk as a relative concept demonstrates that even respondents like Drew will mitigate risk whenever possible, and this is where Dean’s hypothesis misses the mark. Drew describes how he actively seeks out men who are on PrEP when he is on barebacking websites but avoids men on PrEP when he is on other online dating apps. This is because Drew imagines the former group to be less risky than men who bareback without PrEP but imagines the latter group to be more risky than those who don’t bareback at all. That mental algorithm may take a second read to break down, but the larger point is that Drew is comfortable exposing himself to a certain degree of risk and he compares his potential partners relative to one another in order to place boundaries around which he can enact his fantasy with minimal worry.
CHAPTER 4

DOWN-LOW SEXUALITY AS CULTURAL PRACTICE:
RACIALIZED SEXUAL SCRIPTS
“I’ve had guys come on to me and they might be hitting on me or giving me signs and *I brush it off and ignore it, because I’m not out.* So, I’m always afraid of what they might share. *I don’t know anything about their lifestyle.* I much prefer to meet someone where I get to tell them, ‘Hey, before you get to know too much about who I am, *I’m not at all interested in living out.*’”

~ Jackson, 36, Black

The above quotation comes from a man who knows what he wants. His words don’t indicate confusion about gay life, but rather a lack of interest in it. He acknowledges and accepts his sexual desires for male contact, contrary to the portrayal of many closeted men whose internalized homophobia renders them unable to cope with their feelings. He depicts the homosexual social world as a particular lifestyle and draws moral boundaries between his way of experiencing sexuality and that of out and proud men who adopt the moniker “gay.”

Jackson considers himself to be “down-low” or DL. This designation, at times an identity label and at other times a way of describing temporary sexual practices, signifies the experience of men who engage in sexual behavior with other men but keep their behavior a secret. DL men often, but do not always, simultaneously maintain relationships with women. This fact became a focal point of early media representations of the DL in the late 1990s and subsequent public health studies interrogating whether these men might form a “bisexual bridge” for HIV to be transmitted between the gay and straight communities. Early media representations were critiqued for wrongly casting DL sexuality as unique to Black men and enforcing stereotypes of Black men as homophobic, sexually promiscuous, and deviant. This folk DL character demonstrates incredible staying power and is still very much alive in the minds of interview respondents familiar with the terminology. Similarly, although the public health debate around the DL came to a rocky conclusion as studies increasingly showed that DL men actually engaged in *fewer* risky sexual behaviors than gay-identifying men, these studies cemented rigid categorical notions of the DL to statistically evaluate their hypotheses. The DL, as an empirical
object, has alternately been treated as an identity (Bowleg and Raj 2012), a temporary step in the social process of coming out (Pettaway et al 2014), and as a relationship configuration involving a stable female partner and occasional male lovers (Rodriguez and Rust 2000; Malebranch et al 2010). I follow the work of sexuality scholars such as Jane Ward and Hector Carrillo in conceiving of the DL as a cultural practice.

Scholars studying the sociology of sexuality have experienced a new “cultural turn” in their analyses of sexual orientation categories. Interviews with DL men like Jackson reveal how the term can best be understood through a lens of sexuality as cultural practice. None of the three analytical frames typical of DL research (identity, social process, relationship configuration) has adequate explanatory power across the vast diversity of experiences that bring respondents to DL behavior, and each comes with important unintended consequences that negatively impact both theorizing and outreach to members of this community. While social constructionism, and the cultural forces shaping it, have been central to theorizing around sexuality since the field’s origins, recent work has adopted a nuanced view of culture which makes use of tools like scripts, frames, and social boundaries to explain both the typical practices of a group and the individual attributes that lead to divergence from the predicted pattern. This theorizing can account for both cultural constraint and individual agency. Our understanding of practices that muddy the borders of existing social categories, like “down-low” sexuality, particularly benefits from such a treatment.

Jane Ward’s (2008) innovative analysis utilized Craigslist postings to theorize that DL men are not closeted gay men but truly heterosexual men who borrow from different “cultural spheres” to engage in homosexual relations while simultaneously bolstering their masculinity. Subsequent research uses similar frameworks in larger-scale Craigslist studies (Robinson and
Vidal Ortiz 2013), which further categorize the cultural forms of DL expression, and interview projects asking how Black men who have sex with men and women self-identify (Han et al 2013). However, there has been no comparative interview study which attends to the diversity of cultural practices that DL men of different racial backgrounds enact. Previous cultural investigations of the DL have emphasized that masculinity-enforcing and intimacy-reducing sex acts are two common practices defining this group, and that behaviors cut across racial lines. It is time to take the project of theorizing sexuality as culture seriously by analyzing variation in the forms of DL lifestyle directly. How central are various cultural practices to the endeavor of doing DL sexuality? How do different social circumstances lead some individuals to embrace these practices and others to abandon them? How are these circumstances related to race?

I conduct in-depth, in-person interviews in a Northeastern metropolitan area with 18 White and 18 Black men who engage in sexual relations with men to understand how they describe and understand DL sexual activity. Importantly, my sample contains men who identify as DL, as well as those who have sexual experience with DL men, and others asked to express their expectations of the DL. This diversity is leveraged to identity divergence between cultural practices emphasized as intentionally displayed, those observed by sexual partners, and those which comprise others’ role expectations.

I argue that both White and Black DL men define their sexuality by drawing boundaries against an out-gay lifestyle, which they associate with promiscuity and the spaces (namely bars) gay men occupy. However, White DL men seek this social distance to pursue a more traditional (hetero)sexuality while Black DL men often see being an out-gay as “White” behavior. Further, both groups face social expectations to display masculinity and avoid intimacy, but practicing discretion in sexual encounters can allow them to violate these expectations. Both groups also
describe their behavior as discreet, but their partners more frequently link Black DL men’s secrecy to recklessness. Finally, race also shapes which men are viewed as inherently masculine (decreasing the need for gender performance) and which men are seen as suitable “regular” sex partners (increasing the intimacy of encounters). These findings offer important lessons for studies of heteroflexibility and homonormativity. Additionally, they show how viewing sexuality as cultural practice prioritizes understanding how respondents’ social circumstances, from others’ perceptions of their bodies to the length of their sexual partnerships, shape their behavior and self-understandings.

In what follows, I summarize scholarship in the sociology of sexuality which theorizes the DL through a lens of sexuality as cultural practice. I highlight useful findings and analytical tools derived from this literature, but critique existing studies for a lack of attention to racial variation in the forms of DL lifestyle. Second, I review my data collection and analysis methodology for my interview sample which is stratified by Black and White respondents to compare how experiences and expectations of the DL vary along racial lines. Third, I present select interview quotations to analyze descriptions of the DL lifestyle, how race shapes displays of masculinity and intimacy, and the role of discretion as a defining cultural script. I conclude by discussing the implications of my study for assessing the relevance of the new preventative HIV medication Truvada for PrEP for the population of DL men.

**Sexuality as Cultural Practice**

My exploration of sexuality as cultural practice begins with a review of early writings on the modern concept of homosexuality, progresses to a discussion of the utility of scripts as a theoretical tool for examining cultural practices, and ends with a summary of the empirical
literature on the down-low from the sociology of sexuality. My goal is to enumerate the theoretical building blocks that can be used to conduct an analysis of the DL akin to Howard Becker’s (1953) *Becoming a Marihuana User* – that is, rather than identify any underlying propensity to be DL, I want to examine conceptions of the DL and discuss any variations in practices.

Culture plays a fundamental part in writings on the modern social construct of homosexuality, and this can be seen quite clearly in the foundational works on which sociologists base contemporary understandings of the term. Mary McIntosh’s writing on the homosexual role begins with an explanation that this social category does not exist in all cultures and certainly not in its modern form (Mcintosh 1968). She points to both institutional factors (such as psychiatric diagnoses and criminal convictions) and cultural conceptions which reinforce the role. And, as is central to role theory (Merton 1957), she explicates the expectations placed on the role such as effeminacy in manner, personality and preferred sexual activity.

Similarly, Laud Humphrey’s (1970) analysis of the practice of men conducting sexual rendezvous in St. Louis public restrooms places primacy on understanding the “rules of interaction by which people manage their identities, create impressions, move toward their goals, and control information about themselves” (p. ix). Importantly, 38% of Humphrey’s subjects identify as neither homosexual nor bisexual so incongruity between the private and social selves becomes a focal point of his analysis. He argues that family status and occupational independence predicts his subject’s predilection for involvement in the homosexual subculture.

Finally, the cultural forces shaping sexuality are entirely evident in Foucault’s (1976) work since he analyzes how different meanings become attached to it as it is employed for a tool for different kinds of power. In particular, Foucault analyzes discourse on sexuality and uses the
example of “the perverse” homosexual to argue that power is not inherently repressive but uses different meanings of sexuality as a conduit for social control.

Each of these theorists of homosexuality provide different perspectives for examining the cultural practices of the DL. McIntosh examines role expectations just as I examine how the partners of DL men expect them to behave. Humphrey’s ethnographic study utilizes an interactional perspective and accounts for social distance from the gay subculture, which is a defining feature of DL life (Gonzalez 2007). Foucault provides the idea of discourse which helps us understand how public health scholarship has attached certain meanings to the DL. Since each of these perspectives, emphasizing expectations, interaction, and discourse, respectively, relate to the primary features of scripts (Gagnon and Simon 1973), scripting theory provides excellent analytical tools for studying the DL.

Cultural Scripts. Scripts have become central to contemporary cultural analyses of sexuality and can be conceived as social guidelines for attaching meanings to behaviors. “Scripts are involved in learning the meaning of internal states, organizing the sequencing of specifically sexual acts, decoding novel situations, setting the limits on sexual responses and linking meanings from nonsexual aspects of life to specifically sexual experience” (Gagnon and Simon 1973, p. 17). Through these avenues, sexual scripts provide ways of thinking about and doing sex. They influence but do not determine behavior.

The sexual script approach of symbolic interactionists has been applied to a diverse array of research topics including the sexual beliefs of emerging adults, analyses of sex-work practices, and public understandings of sexual diversity (Schalet 2010; Sanders 2008; Gamson 1998). Schalet (2010) compares Dutch parents’ scripts of tolerance for young love with American’s stricter guidelines regarding teen sex. Fields (2007) finds that sex education
programs often preclude scripts emphasizing pleasure, which reinforces students’ negative feelings about women’s sexuality. In work analyzing the sex industry, Sanders (2008) argues that commercial sex work often follows traditional romantic scripts and (Braithwarte et al 2015) studies how pornography exposes consumers to diverse sexual scripts which may alter their behavior. Public understandings of sexually deviant groups are also shaped by sexual scripts as indicated by Gamson’s (1998) study of talk-show media portrayals of gender nonconformity and Moon’s (2004) discovery that homosexuals feel unwelcome in Methodist churches that view them as perpetually pained rather than equals.

While most studies of sexual scripts emphasize the origin of commonly-held beliefs, scripts are also a useful tool for understanding individual agency and divergence from sexual norms. Masters et al (2015) argue that cultural level gender scripts carry hegemonic meanings that are more negotiable at the dyadic level, which leads the authors to identify various mechanisms through which scripts can be rewritten. Similarly Gonzalez-Lopez (2005) argues that Catholic Mexican women create “emancipatory sexual moralities” (p. 166) which allow them to reconcile personal failings with the beliefs of the church regarding birth control, abortions, and infidelity. Finally, Shayne Lee’s popular (2010) book analyzes how Black female celebrities use their platforms to cast themselves as, and inspire other women to be, agentic and empowered in their sex lives. This last strand of research on scripts shows how this tool of cultural theory lends itself to understanding subversive sexual acts, which will be particularly relevant when studying stigmatized groups like DL men.
Scripting the “Down-Low”

Scripting theory examines scripts at three levels: cultural scenarios, interpersonal scripts, and intrapsychic scripts (Simon and Gagnon 1984). The broadest level of analysis lays out a general imagined cast of characters and the relationships between them and is frequently projected in institutional contexts (such as news media). The second level adapts cultural scenarios to the particulars of a situation of interaction through shared conventions, and the final level refers to imagined social circumstance such as fantasies or expected encounters. Therefore, scripts are not synonymous with behavior, since an individual’s unique sexuality may make scripts feel incompatible with their social situation at any level of application. However, they should still feature prominently in DL men’s narratives of self (Bamberg 2011) and should allow us to understand how expected cultural practices differ between men of different races.

Lest the earlier review of public health scholarship give the impression that all studies of the DL have been shaped by medicalization (Conrad 1992), I now explicate on a few studies with direct bearing on my subject. These studies do not frame their enterprise as applications of scripting theory, but comprise the most contemporary research on down-low sexuality as cultural practice. Most notably, Jane Ward’s (2008) examination of Craigslist postings by self-identified str8 (heterosexual) men seeking same-sex sexual encounters theorizes that gayness and straightness should be examined as “cultural spheres.” Through this lens, the homophobic language and behaviors expressed by DL men is best understood as a subjectifying practice that bolsters their heterosexuality. Race also plays an important role in her analysis, since her subjects express desire for White archetypes like the surfer dude when requested encounters entail male bonding but Black/Latino archetypes like the “thug” when seeking the opportunity for anonymous and impersonal sexual submission. This further introduces the idea of power
dynamics and hierarchy in interracial pairings. Ward’s method of analyzing Craigslist postings was reproduced in a larger-scale study examining 357 advertisements in the northeastern and mid-west United States (Robinson and Vidal-Ortiz 2013). This study also found that White DL men seek out non-White men to fulfil fantasies based on racial hierarchies, dominance and submission. However, unlike Ward, the study attempts to categorize the prevalence of various sexual practices. It finds that oral sex was more sought after than anal and that more than half of men expressed a desire to bottom, countering expectations that DL men prefer masculine-typical sexual positioning. Further, 43% of DL men were White and 43% were Black, showing that, although DL discourse still focuses on Black men, the identification has been appropriated across racial lines.

While studies of online sexual solicitations provide an excellent window into DL men’s partner-seeking behavior, interview studies can access narratives of sexual encounters and sense-making around sexual preferences. Carrillo and Hoffman (2016) use an online chat function to interview posters while maintaining their subjects’ anonymity. In conversations with 100 male posters who identify as straight but seek sex with men (not necessarily DL), and 40 of their sexual partners, they argue that part of what draws men to this behavior profile is the desire to escape traditional confines of masculinity in a private space. They use the term “heteroflexibilities,” in the plural, to emphasize the different logics of interpretation used by different subgroups of men. However, their sample is predominantly White and did not sample for saturation in different racial categories. Han et al (2013) provide a good example of how interview studies can approach sense-making around the DL within a particular racial group. They interview 60 Black MSM and MSMW and find that these men reject what they describe as a “White” way of expressing same-sex attractions. The DL allows them to express their desires
without adopting the moniker “gay” and therefore minimizes the double jeopardy of experiencing both racial and sexual discrimination. Finally, Gonzalez (2007) utilizes ethnographic observations of a New York hip-hop club to study Latino men on the DL. This study perfectly explicates how a cultural treatment of the DL would benefit the public health perspective as he writes:

HIV prevention messages directed to his age and ethnic group, were not coded with the gender and cultural values he and the other men at the club displayed. Had he gone that night to a club in a gay ghetto, Pepe would have been bombarded with unsafe sex warnings, and free condoms would have found their way to the back pocket of his enormous jeans. To do that, Pepe may have had to relinquish his preferences in music, peers, and the way of being a man. Most importantly, to contemplate going downtown he would have had to think himself Gay. (p. 41-42)

With the advent of the new preventative HIV medication, Truvada for PrEP, public health researchers have hypothesized that a gay identity commitment may be a necessary precursor for use of the drug because of its close association with gayness. My analysis of DL sexuality as cultural practice can highlight the variation in the DL to assess PrEP’s relevance and appeal among this population.

In sum, existing studies of the DL in the sociology of sexuality have illuminated a number of areas where respondents may be drawing from cultural scripts to understand their behavior. These include discussions of intimacy, masculinity, race, and discretion. While two studies (Carrillo and Hoffman 2016; Han et al 2013) have included both DL and non-DL men in their interview samples, both paid insufficient attention to divergence between partner’s expectations of the DL and DL men’s own experiential accounts. This point of intervention is crucial for understanding how scripts operate at the level of cultural scenarios and interpersonal interactions. Finally, while online studies (Robinson and Vidal-Ortiz 2013; Ward 2008) have undertaken systematic comparisons of DL partner seeking behavior across racial groups, no
Interview work has made racial comparisons the focus of their analyses of cultural practices. I now explain my research design to show how my project will address these shortcomings.

**METHODS**

Interview research is well suited for answering questions about social processes and meaning making (Weiss 1995). Since I want to learn about how DL men and their partners think about sexual encounters, in-depth interviews provide a window into their reasoning about desires and glean accounts of the process through which they identify and pursue potential partners. I conducted 36 in-depth, in-person interviews with men who engage in sexual relations with men\textsuperscript{37} in a Northeastern metropolitan area over the course of a year starting in September 2015. Interviews lasted between 45 minutes and 2.5 hours with the average interview running 74 minutes. Interviews were recorded with oral consent. Hand written field notes were utilized to flag respondents’ emotional displays and mannerisms (Pugh 2013). Interviews were transcribed and imported to a qualitative analysis program for coding.

The metropolitan area I selected for this study is home to many universities and LGBT research centers, which would provide respondents better versed in gay issues, as well as a geographically concentrated Black community where I would travel for recruitment. My respondents ranged in age from 18-77. My sample was comprised of 9 men who self-identified as DL, as well as 18 who had experience with DL men, and 9 of those who discussed their expectations of DL men. This diversity allowed me to analyze self-definitions by DL men, as

\textsuperscript{37} I prefer this terminology to the typical designation men-who-have-sex-with-men (MSM), since MSM is readily associated with a public health framework. Additionally, it has become synonymous with gay men (Young and Meyer 2005), thus excluding the very populations it was designed to include. Finally “sexual relations” stresses the relational perspective of this paper which views the DL and gayness not just as penetrative sex acts, but embedded in varying social circumstances that need to be scrutinized.
well as accounts of sexual experiences from their partners, and broader reflections on what DL sexuality means for the gay community.

My sample was stratified by respondent race since previous work on the DL has established that, contrary to popular media conceptions, the sexuality is not confined to a single racial group. I interviewed both White and Black respondents (18 of each group) since the former represent the racial majority in my research site, as well as nationally, and are the racial group least commonly associated with the DL and the latter are the minority group most commonly associated with DL sexuality. However, since DL men are represented in both racial groups in my sample, I pay particular attention to how the sexuality may function differently along racial lines.

Respondents were recruited via two primary avenues. First, in line with current sexuality interview research (Blackwell, Birnholtz, Abbott 2014) I utilized two dating apps and a website available on my password-protected mobile device where I was able to construct profiles identifying myself as a researcher and providing a brief description of my project. The first app appealed demographically to younger, primarily White men in the local university part of town, since its range was restricted by geolocation. The second app allowed me to more easily identify respondent characteristics such as race and also included the option of expanding the search geography to reach areas with lower-income respondents. The final website allows users to place personal ads for arranging dates and hookups and was particularly useful for contacting older respondents and those with more clandestine sexual behaviors. For my second avenue of recruitment, I went through two gate-keeper organizations related to LGBT social organizing. For each organization, I contacted the leader and asked him to circulate a flyer (usually sent via email list-serv) including a description of my research which called for volunteers. The first
group catered to primarily older respondents of diverse economic means who seemed to place a great deal of importance on their gay social lives. The second group attracted men of diverse ages who were involved in social activism around issues of race, ethnicity, and immigration.

In addition to the demographic variation accessed by this dual recruitment method (Kristensen and Ravn 2015), I was particularly concerned with reaching men both on and offline due the primacy of sexuality in this project. Limiting my recruitment only to dating apps would risk neglecting the many individuals who aren’t actively pursuing sexual and romantic encounters online, but who still partake in sexual activities in a variety of ways. Conversely, studying only social organizations related to LGBT identity would not allow me to access the DL men would partake in gay sex but do not consider themselves active members of “the community.”

My interview guide covered the following topics: relationship status, current sexual activity pattern, involvement in sexual communities, friendships, sexual identity and coming out, unique challenges facing the respondent’s age- and race-group, and questions about sexual health including exposure to HIV/STI’s, condom use and safe sex practices. I explicitly inquired about the DL in the section of the interview when subjects discussed coming out and when discussing social markers they use for determining potential partners.

Interviews were conducted in an office setting on a university campus. This provided convenient access for respondents to public transportation. The reserved room had a sound-proof seal, which I pointed out before each interview to assuage any concerns respondents had of being overheard. While this setting did not allow me to observe respondents in their home communities, it provided a sense of legitimacy to the interviews that greatly relaxed fears regarding disclosure of rather sensitive information of a sexual nature (MacDougal and Fudge...
In fact, many respondents said that they had been contacted by researchers previously but felt the work wasn’t “legit” because the researchers failed to provide an adequate description of the project or wanted to meet them in too-intimate a setting. Therefore, perhaps counter-intuitively, the institutional nature of the research site seemed to assure respondents that confidentiality was not taken lightly. Additionally, my speech and mannerisms likely made me identifiable as a gay man. This aided in speaking a common language with many of my respondents. I do not believe, based on the rich quality of my data, that my Whiteness or gayness hindered my interactions with minority respondents or those on the DL.

My analytical strategy involved a variation of grounded theory (Charmaz 2001; Glaser and Strauss 1967) that coupled an emphasis on identifying themes inductively with the deductive application of categories gained from an extensive preliminary readings on sexuality as a cultural practice. To guard against selectivity in data use, I wrote ~3 page memos directly following each interview to properly document the flow and emphasis of the conversation with particular attention to the main themes each respondent tried to get across. This ensured that later readings of transcripts could not distort the respondents’ intentions or the context of their words. Transcripts were coded in a qualitative analysis software program that allowed me to pull up quotations by coding category to continuously verify the scope of each codes’ usage and identify any necessary sub-codes that should be constructed. I coded each transcript twice, re-applying the completed coding scheme from the first round to correct any coding errors and determine whether meanings had shifted over the course of my coding.

My data and method do have some limitations. First, I did not include an ethnographic component in this study which would allow me to observe sexual behaviors in real time. Other studies of homosexuality have implemented this strategy with varying degrees of success.
(Humphreys 1970; Dean 2009). However, I am most interested in understanding respondents’ narratives (Lamont and Swidler 2014), so their interpretations of their sexual behaviors should have more bearing on DL identification. Additionally, I was able to build rapport with respondents which increased the likelihood of honest accounts. On two occasions, respondents were friends with previous interview subjects which provided me with confirmatory accounts of the previous interviews. Second, only nine respondents identify as DL. However, 18 respondents recounted sexual experiences on the down-low and 9 respondents were asked to reflect on this social phenomenon which provided ample data on expectations of the DL role. Further, in-depth interviews provide substantial data for understanding the meaning-making of DL men allowing me to analyze their accounts much more thoroughly than I could with a larger sample (Small 2009). Finally, my White sample is slightly older and wealthier than my Black sample. This is likely due to the slower rate of acceptance of homosexual behaviors in the earlier generation of Black men (Hammonds 2004) and persistent economic inequality along racial lines. However, accounts of sexual beliefs and behaviors were treated with caution to identify the influences of age and social class. This approach utilizes diversity in the sample as analytical leverage for greater understanding of findings.

RESULTS
To set the stage before analyzing the conceptions, expectations and experiences of DL men, two preliminary findings provide confirmatory evidence for existing studies and support my use of cultural scripts as an analytical tool. Table 8 demonstrates why standard definitions of the DL do not accurately describe this phenomenon.
First, as was the case in Robinson and Vidal-Ortiz 2013, an approximately equal number of White and Black men identified as DL in my sample (five White men and four Black men, comprising 15% of my total respondents). This is further evidence that the DL is not a strictly Black phenomenon. Second, none of the rigid categorical definitions of DL utilized in the public health literature was found to be universally applicable to these respondents. The DL cannot be defined as an identity category synonymous with bisexuality, since only a third of the DL men identified as bisexual. The DL cannot be defined as a relationship configuration, since only a third of the DL men were currently in a relationship with a woman while sexually active with men. Finally, the DL cannot be defined as a step along the social process of coming out, since only two respondents used to consider themselves DL but now identifies as gay and others spoke adamantly about the permanence of the designation. While my sample is not representative of the total US population of men who engage in sexual relations with men, the fact that each of these categorical definitions falls apart under the scrutiny afforded by even a small qualitative
sample supports my decision to instead study the variation of cultural practices DL men experience and scripts regarding expectations placed upon these men. The remaining four columns of Table 8 provide a reference to track the findings described in the next sections.

**Boundary Work against an Out-Gay Lifestyle: Promiscuity and Gay Bars**

The quotation that opens this chapter characterizes living on the DL as a distancing strategy from an observed (or imagined) gay “lifestyle.” For Jackson, being DL is not about his discomfort with male-male sexual encounters, but about a distaste for the package of values, behaviors, and social settings associated with living as an out gay man. Respondents who draw from this script emphasized two primary axes of meaning (Tavory and Swidler 2009) which they used to draw moral boundaries (Lamont and Molnar 2002) between their way of living and the lifestyle of out-gays. First, living as an out-gay is described as necessitating promiscuous behavior. DL men mention the seemingly indiscriminate desire of gays to sleep with a vast quantity of partners and engage in lewd or risky behaviors. The partners of DL men similarly confirm their attraction to them is partially based on their more selective manner of approaching hookups. Second, DL men occupy different social spaces than out gays – avoiding gay bars and meeting potential male partners through discreet online forums or non-sexualized public settings. This physical and digital separation serves the dual purpose of maintaining anonymity and increasing the likelihood of encountering the “type” of partners DL men desire.

For Black men living on the DL, the promiscuous gay lifestyle was often tied to the idea of Whiteness. Jackson describes how his first interracial relationship with a man convinced him not to become involved with others like him.
“The first White guy I was with - I know I shouldn’t say this – but he is probably the reason I don’t really trust gay people. I know it shouldn’t be that way because just because you’re gay what does that mean about your trust, but when it comes to “the lifestyle” - it’s so promiscuous.”
– Jackson, 36, Black

Jackson, a 36 year-old Black graduate student, expounds upon the numerous occasions where he had learned this sexual partner had been having secret meetups with other men during the time they were seeing each other. Although their relationship had never entailed a discussion of exclusivity, DL men observe that there are different norms around the frequency of sexual encounters for out-gay men. Further, Black men may note the (White) race of the characters in these narratives of promiscuity to reinforce their point. However, White DL men also see promiscuity as a negative feature of out-gay life which counters more “traditional” relationships.

Tom, who is a White, DL, 23 year-old volunteer for a political campaign hoping to one day become an elected official, describes the behavior of one couple who lives in the local gayborhood. He mentions their residence here as a sign of their integration into a gay lifestyle. He explains, “Their whole thing is to have group sex with other couples. Group swaps and all that bullshit.” He goes on to clarify that this behavior with multiple partners can be acceptable in “normal couples” if it is purely “experimental” or a “special occasion.” By contrasting the behavior of gays with what he perceives as “normal” Tom clearly relegates gay sexual behavior as foreign and other.

The male sex partners of DL men seem to verify this notion that DL men are less receptive to spontaneous or frequent sexual hookups. Shawn 40, a Black man who plays on gay sports leagues, indicating that he holds these views even as someone who lives an out-gay lifestyle, tells me, “If someone is really sexually aggressive and wanting to hook up right away, that alarms me when I’m looking for someone. Only if they’re out though. If they’re closeted,
that doesn’t occur to me as much.” When I ask him why he makes this distinction between spontaneous hookups with “out” men and closeted men he responds, “I figure someone who is DL is only doing it here and there. They probably have a girlfriend or whatever, but someone who is out is just very sexually active.” Similarly, Carlo, a Hispanic-White 26 year-old who works in a hospital setting as he prepares his med-school applications, tells me that, “DL men are very cautious and discreet about it. They don’t want anybody to know. You have to jump through so many hoops to get with them, whereas with someone openly homosexual, it can happen within a couple messages.” Over the course of our interview Carlo elaborated on three separate encounters with DL men speaking to his extensive experience with this group. He also tells me that, given his medical training, sexual health is something that weighs very heavily on his mind. Since the script of “gayness as promiscuity” remains dominant in even in the context of discussing the sexual health consequences of hook-ups, this pattern provides phenomenological evidence for the findings of some public health scholars (Millet et al 2005) that gay-identified men engage in riskier sexual behaviors than men on the down-low, counter to the sex-panics (Lancaster 2011) caused by the previous decade of DL media representations.

Importantly, the perceived differentiation in sexual behaviors of DL men and gay men also takes place in distinct social worlds. With respect to this second axis of meaning, both DL men introduced earlier (Jackson and Tom) mention gay bars as undesirable venues for socializing. Jackson relays one instance when a DL man visiting from Atlanta messaged him via online chat to ask him what he was up to that night. Jackson explained his plan to hang with some straight friends and the man replied, “Oh, that’s cool – I don’t do the gay clubs either.” This man’s open acknowledgement of gay clubs in a private online space paired with the desire to hang out publically only in straight spaces confirms that interactional scripts vary across
public and private settings. For instance, Walker (2014), who studies heterosexual women involved in relationships with men but secretly taking female partners, argues that the normative constraints on their sexual behavior are less powerful than the constraints involved in maintaining their public image. Similarly, Tom, whose political career aspirations might make him particularly sensitive to others’ perceptions explains, “I don’t like to go to gay bars. It’s just people I wouldn’t normally associate with. I can’t relate with them and they can’t relate to me. It just doesn’t mesh.” Tom describes a lack of interactional fit between himself and the clientele at gay bars. Beyond the potential of gay bars to publically expose one’s same-sex attractions, DL men express a lack of cultural matching (Rivera 2012) with men they meet in gay spaces. This separation of lifestyles, from the physical spaces they occupy to the form and content of their conversations that “just don’t mesh,” shows the value of viewing sexuality as deeply cultural; it affects the organization of our physical, temporal, and social lives (Halberstam 2005).

Gayness: Acting White or Just Unconventional? Both Black and White DL men draw from scripts describing promiscuity and a spatialized gay subculture when describing their social distance from an out gay lifestyle. However, there are also important racial differences in how they come to view the gay lifestyle as untenable. Black men often equate this promiscuous and bar-based sexuality to a “White” way of acting. One of my Hispanic-White respondents, Lucas 31, was in an interracial relationship with a Black man and recalls his boyfriend saying, “Black people think about being gay as a thing that White people do. So they think ‘Oh, you really just want to be White so bad that you are also gonna be gay?’” In this way, Black men view race and sexuality through an intersectional (Crenshaw 1991) lens and describe “gayness” as the White way of acting out same-sex desires.
This script of racialized sexuality may explain why the White DL men in my sample were more likely to have girlfriends and think of themselves as straight; the Black men who lived on the DL did so regardless of the presence of a female partner. Despite the disproportionate emphasis on Black heterosexual relationships in research on the bisexual bridge (Rodriguez Rust 2000), my findings lead me to hypothesize that this relationship configuration may actually be more prevalent for White men who identify as DL. For White men, living on the DL means conforming to a more “traditional” expression of (hetero)sexuality, which includes female partnership but does not include promiscuity or associations with the gay subculture. For instance, Jared, 62, is a White physician, who lived on the DL for the majority of his life before recently adopting a gay identity. He explains:

Gay behavior is more counter-culture. I’m very in the Culture. I go to temple. We didn’t have the models of traditional men who were gay. I was concerned about my standing in the community. It was easier to be straight as a doctor. And my mother would have keeled over into her grave if I didn’t marry a woman. Maybe you’d think this was internalized homophobia. But more importantly, I wanted to have kids! And you couldn’t have kids as a gay man. In many ways, I’m very traditional. I’m not a bar type.

-Jared, 62, White

Jared mentions several things here: gayness as counter-culture, his traditional Jewish identity, and the impact of these juxtaposed ways of socializing on his ability to raise children and have a family. In many ways, he conforms to the imagined DL character in literature that views the designation as a part of a social process—a temporary state on the way to fully discovering and disclosing one’s true gay identity (Decena 2008). Except of course, that Jared was never a closeted man. His wife knew he had same-sex desires, but the gay lifestyle of the “bar types” was simply incompatible with what he wanted. Jared’s experience is similar to that of McLelland’s (2000) subjects in his study of Japanese homosexual men who choose to marry women to start a family. He argues that this practice does not indicate a “failure” to adopt gay
identity, but rather serves as evidence of the strength of Japanese cultural values surrounding family.

Black and White DL men draw from similar scripts, but arrive at them from different social distinctions; gay life is seen as being too White or too radical, respectively. Jared eventually did adopt an out-gay identity which led to the dissolution of his marriage. This trajectory provides indications of how the nature of the DL may change going forward, since the legalization of same-sex marriage and increasing tolerance for homosexuality has led to a new homonormativity (Duggan 2003) defined by consumption, privacy, and domesticity mirroring heterosexual unions. This trend means White DL men may be more likely to carve out gay lifestyles which fit their values since gayness may be absolved of its perversity more easily than its cultural Whiteness.

In the next section, I investigate three of the primary scripts defining the DL lifestyle relating to masculinity, intimacy, and discretion. Importantly, I bring in many of my interviews with non-DL men here to examine the external expectations placed on DL men and to theorize about sources of departure from the expected pattern of behavior.

(Dis)Regarding DL Scripts: Masculinity, Intimacy, and Discretion

One of the most studied DL cultural practices is the extent to which these men display masculinity through their partner seeking behavior (Ward 2008) and preferred sexual positions (Robinson and Vidal-Ortiz 2013). Ward argues that DL men seek out racialized masculine archetypes such as the White, “bro,” “frat boy” when they want to chill as equals, but prefer sexual submissiveness when paired with darker-skinned men. Robinson and Vidal-Ortiz report that contrary to expectations that DL men will take a sexually dominant position as the insertive
partner in penetrative anal sex, about half express a preference for bottoming. Since masculinity is not constant across contexts, it is surprising that existing interview work has not identified the social circumstances that shape these displays.

Masculinity. My interview research did not explicitly ask respondents to enumerate the masculine-typed behaviors of DL men, but they frequently invoked these themes as they described their encounters. For instance, Samuel, a Black 22 year-old who is pursuing a degree in psychology as he works in clothing retail, says the majority of men he hooks up with have been DL. He gives a straight-forward explanation for this pattern of sexual encounters by saying with a shrug, “I am drawn to masculinity.” He recounts his last experience when left alone in a room with a friend’s straight cousin who he proceeded to orally service in silence before slipping back into the party. This circumstance of unspoken dominance on the part of his DL partner is characteristic of his experiences. He laughs when he tells me, “That was trouble! They should not have left me alone in that room with him.” Similarly, Sterling a 49 year-old White respondent says his work in publishing requires frequent hotel stays for business conferences, during which he will often court married men in the bar. He tells me that, “There’s just something about married guys. There’s a mystique in it,” and relays the optics of these encounters. “We’re both in our suits. They accept my invitation to watch a straight porn flick. And we just masturbate together.” Sterling mentions the professional male attire, the palpable cognizance of forbidden infidelity, and the event’s organization around heterosexual pornographic content. Halperin (2012) might call these components of the evening the masculine “aesthetics” of the DL lifestyle.

Of course, masculinity shapes both appearances and behaviors. I asked Timothy, a Black 28 year-old graduate student in the social sciences about the “masc4masc” online culture of men
preferring their partners to appear and act as masculine as themselves. His research training causes him to speak very analytically as he tells me it’s not something he buys into.

“I’m the very stereotypical big Black man. And I’ve had conversations about this with other Black men my size. Masculinity means very little to us. Because our masculinity is self-reinforcing and self-presenting. I don’t actually have to invest in it. It produces itself. So, I’m not very driven towards maintaining an air of hyper-masculinity or making sure everyone knows I’m ‘masc’ or only associating with ‘masc’ people and things.”
~Timothy, 28, Black

Timothy does not identify as DL, but his remarks on the physical embodiment of masculinity provide important context for understanding variation in behaviors, since his physical stature allows him leeway in his sexual practices.

If comfort and confidence in one’s masculinity is one pathway for nonconformity, a second is privacy. Jared, the White DL man who told his wife of his same-sex desires but married to start a family, at times strayed from his marriage. During these occasions he would orally service strangers in a rest stop off of a nearby highway. He described taking the passive role in these secret encounters as like “scratching an itch” before returning to normalcy as the family patriarch. Similarly, Roger a 56 year-old DL Black man who works in a recovery program for drug addicts says the confidentiality guaranteed by group meetings with those in recovery allows him to alter his behavior. He tells me, “I’m not more out today. I don’t show my gayness. A lot of my friends don’t know but in recovery they do know because I put it out in group level. It’s an anonymous circle, so I carry myself differently.” In these latter two instances, the physical separation from one’s normal life and the guarantee of confidentiality allowed for a reprieve from gender typical performance. However, these accounts also speak to the pervasive external value placed on masculinity even when DL men find ways to avoid its enactment.

**Intimacy.** One manifestation of masculinity is a lack of intimacy during sex. This often takes the form of selfishness and disinterestedness on the part of dominant partners. Therefore,
DL sexual encounters are frequently described as less intimate (Ross 2005), and this pattern can be seen in the previously recounted behaviors of my respondents who quickly and impersonally service straight men in a back room, hotel room, or rest room. However, DL men also experience deeply intimate moments and these situations, which likely hold great meaning, have been understudied. Jackson, who sees the gay lifestyle as too promiscuous, told me that he isn’t looking for a boyfriend but would ideally be able to find a guy friend with whom he could have a secret, lasting sexual relationship. He recalls one friendship with a married man in his apartment building where things crossed a line:

“He put his hands up my shorts going to reach for my dick – and I stopped him and then I said to him, ‘Hey.’ And he put his forehead on mine and just shook his head no. And I could tell that he recognized what was going on. And I said, ‘Hey, you know, we don’t need to do any of that – it could just be like this. We can continue to be friends. We could hug and pet, but we don’t have to go any further. I’m fine with this.’”

-Jackson, 36, Black

This portrayal, the two men’s foreheads resting on one another in a symbol of resignation, coupled with Jackson’s requests that they continue to practice a softer, comforting physicality involving “hugging” and “petting,” belies characterizations of DL men not needing intimacy in their male relationships. Jackson tells me that in previous sexual encounters he refused to kiss men, since he sees this act as even more intimate than the “rim jobs” he will perform on his submissive partners. However, his frequent meet ups “kicking it” with his neighbor led to a familiarity that allowed the two men to kiss and allowed Jackson to bend his usual rules. Existing research on “bud-sex” between White rural men confirms the relationship between regularity of partners and increased intimacy (Silva 2016).

One of my Black respondents, Ike, 27, who works for a home security company, had a recurring sexual relationship with a DL man over the course of several months. He reports a

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38 Analingus.
similar evolution in the relationship. He describes how at first, “I didn’t know, but he had a girlfriend! And I was ok with that. I mean, I felt uncomfortable. But then it made sense, because I knew where his time was going.” Later the two men stop using condoms, because of the (uncommunicated) shared understanding that Ike was “being safe” with other men and the DL man only had his girl. This serves as further proof that their relationship was unique compared to their normal pattern when hooking up. Finally, Ike relays, “I realized the more we were having sex the more comfortable he’d get because he’d want to lay in the bed longer, or roll a blunt with me. So he was trying to get a little intimate and I thought it was nice.” The extension of their sexual encounters to include shared smoking and chatting speaks to the increased comfort this DL man felt with Ike as he felt more familiar with the situation. In this way, while privacy is again an ingredient in both of these intimate DL encounters, it is an insufficient determinant of intimate behavior, since DL men must also trust, through repetition of meetups, that what happens behind closed doors stays there.

As with the boundary-drawing scripts about DL men denouncing gay practices such as promiscuity and gay spaces like clubs, scripts about masculinity and intimacy were maintained and challenged by both White and Black DL men. Race may affect the extent to which masculinity is “self-presenting,” with Black men more likely to be stereotyped as hypermasculine (Ross 2004), but this external appraisal also places more masculine-seeming men in a double bind where any expression of submissiveness is seen as a violation of the DL role expectations. Similarly, since DL men’s propensity to express intimacy is related to the formation of lasting, familiar relationships, the racial composition of partnerships likely shapes the possibility of sexual encounters advancing to this stage (Lewis 2013) (see Chapter 3 on
“Familiarity Framing”). Finally, since privacy plays an important role in the above cultural practices, my respondents’ comments regarding discretion deserve further evaluation.

**Discretion.** With only a casual browse through any gay dating app, one can quickly become acquainted with the language of DL partner seeking. Often DL men utilize “blank” profiles, meaning they do not upload a picture to maintain their anonymity. Alternatively, they are represented by one of the many “headless torsos” the pejorative vernacular for pictures cropped from the neck to the navel. The text on these profiles may contain the words, “down-low,” “DL,” “discreet,” or the common misspelling “discrete,” all of which make their preference for secretive meetups known to potential partners. These dating profiles are a subject of much consternation among out-gay men who often embrace the Harvey Milk style civil rights mentality that coming out is a political act. Alternatively, DL men are cast as closeted gays who simply have not found their true selves. Or, in line with media representations and early public health rhetoric, they are seen as deceitful and a disease risk. This last script regarding DL men was particularly emphasized by my Black respondents, providing evidence of the cultural stickiness of these unfavorable depictions.

Discretion is an important feature of DL life for both White and Black men. For instance, the White DL man Tom who at the time of our interview was engaged in sexual relationships with one woman and two male partners, says, “I’m very discreet about everything I do. Nobody knows. That’s why I keep a regularly schedule. You know what I mean? Nobody knows.” Since he was more likely to fraternize with other DL men in a straight bar or on a golf course than through a dating app, his discretion took the form of a scheduled separation of social obligations. This ensures individuals from different parts of his life don’t encounter one another. Similarly, Tyler-James a 29 year old Black musician, reflects on what he sees as one of the issues facing
the Black community: “Not a lot of Black men are saying how they feel sexually. And I told some of the straight guys that I know, ‘If you know that your homeboy is doing both and you don’t say anything – you’re just as bad.’ And they think, ‘well I’m not gonna tell his business.’”

Although the DL lifestyle is not feature of a single racial group, many of my Black respondents still see it as a uniquely Black problem. Since these comments came up in the context of discussing HIV, Tyler-James implicitly refers to the bisexual bridge (Rodriguez Rust 2000) when he mentions “doing both,” since he imagines the Black women whose health is affected by this arrangement. However, the code of “homeboys” minding their own business serves as a key norm undergirding the discretion in DL encounters.

Another young Black respondent, Trey, is 22 years-old and works as a camp counselor. He tells me he also thinks DL men are riskier sexual partners.

Trey: There is this culture of Black people who are DL. They are not out as homosexual males and are riskier because they do everything behind closed doors. But I don’t think that’s true of all of them, because I don’t have a picture on my profile [laughs].

Interviewer: Yeah. I was going to call you out on that!

Trey: [laughs] It can go both ways though! There’s like movies about this - DL people who hook up with different guys and they have a girlfriend at home. So their hookups are more reckless. But for me, it’s about being from a small community and not giving people evidence for their gossiping.

~Trey, 22, Black

Here we clearly see the contrast between Trey’s characterization of the threat of an imagined Black DL man, as portrayed by the media, and his own discreet behaviors, which he sees as justified by his circumstances. He imagines that most men with blank profiles are lying to a girlfriend and may pursue sex from a place of reckless lust, contrary to DL men’s own self-conceptions as more careful than out-gays. While he understands that having a blank profile may relate to the lifestyle one hopes to maintain, he fails to draw the connection between his own
desire to cultivate a certain public image and the fact that DL men hold the same aspiration. Table 9 highlights perceptions of risk by DL and out-gay men who have sexual experience with the DL – the focus of an upcoming paper.

Table 9: Respondents' Perceptions of the "Riskiness" of DL and Out-Gay Men

<table>
<thead>
<tr>
<th>Respondents:</th>
<th>DL Riskier</th>
<th>Gay Riskier</th>
<th>Ambivalent /Unsure</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>DL Men</td>
<td>1 (11.1%)</td>
<td>8 (88.9%)</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Out-Gay Men with DL</td>
<td>9 (50%)</td>
<td>4 (11.1%)</td>
<td>5 (27.7%)</td>
<td>18</td>
</tr>
<tr>
<td>Experience</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subsample Total</td>
<td>10 (64.8%)</td>
<td>12 (44.4%)</td>
<td>5 (18.5%)</td>
<td>27</td>
</tr>
</tbody>
</table>

Note: This table omits the 9 respondents from the subsample who neither identified as DL nor had sexual experience with the DL.

In sum, the cultural scripts available to DL men are diverse and White and Black men face different pressures in conforming to them. DL men draw from scripts casting gay men as promiscuous and gay spaces as undesirable to enforce social boundaries and distance themselves from the out-gay lifestyle. White and Black men arrive at these scripts through different social forces with the former aspiring to “traditional” heteronormativity and the latter avoiding the appearance of behavioral “Whiteness.” Scripts contributing to outsider’s expectations of the DL serve to bolster masculinity and stifle intimacy, but there are also predictable departures from these expectations. My respondents describe the substitutability of behavioral and embodied masculinity and the increased intimacy that comes with frequent, familiar DL encounters. Of course, both of these findings interact with race in interesting ways. Finally, given that both
masculinity and intimacy are shaped by the privacy of sexual encounters, my respondents’ comments about DL men’s discretion were analyzed to reveal the continued prevalence of scripts depicting Black DL men as deceitful and dangerous.

Since the public health rhetoric around the DL has evinced a certain stickiness, we know these examinations can take on a life of their own. The question of how this population will react to the preventative HIV medication Truvada for PrEP remains and open one, but already speculation is outweighing evidence. I now use the relational understandings of risk and the cultural understanding of sexuality developed in the last two chapters to theorize about the relationship between PrEP and the DL.


Many LGBT activists have wondered how this new sexual health technology will be received by men who engage in sexual relations with men but don’t identify as gay. These men, often referred to as “down-low,” provide an interesting case to see how theorizing risk relationally informs our understandings. First, it is important to remember that the down-low is not a uniquely Black phenomenon and exists across racial lines (Robinson and Vidal-Ortiz 2013; Carrillo and Hoffman 2016). In my own sample, nine men engage in DL sexual practices, five of whom are White. Although, I make no claims of generalizability, it is striking that none of these nine men expressed an interest in taking PrEP. Let’s find out why.

The popular theory about PrEP and the DL is that gay identification is practically a pre-requisite for taking the drug. As Deray (43), an out-gay Black man wearing a football jersey from the previous night’s winning team, says, “Those medications can give someone a scarlet letter. ‘Oh he’s on Truvaaaada, why is he on Truvaaaada?’ I’ve heard that because I leave my
bottle of PrEP out. If you come to my house you can see it.” It’s intuitive that if a man hides his sexual relations with men, a visible bottle of PrEP could reveal his secret. However, not all DL men in my sample framed their sexuality as a total secret. What is important is that it’s a secret in certain situations. For instance, Justin (41, Black) defines his DL sexuality as “Like that frosted glass you see in bathroom windows. It’s not completely transparent, but plenty of light gets in. So yeah, I’m DL, but lots of people know [I sleep with men] too. Just not back home.” Further, theorizing sexual risk as relative reminds us that while many respondents perceive DL men (and especially Black DL men) as riskier, which would make us think they ought to be on PrEP, representative statistical studies find higher rates of condomless sex among out-gay men (Harawa et al 2014). In the previous chapter I argued that risk is understood relationally, with comparisons to others’ presumed behaviors. In this chapter, I documented how DL men draw boundaries between themselves and out-gay men and perceive the latter as more promiscuous. If this is their relative conception of risk, it makes sense that they see PrEP as less applicable.

Still, since my small sample of DL men is not representative, we may wonder under what situations PrEP could be seen as useful. In this section, I have shown how intimacy has a contingent relationship to risk, sometimes creating situations of vulnerability and other times providing additional safeguards. I also argue that DL men have a fairly consistent profile for intimate behavior that may result in condomless sex. Due to their secrecy, the intimacy of encounters increases with the familiarity and comfort they feel with sexual partners. Therefore they are more likely to be intimate when they have been seeing a sexual partner regularly and rendezvous are kept private. Since my respondents note the role of racial homophily in creating shared understandings and feelings of familiarity, this may be one more factor that increases the likelihood of intimacy and DL disclosure. This, in turn, reinforces the utility and feasibility of
PrEP for DL men. In the words of Justin, the “light” that shines on DL sexuality is particularly bright in private contexts and in intimate encounters. These are exactly the spaces where a bottle of PrEP might be visible, but only by someone who was trusted to enter that space in the first place. I now turn to a discussion of how my results advance our theorizing of sexuality and reflect on the relationship between the DL and the LGBT community.

**DISCUSSION**

This study demonstrates the explanatory power of cultural scripts for understanding diverse sexual practices. To evaluate respondent’s disease risk, public health scholarship on the DL imposes rigidly defined categories conceiving of the DL as a relationship configuration, identity marker, or part of the social process of coming out. Research in the sociology of sexuality instead emphasizes how DL men draw from cultural scripts that bolster their heterosexuality. However, previous studies paid insufficient attention to racial variation in DL practices and the determinants of conforming to other’s expectations of DL men. This study begins to address these deficits by comparing the experiences of White and Black DL men and analyzing the perceptions of their partners and other men engaged in male-male sex.

Returning briefly to the benefits of a cultural framework for understanding the public health implications of the DL, previous work has established that HIV-prevention efforts may not reach DL men because they exist in distinct spaces and social circles apart from gay men (Gonzalez 2007). My study shows the importance of evaluating the perceptions of DL men and their partners about sexual riskiness. Black DL men are more likely to be seen as reckless, which exhibits the durability of media representations of DL men. Additionally, DL men perceive
themselves as *less risky* sexual partners than gay men. Perceptions of sexual riskiness are derived from cultural understandings of out-gay men as more promiscuous and they have important public health consequences since individuals use different guidelines for determining what constitutes a safe sexual partner. This, in turn, has obvious consequences for the transmission of diseases.

Further, one of the most striking revelations gained from interviewing these men was the great diversity of forms in the DL lifestyle and behavior. Some DL men maintain a heterosexual relationship, some seek casual and impersonal sex, some desire long term intimacy with a “special” male friend, and some eventually assimilate to the gay lifestyle. This diversity of experiences provides additional support for abandoning the lowest-common-denominator terminology “men-who-have-sex-with-men” (MSM). The term MSM was originally intended to reflect behaviors rather than identity, but it has become a euphemism for gay men and thus excludes the very population it was intended to reach (Young and Meyer 2005). The diversity of DL experiences should encourage researchers to connect the specific cultural practices most relevant to their object of study to the design (and, latter, description) of a sample. For instance, when studying lifestyles, the spaces men occupy and the social networks in which they circulate may ultimately be more relevant than any designation of who “MSM” sleep with.

This study also contributes to a growing body of research on heteroflexibility. Previous scholars have noted that the DL is one of a vast array of forms this flexibility may take (Carrillo and Hoffman 2016). For example, Heasley (2005) enumerates five queer identifications that straight men adopt from “sissy boy” to “social justice queer.” Similarly, Bridges (2014) also conceives of sexuality as cultural practice and studies how heterosexual men draw from “gay aesthetics.” Bridges and Pascoe (2014) then argue that this new masculinity can actually serve to
conceal existing systems of power, since the new behavior does not exempt straight men from the sources of their privilege. This field of study has also launched a debate about the effects of what is dubbed decreased “homohysteria” or the fear of being labeled a homosexual. McCormack and Anderson (2014) argue that this allows heterosexual men to engage in homosexual acts without fear of compromising their identity leading to an erosion of the “one-time rule” in which a single gay act negates ones heterosexuality. However, Dean (2014) argues that the decreased presumption of heterosexuality has led straight men to fortify their masculinity to avoid miscategorization. DL men evince a peculiar form of heteroflexibility due to their unique relationship to the gay lifestyle. More specifically, they often consider themselves straight but engage in gay sex acts and conspicuously denounce other forms of gay behavior. Therefore scholars and activists focused on LGBT issues may feel a certain ambivalence about including DL men in their work. The relationship of the DL to this larger community warrants further comment.

As one of my respondents noted, DL men may be perceived as free-riders since their pursuit of sexual pleasure has been made more feasible due to the political struggle of out gay men for recognition. While DL men may not speak very favorably of the out-gay lifestyle, they share in the challenges of seeking sexual and relational gratification in a heteronormative world. And while, to an extent, they actively bolster this heteronormativity, none of my respondents reported discriminating against out-gays, nor did they think of themselves as homophobic. DL men contribute to what Rubin (1984) calls “benign sexual variation,” so their way of fulfilling desires deserves equal respect. Further, what LGBT-concerned researchers gain from studying DL men is a better understanding of how social context and elements of choice do in fact shape sexuality. Activists have veered away from such claims in an effort to cast homosexuality as an
innate characteristic and therefore unsuitable grounds for unequal treatment. However, sexuality scholars have long claimed that gay-identification itself serves a political purpose. For instance, Adrienne Rich (1980) reviews the long history of women turning towards each other for support and romantic companionship in a patriarchal world that devalues the feminine. She conceptualizes lesbianism as a continuum and a political choice. Similarly, Brown and Hamilton (2006) study disadvantaged women of color to show how economic need can lead them to form households as lovers. Additionally, Rupp et al (2014) argue that women in college settings do not just kiss each other to perform for the male gaze, but to explore potential bisexuality in a context which makes such behaviors less taboo. Studying DL men helps us understand how the choice of a gay lifestyle can seem incompatible with one’s imagined traditional future or even their racial background.

While DL identification in my sample was observed at equal rates for White and Black men, Black DL men were more stigmatized by my respondents who perceived them as struggling with their sexuality. This may be related to media representations of the DL which played into notions of the Black community as homophobic. Some scholars have pointed to the heterosexism of Black spirituality in contributing to the DL phenomenon (Mitchell 2006; Valera 2007). However, the constraints around Black sexuality can also be conceived as a double bind. For instance, Hammonds (2004) writes that, since Black sexuality was already viewed as deviant, the logical response to the AIDS crisis was for Black men to stay in the closet rather than become further stigmatized as sexual perverts. This allowed the preservation of the community’s dignity, but at great cost to these individuals. Similarly, Guzman (2006) writes that hegemonic gayness owes its tactics of pride and visibility to the civil rights movement, but ironically, Whiteness is the only racial status “that can be lived under erasure” (94). In other
words, White men may be more able come to out as gay because they aren’t doubly-disadvantaged by the color of their skin. This relates to the characterization of “gayness as Whiteness” so commonly expressed by the Black DL men in my sample.

Finally, for the White DL men in my sample, sexuality was oriented around the pursuit of a more traditional, heteronormative life. With the rise of what Duggan (2003) dubs the “new homonormativity” is it possible that the gay lifestyle will one day be seen as more compatible with these traditional values? Seidman (2002) argues that U.S. gays and lesbians are treated as good citizens as long as they link sex to intimacy, love, monogamy and marriage. And Johnson (2002) studied the British and Australian governments’ formulations of tolerance, which essentially apply to those who can “pass” as straight. Finally, Decena (2008) notes that the DL is described as deviant-but-redeemable through the act of coming out which would bring desires, behaviors, and identity into alignment. However, homonormativity comes with nefarious consequences, since it advantages those who conform but sanctions those who deviate. In this regard, the DL offers the additional social benefit of providing one more alternative lifestyle.
CONCLUSION

PLEASURE AND PROTECTION:
NEW DIRECTIONS FOR RESEARCH
LEFT IMAGE: A subway poster from San Francisco’s Department of Health’s “Our Sexual Revolution” campaign promoting PrEP.

RIGHT IMAGE: A tweet from the NYC Department of Health for their “Stay Sure” campaign promoting PrEP and TASP.\(^{39}\)

\(^{39}\) TASP stands for Treatment As Prevention – a strategy in which HIV is aggressively treated to keep viral loads low and prevent the spread of new infections.
This dissertation opened with a conversation with Emmanuel who expressed approval for men who used PrEP as a backup plan in the event of condom failure. He also ultimately supported men who wanted to use the drug just to have bareback sex, but he did so with some hesitation and voiced his concerns about this possible use of the drug. These nuanced appraisals, evaluating different groups of potential PrEP users differently depending on their anticipated treatment of the drug, were common in my media analyses and interview work. While the modal response from interview subjects was to strike a balance between recognizing PrEP’s HIV preventative potential, and expressing concerns about how behavioral consequences might link to a sense of complacency or a spike in STI’s, PrEP will ultimately have some effect on the social world that remains to be seen in its full scope. Are we living in a world of renewed sexual liberation as expressed by the San Francisco Department of Health’s “Our Sexual Revolution” campaign? Or are we living in a world of increased security where PrEP is seamlessly incorporated into other safe sex repertoires as expressed in the “Stay Sure” campaign of NYC’s Department of Health.

Of course the question forces a false dichotomy, and it’s notable that both campaign images make explicit mentions of condoms, given this technology’s intricate and intimate relationship to gay sexuality and the history of HIV (Gamson 1990). That said, the two campaigns certainly differ in their emphasis, with the Sexual Revolution campaign seeming to imply that PrEP can provide the anxiety free sex that previous generations were privileged to experience. Yes, condoms are mentioned on the poster, but in reference to other STDs, as though the two can be considered as separate options. The NYC “Stay Sure” campaign emphasizes security rather than exuberance. PrEP and condoms are deliberately linked with a “plus sign” (also symbolic of HIV diagnosis) suggesting that these two items are best used in conjunction.
My research provides a number of theoretical innovations for reconceiving risk that may inform how we interpret this tension between pleasure and protection so central to the PrEP debate. In Chapter 2, my media analyses identify two frames from the field of science and technology studies that are often used to describe sexual technologies – frames which individualize and desexualize. It seems that NYC’s “Stay Sure” campaign directly engages with the medicalized language of the Package Care frame which was more prevalent in online news articles discussing bareback sex. Therefore, it is not unreasonable to assume that that these images seek to tacitly address a certain risk practice (i.e. barebacking) with images invoking a certain risk category (i.e. gay men). Identifying this slippage between risk categories and anticipated risk practices was one theoretical innovation of my media content analysis. I also found that articles discussing women were more likely to speak about risk in individualized terms using a Personal Control frame, since heterosexual sex is expected to involve unequal gendered power dynamics.

Another observation about these two campaigns, and I have only presented two of a multitude of images, is that they aim to display a diverse cast of characters (in terms of race and sex, sexuality, and gender identity) in order to present PrEP as a drug available to everyone. This is wise marketing, as studies have shown PrEP’s association with gay men decreases public support for the intervention (Calabrese et al. 2016). The tradeoff (or is it a complementarity?) of pleasure and protection is laid bare in Chapter 3. Here, I draw on interviews with all 60 respondents - 30 Black and 30 White men – and ask them to relay specific sexual experiences in narrative form. I then use these depictions for a much richer conversation about the utility and social feasibility of PrEP than has been provided in existing research. While at times such an in-depth focus on the specificities of each interview subject’s sexual experiences can overwhelm
with a wealth of diverse data, a few clear theoretical lessons for studying risk emerged from this approach. First, respondents evaluate sexual risk relationally with respect to both their own history of behaviors and the assumed behaviors of others. Second, intimacy has no unidirectional relationship to risk but rather depends on which practices are used to enact it and in which contexts. Finally, social structures of race inform meanings related to how bodies become sexualized and which parts are fetishized for certain practices. A frank, rather than stigmatizing public health conversation about sex and race is long overdue, but a good first step would be for sociologists to identify trends in these racialized, embodied practices and hypothesize how they may relate to risk and the shaping of sexual networks.

In Chapter 4, I analyze a subset of 36 individuals from my interviews with men who engage in sexual relations with men. These individuals either identify as down-low, have sexual experience with DL men, or convey their expectations of DL men. As previously articulated, many LGBT activists and public health officials suspect that PrEP will be underutilized by this population since they do not consider themselves gay. In a sense, the drug has already been “symbolically polluted” as homosexual, and it is possible that by electing to ingest it, DL men may find the drug more socially toxic than chemically.

However, my interviews conceive of the DL as a cultural practice rather than a stable identity category and this approach illuminates a great degree of variety in the sexual experiences of DL men. First, this focus on social practices demonstrates how DL men actually impute a lot of significant meanings on condom usage with male partners, making them less reliant on PrEP as an alternative. Second, the characterization of DL men as homophobic and against all things gay is misplaced. Yes, both White and Black men draw boundaries against an out-gay life in different ways, but they also defy a number of expectations of the DL by creating spaces where
expressions of same-sex intimacy and a less masculine gender presentation are privately acceptable (i.e., among regular partners). Highlighting the flexibility of preferred sexual practices in diverse relationship contexts suggests PrEP may make sense for some depending on their relational circumstances.

So, what does this relational perspective add to our understanding of PrEP, pleasure and protection? Let’s take the first finding that respondents evaluate risk relationally in comparison to their own history of behaviors and those they assume others are engaged in. Part of the process of deciding to go on PrEP then requires a reflexive understanding of one’s own preferred behaviors, and an understanding of times when sex has not unfolded as planned. This provides more evidence for the importance of primary care providers taking full sexual histories of their patients.

Additionally, with respect to the boundary work around self and other, a movement is already underway to reclaim the slut-shaming language of “Truvada Whores” to cast a more sex-positive depiction of PrEP users (Spieldenner 2016). This movement is built around reclaiming a stigmatizing label, and could be coupled with attempts to demonstrate how PrEP use benefits the larger community by breaking the chain in HIV transmission. Public informational campaigns, and more accurate depictions from film, music, and media illuminating the diversity of healthy, consensual sexual behaviors could play an important role in countering the nefarious effects of American prudishness.

This difference in appraisal between behaviors we engage in and those we imagine of others matters (Skidmore Hayter 2000). For example, I did a quick tabulation of my respondents’ reactions toward PrEP sorting them according to preferred sexual position in Table 10.
Table 10: PrEP Acceptability by Preferred Sexual Position

<table>
<thead>
<tr>
<th></th>
<th>Personal Reaction</th>
<th>Community Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Positive</td>
<td>Negative</td>
</tr>
<tr>
<td>On PrEP*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tops</td>
<td>3 (8.3%)</td>
<td>11 (32.4%)</td>
</tr>
<tr>
<td>Bottoms</td>
<td>4 (30.7%)</td>
<td>9 (69.2%)</td>
</tr>
<tr>
<td>Versatile</td>
<td>1 (9%)</td>
<td>5 (38.5%)</td>
</tr>
<tr>
<td>Total</td>
<td>8 (13.3%)</td>
<td>25 (41.7%)</td>
</tr>
</tbody>
</table>

Notes: *Individuals who are currently on PrEP are also counted among respondents with a positive personal reaction to PrEP.

In my sample, men who identify as tops have the least positive reaction with regard to PrEP’s community impact with only 41.2% anticipating PrEP will be good for the LGBT community. Bottoms have a much more generous evaluation, with 53.8% expecting PrEP to have positive impacts. However, men who identify as versatile (engaging in both sexual positions) have the highest acceptance with 76.9% stating that PrEP will positively impact the community. Men who are versatile experience different social vantage points during sexual relations. This is also notable because a majority of versatile men (61.5%) said that they didn’t think PrEP was a good decision for them personally. I take this pattern to be indicative of the impact of exposure to different perspectives on one’s understanding of PrEP’s diverse uses.
Limitations and New Directions

I have been deeply touched by my respondents’ generosity with their time and in sharing their stories, so I am immensely relieved that the findings of this dissertation indicate they have not volunteered in vain. In particular, I am struck by how forthcoming individuals can be about their sexual experiences when presented with a comforting and accepting outlet. Again, I think there is a deep need to overcome insecurities around sexuality in U.S. society, as the rampant misogyny and revelations of molestation during the 2016 presidential campaign suggest. I also found that interviews on sexuality can serve a therapeutic outlet for respondents. Finally, they are easier to conduct than we suspect. There is much data to gather, and the shortcomings of this project make clear that I have only scratched the surface.

Limitations. In particular, in the original research design for this project, I planned to stratify my interview respondents by both race and age. Clearly, methodical age-based comparisons did not make it into the final project. I had originally hypothesized that older respondents’ personal experiences with HIV, either through living through the epidemic, or through their greater knowledge of LGBT history, would inform their reactions to PrEP. Unfortunately, I had a great deal of trouble sampling older African-American respondents, as my committee predicted upon the projects’ conception. While, access to a race-based LGBT activist organization did provide me with some respondents, my oldest Black subject was 60 years old (compared to two White subjects aged 77). So, I ended up with the majority of older Black respondents (over 40 years old) in their 50’s (60% or 9/15), whereas White respondents were evenly spread across the 40s, 50s, 60s, and 70s.

In addition to these sampling difficulties, it was simply challenging to draw conclusions from my interview data related to age. The finding was something of a null result. One older
person might evaluate PrEP by asking, “Why change what has worked for me for this long?” And stick with condoms. Whereas another older person might say, “I finally have a chance to stop worrying about HIV.” And take PrEP. No clear pattern emerged related to age or the source of these diverse interpretations. However, I also did not find evidence for the belief that youth are overly complacent (which is a common trope in media depictions of PrEP). So, this lack of a pattern is interesting in itself.

A secondary limitation of this project relates to my chapter on the DL (Chapter 4). This chapter is somewhat underdeveloped because interviewing DL men was not originally conceived in the research design. In some ways, this had positive consequences since it allowed me to provide further evidence than in a sampling of 60 men who engage in sex with men, Black and White DL men responded in relatively equal proportions (4 Black DL men and 5 White DL men). However, inductive findings can throw a wrench in research plans. Had I known that the down-low was going to be such a relevant part of the conversation around PrEP, I would have sampled a greater proportion of DL men in addition to men with experience with the DL. As Table 8, which categorizes my 9 DL men by their sexual identities, relationship configurations, and relationship to gayness shows, it only takes a bit of in-depth interview analysis to problematize existing conceptions of sexuality. Still, future studies should pay greater attention to DL practices that create social distance from out gays. What percentage of Black DL men in the general population describe gayness as Whiteness? What forms does DL intimacy usually take and does this have consequences for PrEP distribution?

New Directions. This dissertation progressed by illuminating the connections between categories and practices, practices and relationships, relationships and categories. While my analyses became increasingly micro-interactional, this in no way devalues the importance of
work at higher levels of abstraction which are necessary for capturing the frequencies and patterns of disease transmission. In particular, Steve Epstein has written at length about the concept of biosociality (2008) through which people become classified as new categories are created in the life sciences. Interestingly, just as scientifically-imposed categories are reflected in micro-interactions, these interactions also create new social divisions.

My project points to two areas where PrEP is altering social categories through micro-interaction. First, as hypothesized by Auerbach and Hoppe (2015), boundaries between safe and unsafe sex are made less clear and are subject to renegotiation. Future work should pay attention to both the new dimensions that are likely to become salient and the moral judgements created in these negotiations. Second, related to safe and unsafe sex, PrEP is changing the relationship between HIV-positive and -negative individuals. Many of my respondents mentioned that a major benefit of PrEP was that it allowed them to have sex with positive individuals with less risk and anxiety. However, while PrEP may be an obvious solution for men in serodiscordant relationships, many positive men do not wish a lifetime of medication on their negative partners.

As PrEP use increases, its effects are likely to change in form. For example one of my respondents mentioned at first feeling like PrEP was just some drug for irresponsible people. However, when he started to see more and more individuals listing that they use the drug on online dating platforms, he began to question whether he would seem irresponsible for not taking it. Future research should identify similar threshold effects by studying the scale-up of sexual technologies.

Related to the question of how findings from micro-interactional studies scale-up, recent research in the social science of medicine and on the social determinants of health inequalities have noted the importance of welfare state institutional settings in defining the “rules of the
game” for the distribution of health outcomes (Beckfield et al 2015). For example, my study demonstrates how PrEP access and availability, as well as public health discourse around risk, affect respondents’ options and evaluations relative to their own sexual experiences. Future studies should pay more attention to the interplay of macro-institutional settings, scripts drawn from these structural and cultural configurations, and their mico-interactional consequences. After all, populations are often treated as statistical rather than substantive entities (Krieger 2012), but relational understandings of the boundaries and inner workings of populations provide a clearer picture of how patterns of disease exposure develop through lived experience.

Finally, throughout this dissertation many tensions around PrEP have been made evident. PrEP is a personal choice but also social decision. It has consequences for an individual but also impacts the community. It’s a sexual technology, but it’s removed from the act of sex. While current marketing of the drug by non-profits and health agencies emphasize individual benefits with little reference to sex, campaigns like “Our Sexual Revolution” may be a step towards building knowledge of PrEP’s community impacts. Catherine Panter-Bricks has an excellent (2006) piece where she argues that public health interventions shouldn’t be just culturally “appropriate” but culturally compelling. She gives the example of the use of song to effectively promote Malaria prevention in Gambia. Research which moves in this direction, by connecting the pleasurable parts of life with the protective, is bound to be on the right side of history.
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