

Wild Self-Care

Rethinking 'Risky' Health-related
Practices Among Members of the
Gay Community

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Abstract

Gay and queer men tend to experience higher rates of mental health issues, STIs/HIV, suicide, substance dependency, and poor well-being than other demographics. Despite sustained public health efforts internationally, many of these issues continue to disproportionately affect members of the gay community. This thesis presents a new approach to the health issues gay and queer men face. It examines how ‘risky’ health-related practices including condomless sex and the use of illicit drugs might be legitimate ways of performing self-care and pursuing well-being.

In order to address this aim, I conducted 16 interviews over a 12-month period in New Zealand and Australia using a constructionist grounded theory approach and a theoretical framework that draws upon the work of Judith Butler, Elizabeth Grosz, Michel Foucault, Homi Bhabha, Kane Race, Nikolas Rose, and Pierre Bourdieu. My participants and I explore a wide range of topics including the performative nature of sex and the notion of ‘play’, how pleasure and the emotional significance of sex might be related to self-care, the ways in which space might influence sexual practices and experiences, and to what extent having sex outside the home might be a form of self-care. I also cover safer sex practices and the experience of disease, how PrEP has radically changed the way gay men approach sex, the way drugs are bound up in self-care practices, and the relationships between self-care and community.

The concept of ‘wild self-care’ emerged from these interviews and describes how practices or behaviours which appear risky, dangerous, or unhealthy can also be seen as legitimate ways of caring for the body and the self. I demonstrate how my participants used creative, unexpected,

and alternative methods of caring for themselves using substances or ‘risky’ forms of sex and describe the way self-care is communal nature rather than a solitary practice. I also present the notion of health-as-process. This concept allows researchers to approach health as an ongoing process rather than a state of being that might be achieved. This speaks to the emotional and personal way that risk is constructed and experienced. All these facets come together to articulate the deeply complicated ways that people care for themselves.

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Acronyms

ART	Anti-retroviral therapy, the current standard of care for HIV treatment.
CLAI/R-CLAIC	Condomless Anal Intercourse/Receptive Condomless Anal Intercourse with Casual Partners.
GBMSM	Gay and Bisexual men, and Men who have Sex with Men.
GHB/GBL	Gamma-hydroxybutyrate (GHB) is used primarily by gay men in a club or sexual setting. A potent central nervous system depressant and provides a sense of euphoria, sexual arousal, with analgesic properties. Gamma-butyrolactone (GBL) is the chemical pre-cursor to GHB and is the more concentrated form of the two substances.
NZAF	New Zealand AIDS Foundation
PAIC	Protected Anal Intercourse
PEP	Post-Exposure Prophylaxis is treatment available to people who have been in direct contact with HIV to prevent infection. It is administered within 72 hours of exposure and involves ‘Truvada’ alongside two or three other drugs depending upon the type of HIV contact.
PLWH	People Living With HIV/AIDS.
PrEP	Developed by Gilead Sciences under the brand name Truvada, Pre-Exposure Prophylaxis is a new form of HIV treatment. Taken daily, it protects individuals against becoming infected with HIV.
S/R/CDU	Sexualised/Recreational/Chemsex Drug Use.

SHC	Sexual Health Clinic.
SOPV	Sex on Premises Venues.
TasP	Treatment as Prevention. This approach entails medicating an individual to prevent further infection of a disease. PrEP can be considered as a form of TasP as well as treating HIV-positive people so that they cannot pass on the virus.
UAI/UAI-LC	Unprotected Anal Intercourse/Unprotected Anal Intercourse with the Last Casual partner
UVL	Undetectable Viral Load. The aim of anti-retroviral therapy is to reduce the amount of HIV copies in someone's blood to an undetectable level so that they cannot pass on the virus to others and can remain healthy. Many Positive folk may describe themselves as 'undetectable' if they have an undetectable viral load.

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Introduction

*I am using my Gaga Manifesto to push us
further into the crisis, into the eye of the
hurricane, deep into the heart of nonsense.*

- J. Jack Halberstam

The germ of this thesis emerged one crisp evening at a bar in London. A forum series called ‘Let’s Talk About Gay Sex and Drugs’ had recently started at one of the iconic gay bars in Soho (now gone) where members of the gay community were encouraged to come forward and speak about their experiences with sex and drugs. Six men stood up on the small stage to talk about how sex and drugs have featured in their lives. Some were brief in what they had to say while others took the opportunity to implore their fellow queers to get regular health checks, seek out help, keep in touch with friends, practice safer sex, and use substances in moderation. With much of the research into gay men’s health depicting them as ailing, unable to cope with their sex lives and/or drug use, and struggling in general, the men who spoke at this forum demonstrated how distorted this depiction often is.

This thesis presents an alternative way of approaching and understanding gay and queer men’s health and the health-related issues we disproportionately face. It asks the question: ‘What if the practices associated with poor health, particularly drug use and condomless sex, are actually ways that gay and queer men pursue well-being?’ I argue that contemporary discussions of gay men’s health omit some major elements that inform how and why gay men use substances and approach sex in ‘risky’ ways. Drug use and condomless sex are generally seen as among the most concerning health issues that gay men face, but this thesis explores how these ‘risky’ health-related practices might function as legitimate forms of self-care.

Why self-care? To argue that taking drugs, engaging in condomless sex, and other ‘risky’ practices are forms of self-care articulates a diverse range of approaches to health and how these practices are frequently grounded in the pursuit of improved health and well-being rather than the opposite. I consider care to be inherently emotional, so to present ‘risky’ practices as emotionally-charged helps to shed light on the complicated ways someone relates to their body, health, intimate relationships, and how they experience the world in general. This thesis also demonstrates that these practices tend to be approached with significant consideration rather than being performed flippantly and hedonistically. Furthermore, including self-care in these health-related discussions permits a substantial reconfiguration of how health and well-being are understood and measured, allowing for a potentially more accurate description of gay men’s health.

Theorising Self-Care

Before presenting my approach to self-care, it is important to canvas how others have theorised this concept. There are four distinct types of self-care literature. The first, and perhaps most visible form, is mainstream media’s portrayal of self-care. For businesses, self-care has become a lucrative market and mainstream media contribute to this by frequently presenting this practice as activities like regularly going to yoga, skincare treatments, drinking brightly-coloured juices, practicing mindfulness, allocating ‘me time’, engaging in ‘positive thinking’, and the need to ‘start living’ (Nazish, 2017; O’Neal, 2019; Shannon-Karasik, 2018). It can also be a type of indulgence, a special ‘gift’ to oneself like eating pizza and watching Netflix, buying something nice, or doing home re-decorating (Mardoian, 2019).

Other depictions of self-care in mainstream media suggest *actual* self-care is doing the ‘unpleasant’ tasks of life such as physical exercise, purging ‘toxic’ people from one’s life,

paying bills, and being ‘truly’ honest and disciplined (Bissett, 2019; Wiest, 2020). It is clear that self-care in mainstream media is tethered to particular lifestyles that promote certain ideas of health and managing the body. This type of self-care is in line with the empty new age mantra ‘Live, Laugh, Love’ and is focused on being healthy, happy, and ‘living your best life’.

The second approach to self-care is Foucault’s ([1985] 1990, 1986a, 1988) concept of *le souci de soi-même*, or care of the self. He was fascinated with the various ‘techniques of the self’ which emerged in Greco-Roman philosophy during the first century CE and shifted over the next few centuries with the rise of Christianity. Foucault (1986a, 1988) describes how caring for the self was an ethical project focused on self-cultivation and treating one’s life as a work of art. He suggests caring for the self is about developing a set of ethics and rules to live by, striving to become a better person, and gaining a deeper sense of happiness and satisfaction with the world. For example, Ancient Greek and Roman society viewed certain sexual practices as ‘bad’, not because they were inherently immoral, but because they upset the relationship to the self and allowed involuntary forces to erupt (i.e. unfettered desire) that ultimately create poor ways of being. To care for oneself, according to Foucault, is not just about nurturing the body, mind, and personal relationships. It is a constant process of internal refinement through which one becomes greater than one is.

Personal cultivation and the ongoing pursuit to become a better person also features as a prominent aspect of neoliberal self-care, the third type of self-care in the literature. Brown (2015) describes how neoliberalism is much more than an economic model; it is the normative rationality applied to how society is governed and managed. Neoliberalism ‘transmogrifies every human domain and endeavour, along with humans themselves, according to a specific image of the economic... All spheres of existence are framed and measured by economic terms

and metrics, even when those spheres are not directly monetized' (Brown, 2015, pg. 10). Neoliberal self-care valorises the 'conquering' of illness and the disobedient body and encourages personal discipline and acts of violence against the body (like restricted diet and intensive exercise) in the name of 'good' health (Franssen, 2020; Michaeli, 2017). Neoliberalism individualises the management of health and attempts to erase the visibility of structural inequality. It also encourages the production and commodification of health-related data, like Fitbits and other digital health technologies (Ajana, 2017; MacLean & Hatcher, 2019). The parallels between neoliberal self-care and the depictions of self-care in mainstream media demonstrate the prevalence of neoliberal values in society and their manifestations.

Feminist self-care is the final theorisation of self-care. This approach emphasises how care is a community-based project, a form of political activism, and a way of reclaiming personal sovereignty. Emerging from black feminism and the work of Audre Lorde, feminist self-care demonstrates that the act of existing as a marginalised person is a political statement because of the administrative and systemic violence which disproportionately affects and murders brown, black, queer, and disabled bodies. Feminist self-care involves caring for others in the community, actively engaging in emancipatory work, and celebrating the various connections we have with others (Ahmed, 2014; Hobart & Kneese, 2020; Nash, 2013; Scott, 2016). Each of these four approaches to self-care present a radically different way of understanding the significance of self-care and how it might be carried out. What is my approach to self-care?

Wild Self-Care

My approach to self-care adopts some elements from these four theorisations of self-care while resisting others. I present how self-care is more than 'finding your *true* self', nurturing the body and mind, or being able to manage life more efficiently. My concept of wild self-care considers

how we frequently use creative, alternative, or unexpected ways to care for ourselves. It suggests health is a personal construct and a process we are constantly managing rather than a condition to achieve once and for all (see Chapter 5 and Conclusion). This ‘wild’ theorisation presents how self-care might be a deeply emotional practice that nurtures the body and changes constantly, not a discipline-based practice designed to coerce and cajole the body into normative ideals of being. Wild self-care articulates the way care is inherently communal, involves others either directly or indirectly, and is ultimately grounded in the pursuit for agency. I also describe how the connection between health, well-being, and self-care can sometimes be counter-intuitive and seemingly paradoxical. This thesis demonstrates how drugs and ‘risky’ sex practices can in fact be forms of wild self-care.

In this thesis I present three primary forms of wild self-care: protective, therapeutic, and emancipatory. Expressions of protective self-care focus on protecting emotional, physical, and/or mental well-being. This may be protection from direct harm, trying to mitigate the impact of a foreseeable or potential threat, or going to lengths to reduce the severity of an ongoing harm. Therapeutic self-care is grounded in healing and recovery. This approach focuses on working through emotional states, exorcising trauma or negativity, and managing and tending to the body and mind. It is restorative and meditative in nature. Emancipatory self-care describes the practices or pursuits aimed at creating new ways of being and seeking out something new which re-energizes life. These practices break away from oppressive dynamics or relationships and open up exciting potentials.

Some approaches to self-care in the media argue that this practice actually looks like addressing the mundane aspects of life such as paying bills, cleaning the house, and being organised (Bissett, 2019; Wiest, 2020). I disagree with this. Things like having adequate financial

support, access to a nutritious diet, and living in suitable housing are fundamental elements of a desirable and sustainable life. These things do require care and attention, but because they are necessary to existing and are ongoing aspects of life, I categorise them as practices of ‘caring-maintenance’. Self-care, on the other hand, is a response to an injury, stress, harm, threat, or something which is corroding personal well-being. Self-care is motivated by something specific whereas caring-maintenance is the careful work we must do to stay alive and lead an enjoyable life.

Separating self-care from caring-maintenance does not mean they are mutually exclusive. Rather, these two forms of care are always exercised simultaneously. For example, using drugs in order to find respite from an emotionally fraught situation can be considered a form of self-care because the drug use is responding to something. However, minor elements of caring-maintenance are present in the ongoing pursuit to manage the body, tend to personal well-being, and find tenable ways of living. A substantial stable income is an element of caring-maintenance because it is necessary to living a desirable and sustainable life, but the goal of finding rewarding and engaging work can be considered a type of self-care because it is motivated by the fear of being forced into a job we hate, unable to pursue our ambitions, and living a life we do not want.

What is ‘wild’ about my approach to self-care? What does it mean to practice a ‘wild’ form of self-care? I draw inspiration from Halberstam’s (2013, pg. 126) rich description of ‘the wild’:

As a word, wild comes from Old or Middle English and refers to undomesticated modes of life, disorderly behavior, the lack of moral restraint, excess in all kinds of forms, the erratic, the untamed, the savage. When referring to nature, ‘the wild’

tends to mean unaltered by human contact; in card games, a 'wild card' lacks an intrinsic value but will change according to the game; 'wild' also has meant barbaric, savage, or that which the civilized opposes. It often refers to a so-called state of nature, whatever that may be, and has recently been used to refer to the practice of going off the grid or behaving in a chaotic or anarchic manner... It is a tricky word to use but it is a concept that we cannot live without if we are to combat the conventional modes of rule that have synced social norms to economic practices and have created a world order where every form of disturbance is quickly folded back into quiet...

To exercise wild self-care is to break away from traditional notions of health, well-being, and how self-care should be performed. Wild self-care practices may appear as feral acts to some onlookers, where rationality, control, or reason seem to have been abandoned. Seitz (2014) describes how the wild force of nature blurs the socially constructed lines of order and control, and ruptures the boundaries of 'civil' society and the Other. Wild self-care exposes the ways neoliberal social structures act to control, discipline, and manage the body, instil forms of 'care' that individualise, and create order from commodification. It destabilises the boundaries of 'rational' and 'irrational' forms of care, allows self-care to be a passionate, messy, and emotional practice, and emphasises how self-care is performed together rather than alone. These wild practices can be emotionally fraught, produce unexpected tensions, and burst open new forms of connection.

As a place, the wild has a long association with transformation and a place to seek personal revelation and insight. In ancient Jewish and Christian traditions, the wilderness was the dwelling place of the divine and the demonic, somewhere sinful people were exiled for

punishment and the dedicated sought out for religious transcendence (Feldt, 2012; Hailey, 2009; Stankey, 1989). Venturing into remote areas of wilderness for spiritual enlightenment continues to be a significant practice, particularly among younger people desiring a sense of ‘authenticity’ (Kramp, 2015; Tobari, 2018). Wild self-care explores the transformative nature of self-care and how these practices are often grounded in re-discovering or recovering aspects of oneself. It is about seeking out and embodying agency.

Primary Themes

In order to explore how ‘risky’ practices involving sex and/or drugs can be expressions of wild self-care, I conducted 16 interviews in New Zealand and Australia with gay men or queer individuals who identified with the gay community (see Chapter 1 for demographic details). My analysis uses a constructionist grounded theory approach. Rather than engaging one or two main theorists to deconstruct all my participants’ experiences, I have taken inspiration from Deleuze & Guattari ([1972] 2000) and utilised a *bricolage* of writers including Judith Butler, Elizabeth Grosz, Michel Foucault, Homi Bhabha, Kane Race, Nikolas Rose, and Pierre Bourdieu. Deleuze & Guattari ([1972] 2000) describe the importance of using a range of different ideas, concepts, and theories in order to create innovative and radical ways of thinking. This approach of using a different theoretical tool for each chapter developed organically and speaks to the wide variety of experiences, topics, and issues raised in this thesis. I provide a description of how I employ each theoretical approach in the chapter summaries below.

Five themes run through the seven chapters of this thesis: the personal and emotional nature of risk, the significance of emotion, health-as-process, the importance of social relations, and the generational gap among gay and queer men. When examining the intersection of ‘health’ and

‘risk’, it is crucial to explore what a health-related risk might look like and investigate who defines this risk. How do individuals understand and experience health-related risks? From a public health perspective, which individuals are considered at a higher risk of adverse health outcomes and why? Rather than dedicating an entire chapter to these questions and the concept of health-related risk more broadly, I have interspersed these discussions throughout all chapters in order to demonstrate the contextual nature of risk and how it is constructed by individuals based on their surroundings, emotional state, and personal relationship to their body and health (Finucane, 2012; Lupton, 2013; Race, 2003). My participants demonstrate how health-related practices tend to be entered into with a significant degree of knowing and an intention to mitigate particular risks. That is, many individuals have an understanding of how these practices may affect the body prior to engaging in them and use this knowledge to manage or minimise the potential impact.

Emotions and feelings are a prominent feature of this thesis and play a significant role in constructing social reality: they dictate how we interact with others and how we understand the world (Grosz, 1995b; Stewart, 2007). I argue that wild self-care is not only driven by emotion, it is emotional in nature. Each chapter describes the emotionality of living in a body, the prominence of emotions in personal relationships, and how emotion shapes self-care practices and governs the construction of risk and well-being.

It may seem peculiar for a study on gay men’s health to not have a chapter dedicated to understanding and evaluating the concept of ‘health’. Similar to the way I present ‘risk’, I explore issues related to ‘health’ throughout this thesis in addition to discussing the biomedical model of health in Chapters 5 and 6. I also outline a new conceptualisation of health based on my data and corresponding literature. Instead of understanding health as a set of metrics to

achieve and manage (*x* amount of regular sleep, exercise, fruit and vegetables, et cetera = healthy), I view it as an ongoing process that is constantly in flux. The ways we understand our body and health will shift as we grow older, our relationships change, and our life takes different trajectories. Rather than conceptualising illness as the inverse of ‘being healthy’, my approach of health-as-process acknowledges and welcomes the fragility of the body. In this view, sickness is an inevitable part of having a body and should not be considered a ‘failure’ of corporeal management. My concept of health-as-process emerges in the following chapters as I examine my participants’ experiences and how they tend to themselves in ongoing and complicated ways.

It is unsurprising that a gender studies/sociology thesis would focus on the importance of social relations. However, this running theme articulates the roles other people have in our life, the ways we navigate relationships, the significance of identity, and how social reality is produced through interactions with others. When my participants enact wild self-care, they demonstrate that these practices are communal in nature and are shaped by our personal relationships. We care for ourselves because we care about others; we care for ourselves because we are cared for by others.

The generation gap within the gay community is discussed most explicitly in Chapter 7, but its significance is obvious throughout this thesis. Older participants frequently described how disconnected they felt from younger gay men in a variety of ways. These included the move towards condomless sex and pre-exposure prophylaxis (PrEP), the growing prevalence of new identity labels (e.g. non-binary, pansexual), the ways Grindr can operate as a site of ostracisation for them and many others, the troubling drug use they saw among younger men, and lack of community cohesion.

Thesis Outline

Chapter 1 is an overview of the methods and methodology of my project. Here I describe my approach to Charmaz's constructionist grounded theory, my incorporation of a queer feminist methodology, and the main ethical and methodological considerations I addressed when integrating these into my research framework. The overview of my research methods outlines the research I conducted prior to entering the field, how I reached my participants and carried out the interviews, what my data analysis process looked like, and the expected and unexpected issues I faced. I present the ethical considerations of my project and the gaps in existing literature on doing drug research. I also question what it is to conduct ethical research and describe the unanticipated ethical troubles I had to address.

Chapter 2 focuses on the deceptively simple concept of 'play' and how language shapes sexual practices, identities, boundaries, and constructions of risk. Participants used this term primarily to describe casual sexual encounters in addition to safer sex practices, sexual power relations, and sexual position identities (being a 'top' or a 'bottom'). It was also used to refer to forms of kink and as a way of separating and enacting different sexualities ('playing' with men but 'having sex' with women). Because this chapter is based on language and the enactment of identities, I use Butler's ([1990] 2002) performativity theory of identity to unpick my participants' experiences and explore the full complexity of 'play'. In relation to wild self-care, 'play' was used as a form of protective self-care through the creation and monitoring of personal boundaries, staying safe from disease-related risks, and protecting against loneliness. 'Play' was also used by my participants to carry out emancipatory self-care by opening up new ways of being and pursuing sexual encounters which satisfied deeper desires and unlocked hidden expressions of personal identity.

Chapter 3 explores the various ways sexual pleasure and the emotional significance of sex intersect with wild self-care. It describes how my participants pursued sexual pleasure, the way they defined sex and negotiated sexual encounters, the multifarious importance of intimate relationships, and how working in the sex industry influenced sexual pleasure. This chapter uses Elizabeth Grosz's (1987, 1994) corporeal feminism to understand my participants' experiences by emphasising the role of the feeling body in social life, how the body is used to understand events, experiences, and relationships, and the messy nature of sexual pleasure and erotic desire. All three forms of wild self-care (protective, therapeutic, emancipatory) appear in this chapter. Participants enacted protective self-care through guarding emotional and physical well-being in sexual scenarios and protecting intimate relationships from dissolving. A number of participants spoke about the therapeutic value of touch and physical intimacy and used sex as a way of managing emotionally fraught periods. Some other participants used sexual pleasure as a form of emancipatory self-care by seeking out alternative forms of pleasure to create new potentials or explore different ways of being which were not as burdened.

Chapter 4 examines the significance of sexual spaces, how they can produce different identities and sexual practices, the various spaces my participants sought out for sex, and how the affect of a space shapes the sex that occurs there. This chapter discusses three main spaces: 1) Grindr, 2) public spaces such as toilets and parks, and 3) saunas and sex on premises venues (SOPV). Participants described the liminality of these spaces and how the meanings or rules associated with particular identities tended to fall away in certain spaces. For this reason, I use Michel Foucault's (1986b) concept of heterotopia and Homi Bhabha's (1994) 'third space' to explore how the affective nature of space influences the social meanings and significance of behaviours, identities, and bodies. Protective and emancipatory self-care feature prominently in this chapter. Some participants enacted boundaries in certain spaces in order to protect

themselves from a variety of threats. Others visited different spaces to seek out alternative forms of sex that produced new ways of relating to themselves and the world, or sites where straight-identifying men could safely embody their queer identity without being ‘outed’.

Chapter 5 discusses my participants’ safer sex practices, the experience of managing and treating STIs/HIV, how PrEP has significantly unsettled definitions of safer sex, and the ways my participants defined sexual risk. It introduces the concept of health-as-process and explores how my participants experienced health, what good health felt like, and how they went about managing their physical health. This chapter has a strong focus on conduct, responsibility, trust, and what it means to be a ‘good’ sexually active gay man. Because these are primarily ethical concerns, I draw upon Kane Race’s (2003, 2010, 2018) sexual ethics to explore them. These sexual ethics describe how sex is a convergence of bodies, sensations, emotions, and meanings, and articulate how gay men collaborate in creative ways to reduce disease transfer and support each other in sexual contexts. Emancipatory self-care features prominently in this chapter. Participants sought out ways of having sex that were unburdened by HIV-anxiety, fear of disease, and inspired excitement and vitality. The ways participants approached safer sex and managed the risks of sex were also rich sources of therapeutic and protective self-care.

Chapter 6 changes the focus from sex to drugs. This chapter presents the various ways my participants used drugs and describes which substances were seen as risky and which were deemed safe. It outlines what drug use represented for these men and the personal risks and repercussions of using drugs. I also offer a critical analysis of ‘chemsex’ that problematises the ways this concept is commonly used. My participants described the way they used their body to navigate their drug use and how different drugs impacted their body and health. They also articulated the ways they managed the risks of drug use, what it meant to use drugs with others,

and how they conceptualised ‘good’ and ‘bad’ drug use. Nikolas Rose’s (2007a, 2007b, 2008) somatic approach to ethics assists in exploring these experiences because this theoretical framework focuses on how individuals manage their body, health, relationships, and conduct in dynamic and interactive ways. In this chapter I discuss expressions of therapeutic and emancipatory self-care in detail. Participants tended to use drugs as a way of managing and processing fraught emotions, mental health issues, existential crises, or to break open their reality and seize a new way of being.

The final chapter examines the relationship between community and self-care among gay men. It describes how my participants related to their surrounding gay community, the political activism many of them engaged in, what positive community relations felt like, and how they constructed their own identity in relation to the gay community and its politics. I use Pierre Bourdieu’s ([1972] 2013, [1980] 1990a) theory of the *habitus* to explore the way my participants embodied their connection to the gay community, how they expressed their gay and/or queer identity, and the relational way personal identity and large social structures produce each other. A wide variety of wild self-care practices appear in this chapter. Therapeutic self-care took the form of engaging in political activism or seeking out community in order to abate loneliness. Participants enacted protective self-care by removing themselves from oppressive communities and going to lengths to avoid street-based violence. Participants exercised emancipatory self-care by finding communities that allowed them to live more freely, engaging in political activism, or doing what they could to try and improve the community around them.

Having demonstrated the various ways my participants enacted therapeutic, protective, and emancipatory self-care, my Conclusion presents a summary of findings, an overview of

research implications, and a 'Matrix of Care'. This matrix is a synthesis of findings and articulates the greater complexity of how individuals practice self-care. It describes the way self-care is approached (Epistemologies of Care) and the way it is enacted (Praxes of Care). I also address some of the issues and potential limitations of wild self-care, explore the implications of this novel approach, and consider how wild self-care might be applied to future research.

Chapter 1

Methods and Methodology

*Give to each emotion a personality,
To each state of mind a soul.*

- Fernando Pessoa

This has been a challenging, troublesome, and incredibly rewarding thesis to write. I came up against a variety of unexpected ethical quandaries related to participant-researcher boundaries, how to care for myself in the field and during data analysis, caring for participants during and after interviews, and managing unforeseen risks. I arrived at questions like: How do I respond to a participant who is suicidal and asking for help? As someone who has had a problematic relationship with substance, what does it mean to be offered drugs by a participant during an interview? How do I address the cumulative effects of listening to participants tell me about the worst periods of their life? These questions did not have simple or easy answers, but required answers nonetheless.

This chapter presents how I carried out my research, the theoretical and ethical frameworks I implemented, and the various considerations and issues I faced along the way. I pose many questions throughout this chapter and offer some answers drawing from the literature or the practical solutions I developed at the time. I also present these questions in order to elicit conversation around these issues and demonstrate how open-ended these concerns can be. Additionally, this chapter describes how I implemented self-care at the different stages of writing this thesis and the impact this PhD has had on me as a person. This is salient not only as an exercise in reflexivity; it is important to acknowledge the ways this research directly

impacts me as a queer man, how I move through the world, and the dynamic relationship I have with interpreting this research. Prior to starting this project, I was aware that my findings will impact the way I see myself and my community, my sexual practices, how I view substance use, and the ways I understand and practice self-care.

This chapter is divided into three sections. The first section presents an overview of constructionist grounded theory and queer feminist methodologies. The second describes how I applied these two approaches in the field, the various considerations I faced during data collection and analysis, and how I navigated and conducted my interviews. The final section critically examines the ethical considerations of this research. What is the best way to gather data on the experience of drug use, intoxication, and ‘risky’ sex? What are the anticipated risks and what are the actual ones? What does an ethical research practice look like to me?

Constructionist Grounded Theory

I find the messiness of qualitative research one of its most enjoyable aspects. Conducting qualitative research involves exploring how people live their lives, articulating what an experience feels like, and presenting how someone makes sense of the world. I used a queer feminist approach to constructionist grounded theory to do this. Having used Charmaz’s (2006, 2008a, 2017b) constructionist¹ grounded theory in my honours project², I had a good

¹ The literature on Charmaz’s approach to grounded theory tends to use ‘constructionist’ and ‘constructivist’ interchangeably, which is problematic because these are two different concepts (Andrews, 2012). Constructionism is more prevalent within sociology and explores how meaning and the social world is constructed through relationships and interaction, whereas constructivism is used more in psychology and education and focuses on the way individuals construct knowledge, identity, and meaning based off their social environment (Raskin, 2008). Some have presented arguments as to whether Charmaz’s approach is ‘actually’ constructivist or constructionist (Belgrave & Seide, 2019; Glaser, 2012; Tuckett, 2005; Ward, Hoare, & Gott, 2015), though with Charmaz (2004, 2008a, 2017a, & Keller, 2016, & Puddephatt 2006) being equally ambivalent, it is difficult to know. I have opted for ‘constructionist’ because of this focus on collaboratively ‘creating’ reality and meaning through interaction, relationships, and social groups.

² Submitted in June 2016 at the University of Queensland, my honours dissertation explored how members of the gay community adopt and negotiate tribal identity on Grindr. See: Clay, 2018.

familiarity with this methodology. Charmaz's approach can be considered a distilled synthesis of the original 'Glaserian' method (Glaser, 1978, 1992; Glaser & Strauss, [1967] 2006) and the later 'Straussian' approach (Corbin & Strauss, 2008; Strauss & Corbin, 1990, 1994) whereby the strongest elements of each have been adopted (Rieger, 2019; Thomas & James, 2006).

Constructionist grounded theory seeks to expose, address, and engage the interpretative nature of grounded theory and the need to acknowledge the researcher's position at each step. Charmaz (2008a) problematises the objectivist approach developed by Glaser & Strauss and outlines how it seeks 'explanation and prediction at a general level, separated and abstracted from the specific research site and process' (pg. 398). By pursuing data transferability and objectivity, many of the nuanced aspects of collecting and analysing data become erased from the findings. A constructionist approach is superior in this sense as it allows room for discussion around how data collection was influenced by the researcher's unique experience in the field. It also describes the way researchers and participants construct meaning together and collaboratively produce knowledge.

Charmaz (2008b) has described grounded theory as an 'emergent method' (pg. 155) involving the systematic development of a theory from qualitative data. In order to produce a theory of understanding about a phenomenon, a series of steps are employed, which include: theoretical sampling, simultaneous data collection and analysis, constant comparison, and thematic data coding. These are continued until 'saturation' is reached and a theory emerges (Belgrave & Seide, 2019). Theoretical sampling involves the use of pre-existing research and/or previously collected data to identify what sort of participants should be included to develop and add nuance to growing themes. This process continues for the duration of the research project in order to refine and strengthen the emerging theory. Theoretical sampling also refers to the

organisation of collected data by selectively sampling the more relevant and salient findings to help produce a theory that accurately describes and explains a phenomenon (Birks, Hoare, & Mills, 2019).

The simultaneous collection and analysis of data is an idiosyncratic element of grounded theory and assists in the theoretical sampling process. By analysing pre-existing data while new data is being collected, emergent findings can be identified, pursued, and developed. Constant comparison is part of this process too. Existing findings, identified trends, and emerging theories can be refined by comparing collected data to new data (Belgrave & Seide, 2019). Once new insights on the core themes have become minimal, similar themes are consistently emerging in each interview, and the data ceases to add further theoretical insight, 'theoretical saturation' has been reached (Charmaz, 2008b). Charmaz (2006) is careful to point out that theoretical saturation is not the same as identifying repetition in the data. It is when the 'conceptual density' (Charmaz, 2006, pg. 113) of the data ceases to grow and a complete theoretical framework of ideas is present. That is, the core ideas and concepts in the data are detailed, comprehensive, and strong enough to develop into a theory.

The importance and nuance of coding in grounded theory has received a lot of attention over the years. Some of the main topics discussed by researchers include what is the best way to approach coding, how many steps ought to be included in the process, and what should the goal of coding be (Kendall, 1999; Walker & Myrick, 2006). In its simplest form, coding involves identifying, isolating, and grouping concepts in the data, and arranging these codes into a theoretical framework (Böhm, 2004). In their original method, Glaser & Strauss ([1967] 2006) proposed three stages of coding (open, axial, and selective coding), and while there have

been a variety of different ways to code in grounded theory since, the fundamental elements of Glaser & Strauss's method tend to remain.

Böhm (2004) describes these three basic types of coding. Open coding is the initial breaking down of the data into rough categories, themes, or concepts to create the 'building blocks' of the final theoretical framework. It involves asking 'theory-generating' questions of the data like, what are the issues at play here or what actors are involved? Axial coding is the refining of these codes and categories, and examining the nuances and differences within each of these groups. This stage focuses on critically examining how each piece of the data contributes to relevant codes, detailing how they differ, and what they might tell us about the bigger picture. Selective coding is the final stage and involves assembling the most relevant data to tell a 'story'. The coding that Charmaz (2006, 2008a) suggests is similar to Glaser & Strauss's, though rather than moving through a series of rigid steps, she tends to emphasise the benefits of using different techniques to interrogate the data. These techniques include line-by-line coding (every line in a transcript is named and coded), identifying *in vivo* codes (direct statements made by participants), assembling data based on developed codes or categories, and using the emerging theory to refine the coding process.

These are the essential components of grounded theory. So, how does Charmaz adapt this into a constructionist approach? She argues that research is conducted in a culturally and historically specific context and created in relation to, and with, participants. As such, the entire research process and articulation of subsequent findings is a social construction. The researcher is just as involved in the research as the participant, and researchers need to adopt the participants' perspectives and experiences of the world in order to effectively unpack the nuances of the data (Charmaz, 2008a; Mills, Bonner, & Francis, 2006).

Charmaz (2017b, pg. 36) emphasises the importance and benefits of researcher reflexivity and how it can bring a whole new set of meanings in the research process: researchers are ‘detecting and dissecting our worldviews, language, and meanings and revealing how they enter our research in ways we had previously not realised... [Reflexivity] means examining ourselves *in* the research process, the meanings we make and the actions we take each step along the way’. Engaging reflexivity is not simply about the researcher acknowledging their role in the data collection and analysis process, it is also about understanding the way personal experiences, life history, priorities, and ways of being directly influence how data is interpreted (Charmaz, 2017b).

Queer Feminist Research

Several scholars have noted the connections between constructionist grounded theory and feminist research methods (Keddy, Sims, & Stern, 1996; Plummer & Young, 2010; Wuest, 1995). Feminist methodologies emphasise that being a researcher in the field is fundamentally a position of power and that the resulting power dynamics must be carefully considered. Lather (1986) and Wilkinson (1998) both discuss the need for research to be empowering in some way for the participant, a collaborative engagement between both parties, and openly reciprocal in terms of creating meaning and power. A feminist approach to sociological research also focuses on re-balancing the way this historically male-dominated discipline is practiced in the field, and aims to diversify the forms of theory that are subsequently developed. By approaching participants as powerful ‘knowledge holders’, perspectives not previously deemed substantive or valid are opened up to produce changes in thought and perspective. Participants, communities, and other individuals do not require a researcher’s analysis and dissemination of work in order to have their experiences or perspectives legitimised (Acker, Barry, & Esseveld, 1983).

Some scholars have troubled the ethics of pursuing democratised power relations and questioned the personal boundaries of researcher and participant. Karnieli-Miller, Strier, & Pessach (2009) identify five different stages of qualitative research that can be ethically fraught despite researchers' best efforts. They argue the power imbalance between researchers and participants can never be truly neutralised at any of these stages. 1) During recruitment, the researcher decides how to frame the research and what information to disclose in order to make the project sound appealing to potential participants; 2) the rapport-building tactics researchers employ during data collection can be read as manipulation or exploitation through selective self-disclosure in exchange for the participant's experiences, 'faking friendship', and curating an atmosphere of heightened empathy and care; 3) when the researcher produces the final report, they become the 'storyteller' of the participant's personal experiences and life which is recast into a completely different historical, cultural, and political context; 4) some researchers return transcripts or analyses to participants for their input, but this has been critiqued as the participant may feel uncomfortable questioning the researcher's analysis or unable to raise concerns around how they are portrayed in the research; and 5) finally, if the participant has given permission for their data to be used in future publications, what are the limits to this and how can the participant stay involved in this process if their data is being used for years afterwards?

While these concerns are valid and raise some interesting questions around how to endow participants with meaningful agency, they ultimately present 'truly' ethical qualitative research as an impossible task. Karnieli-Miller, Strier, & Pessach (2009) frame participants as inherently powerless, helpless, and subject to the researcher's whims rather than agents who can be in dynamic and ongoing dialogue with the researcher throughout and beyond the project. There is also suggestion that if a researcher presents a participant or their experience in an

unfavourable, unflattering, or controversial way, the participant is permanently wounded with little recourse. This assumes all participants have the same emotional and personal investment in their research, that all degrees of misrepresentations, misinterpretations, or silencings have the same impact and severity, and participants are bound to feel unable to address the researcher if any issues arise.

Queer methodologies also critique the way conventional research is carried out. They offer alternative ways of engaging with the field and participants, produce new methods of collecting and analysing data, and radically reconfigure how the positions of ‘participant’ and ‘researcher’ are constructed (Browne & Nash, 2010). As a product of post-structuralist theory, queer theory focuses on understanding and destabilising power relations, engaging with emotion and affect, and blurring the categories of identity and meaning. Di Feliciano, Gadelha, & DasGupta (2017) argue that a strength of employing a queer epistemology is the ability to problematise traditional researcher-participant positionalities by exploring the unexpected and unpredictable encounters in the field. They also suggest this approach seeks to actively resist normative ways of conducting interviews and collecting data, and considering how desire and emotion arise between researcher and participant. The authors describe how queer methodologies embrace the messiness of social life and seek ‘to revolt and demolish monolithic and hegemonic conceptions, avoiding precise and closed answers, while continuously opening up new ones’ (Di Feliciano, Gadelha, & DasGupta, 2017, pg. 406 – 407).

Queer methodologies often emphasise how the feeling body can be used as a research tool and the importance of exploring the emotionality of living in a body. Campbell & Farrier (2015) describe the inherent queerness of practice-as-research, or the way scholars embody their research and how using the emotional body can be a way to understand the field and research

material. There are a number of overlaps between practice-as-research and the role of reflexivity in constructionist grounded theory. By involving the researcher's personal history and context to give greater transparency to the research, practice-as-research demonstrates how the researcher is not only in the field, they are part of the field. As I discuss below, my past experiences with substances and my queer identity not only inform how I approach participants and engage with them, these aspects of my life become part of the field and the collected data.

Because queer research methods focus on emotion and affect, corporeal desire needs to be addressed in fieldwork. This can be the sexual desire that may arise between researcher and participant (de Craene, 2017), the emotional and intellectual desires of the researcher (Jackman, 2010; Thomas & Williams, 2016), and/or the desire for sexual pleasure in erotic fields like Grindr (Sanders, 2006). A key aspect of queer research is deconstructing and highlighting the emotional nuances of how different relations and forms of communication can arise between researcher, field site, and participant (Gorman-Murray, Johnston, & Waitt, 2010). For example, what sort of emotions are produced during an interview? How do these emotions influence the experience of the researcher and participant? What feelings are produced by the surrounding space?

The emotional work researchers do in the field and the implications of this often-invisible labour has received some critical attention. Managing personal emotions and emotional displays in addition to caring for the participant's emotional state is increasingly being acknowledged as a significant challenge with negative consequences for the researcher's well-being (Dickson-Swift, 2019). There has also been growing discussion on the unique type of emotional work postgraduates experience in the field, and how the pressures of academia, researchers' over-worked and fatigued bodies, professional vulnerability, commitment to the

field, and poor mental health can combine in acute and overwhelming ways for these students (Brown, Western, & Pascal, 2013; Caretta & Jokinen, 2017; Jokinen & Caretta, 2016; Sethi, 2011).

I can certainly speak to some of these concerns. Completing this PhD has not been light work and the subject matter has often been difficult to process. As a burgeoning academic, it was frequently difficult to know when I had done ‘enough’ work, when my reading was complete, what the signs of exhaustion and burn-out looked like, navigating the need to rest, and not feeling guilty about resting. My supervisors were a major strength when managing these issues. They offered substantial support in troubling periods and helped to quell many of my fears and concerns related to completing this project. Based on my experiences and many of my postgraduate colleagues researching ‘sensitive’ topics or marginalised communities, it is clear that additional ethical considerations need to be developed to support the emotional and mental well-being of postgraduates in the field. Perhaps this would involve asking more questions before, during, and after entering the field or simply acknowledging how intense this work can be and better preparing postgraduates for it by engaging in deeper conversations about what might lie ahead.

Project Planning and Information Gathering

Before I began data collection, I contacted a range of researchers and experts to gain an understanding of gay men’s health in New Zealand and answer some emerging questions. I took a trip to Auckland in September 2017 to meet with some key members of the New Zealand AIDS Foundation (NZAF) and two researchers from two local universities. My goal was not just to hear about New Zealand’s unique set of strengths and challenges but to gain deeper insight into the nuances of this country’s health system and how gay men interact with it. I also

used this opportunity to discover current research, ask about recently finished projects, and create connections with others who are doing similar work to me.

I also had the chance to speak with a representative of Gilead Sciences, the developers of Truvada/PrEP (see Chapter 5) in order to gain an understanding of how this drug is manufactured and distributed, the global context of HIV treatment, and seek answers to other issues which had arisen during my researching of this drug. The representative clarified some queries I had around how the company works with governments, the purpose of large-scale trials (e.g. QPrEPd in QLD, EPIC in NSW, PrEPX in VIC), the exorbitant price³, where Truvada fits in with other HIV medications, and Gilead Sciences' approach to how the drug might be distributed within the gay community to be most effective at quelling HIV transmissions.

The guidance of my supervisors (Chris Brickell and Gareth Treharne) and the feedback from seminars, conference presentations, and lectures were also a major influence at these earlier stages of the research process. While personal support, intellectual guidance, encouragement of creativity, advice on constructing a strong thesis, and navigating issues in the research process are all ongoing aspects of any supervisory role (Buttery, Richter, & Filho, 2005; Fraser & Mathews, 1999; McCallin & Nayar, 2012), the benefit of working alongside two other queer men was an obvious strength. Chris and Gareth helped to develop my thinking on the deeper theoretical and pragmatic issues present in my research, how to negotiate the ethical problems

³ In early 2018, PrEP became fully subsidised by the Australian and New Zealand governments, allowing patients to access the drug for roughly \$40 and \$1.50 per month, respectively. However, the unsubsidised costs governments were covering remained high. Based off annual reports from the pharmaceutical management groups of each country, Australia was subsidising a cost price of \$1268.25 per 30 tablets while New Zealand was subsidising \$838.20 per 30 tablets. Since 2019, generic forms of Truvada (tenofovir disoproxil + emtricitabine) have become available, dropping the unsubsidised cost (as of August 2020) to \$61.15 for New Zealand and \$111.47 for Australia (Pharmaceutical Benefits Scheme, 2017, 2020; Pharmaceutical Management Agency, 2017, 2020).

I faced, and to attend to the nuances of how queer politics and gay men's health are currently discussed. Additionally, synthesising my research into a concise format to present at various conferences and departmental seminars helped to identify and distil the fundamental aspects of my project. These presentations were also a vital source of alternative perspectives and external critical engagement through audience feedback.

Sample

Consultation with Ngāi Tahu (the local iwi/Māori tribe) was completed on November 2017 (reference number 5703_19947) and ethical approval from the university was granted February 2018 (reference number 17/164). I carried out data collection and analysis over most of 2018, with interviews conducted in Dunedin and four other cities: Brisbane, Wellington, and Christchurch over February-March, Dunedin and Sydney over July-August, and Brisbane in December. I spoke with 16 participants (6 in Australia, 10 in New Zealand), all of whom were over 18 years in age and identified as a gay/queer man or as a member of the gay community. I decided to conduct interviews in Australia as well as New Zealand in order to gain a greater diversity of experiences and attitudes. These two countries are similar in many ways, although as my research demonstrates, there is a greater prevalence of drug use in the major cities of Australia (see Chapter 6) and the social significance and context of HIV prevention and treatment is considerably different (see Chapter 5).

I recruited the majority of my participants through Grindr (a popular geo-social networking app marketed towards gay men, see Chapter 4) in addition to directly inviting a handful of individuals I already knew because of their personal background (Sam, Tui) or their professional life (Trent, Isaac, Gregory). For my first two interviews, I put together a detailed interview schedule (see Appendix 3), though I had become so familiar with the subjects I

wanted to explore in the interview that I did not use them. Using a set of topics to explore with participants rather a list of questions helped to establish a fluid and effortless interview, which was an unforeseen strength of this approach. For the rest of the interviews I wrote down a handful of discussion topics based on the participant’s background and emerging trends in the data to use as personal prompts. The table below is a breakdown of each participant’s demographic details, in chronological order of their interviews:

Location	Age	Ethnicity	Name
Brisbane	38	White AU	Gregory
Wellington	49	Indian NZ	Nishant
Wellington	60	Pākehā ⁴	James
Wellington	56	Pākehā	Andrew
Wellington	47	Pākehā	Felix
Wellington	20	White US	Damien
Wellington	34	Pākehā	Karl
Christchurch	25	Pākehā	Justin
Christchurch	59	Pākehā	Jonathan
Dunedin	20	Pākehā	Sam
Sydney	28	Middle Eastern	Ali
Sydney	45	White AU	Jason
Sydney	55	White AU	Isaac
Sydney	48	White AU	Jacob
Brisbane	24	Māori	Tui
New Zealand	57	Pākehā	Trent

In order to ensure the confidentiality and anonymity of all my participants (and their partners, where applicable), I assigned pseudonyms and removed any potentially identifying information. Because of the systematic way I conducted my New Zealand interviews, I have also hidden the order of when Trent’s interview was done as including this information could expose his identity. Tui identified as non-binary and was among two other participants who

⁴ Pākehā is a Māori term generally used to describe non-Māori individuals of European descent (Barber, 1999).

did not identify as gay, male, or cisgender, but did see themselves as part of the gay community. It was important to be able to include them in my study's framework because of the valuable insights and experiences they could offer, which is why I opened up my sample population to people who identified as a gay man *or* as a member of the gay community.

Recruitment

Having used Grindr as my main recruitment tool in my honours project (Clay, 2018), I was familiar with what to expect in terms of user interaction and successfully finding participants. The issues of using this app as a recruitment tool have been discussed by others, particularly in terms of addressing the highly sexualised nature of the app, participants requesting sex in exchange for providing data, how much personal information researchers should/might disclose to potential participants, requests for 'face pics', the importance of being *au fait* with the app, and the significance of being a member of the gay community (Ahlm, 2017; Blackwell, Birnholtz, & Abbot, 2015; Bonner-Thompson, 2017).

Initially, I had some trouble finding participants on Grindr. I soon discovered that the reluctance among users to engage with me and the general lack of interest in my project was because many did not believe I was conducting legitimate research but was masquerading as a researcher to find sexual partners. I attempted to address this by creating a profile that demonstrated my connection to the university, providing as much detail about my project in the 'bio' section, an appropriate display image, and a link to the Qualtrics survey page (see Appendix 1) and Participant Information Sheet (see Appendix 2). However, it became apparent that the disbelief of potential participants was rooted more in the content of my research (wanting to speak to gay men about their experience with sex and drugs) than my online presence. Many did not believe an institution would permit such research and that the topic

itself was too sensational to be considered legitimate. Even after demonstrating the legitimacy of my work, it was often revealed that the subject matter was too personal and sensitive to encourage Grindr users to volunteer as participants.

In addition to this scepticism around my intentions, I was regularly asked whether I was a queer person or part of the gay community. This seemed to be a major factor for participants deciding to be part of the research, how users engaged with me, and the information they were willing to disclose. As such, the initial conversations I had with potential participants often felt tenuous and grounded in validating who I was as a researcher, providing a description of my research which demonstrated my connection to an institution, and offering some personal information and a photo to foster a connection and share a piece of my queer identity.

I also used these initial conversations as sensitising information to refine how I conveyed my research to others or to ask brief questions to those who were interested in my research but were not willing to do a formal interview. For example, when I was in Christchurch, I searched for ‘kinksters’⁵ to interview and chatted with a ‘pup’⁶ about some of my emerging findings that suggested kink⁷ could be an innate part of someone’s sexuality⁸. He told me about his tendency to act like a dog when he was little, bark at the backyard shed, roam around the house on all-fours, and how he had always felt a pup ‘essence’. On the same afternoon, I spoke to another kinkster who resonated strongly with my research because he was an ‘addict in recovery’. He

⁵ This is a common term within the kink community to refer to someone who regularly practices kink and identifies with the kink community (Fennell, 2018; Robertson, 2018; Sheff & Hammers, 2011).

⁶ Pup play, or being a pup, is a type of kink involving one person adopting a pup-like identity and another person being their ‘handler’ or owner (Wignall & McCormack, 2015). I discuss this type of practice in greater detail in Chapter 2 and 4.

⁷ Kink is an umbrella term commonly used to refer to BDSM practices (bondage and domination, dominance and submission, sadomasochism) as well as other less-normative relationship styles and sexual behaviours like polyamory, fetishism, role play, voyeurism, exhibitionism, et cetera (Pitagora, 2016; Sheff & Hammers, 2011).

⁸ This observation has been noted by many others. See: Bauer, 2014; Carlström, 2019; Chaline, 2010; Newmahr, 2011; Simula, 2019b; Weiss, 2006.

ultimately decided to not go ahead with the interview because his relationship with drugs was emotionally fraught and overly sensitive, and while he wanted to give his experiences to help his community and strengthen my research, he felt that the interview might become emotionally overwhelming for him. This interaction shifted my thinking around my research material and recruitment process because it demonstrated how important this work was to some members of my community and the vulnerability involved in speaking about self-care. Chatting with this second kinkster also demonstrated how self-care could manifest at this level of my research: by declining to participate, he was looking after his well-being and protecting his mental health.

Conducting Interviews

Once a participant agreed to be interviewed, I asked whether they would prefer to conduct the interview at their house or in a semi-public meeting spot (e.g. a private room at a library). For some, meeting at home was not an option because of work commitments, logistics, or they were not 'out' to the people they lived with. For others, speaking with a researcher about such sensitive topics could only be done inside the home. Before each interview I asked participants to complete a brief Qualtrics survey (see Appendix 1) which requested basic demographic information, contact details, and contained the participant information sheet (see Appendix 2), however this was not always possible. One participant refused to complete the survey or look at the participant information and ethics form because he had heightened concerns around accidentally leaving behind any potentially identifying information, to the extent that he did not even want my contact details. Other participants were reluctant to complete the survey before the interview for various reasons or simply did not get around to doing so. In these cases, I went through their participant rights and ethics before the interview, ensured they understood

how I was going to protect their data and identity, told them that they could withdraw at any point, and let them know how they could contact me if they had any follow-up questions.

The interviews generally ran for 1.5 to 2 hours each and ranged from being easy, fun, and engaging to somewhat troubled. While we as researchers go to lengths to establish good rapport with each of our participants, it is not always possible to become ‘friends’ with everyone. Difficult interactions, uncomfortable silences, and tensions with participants should not be seen as a failure. Instead, they can be a valuable source of knowledge on how the participant relates to the subject matter and the affectivity of interviews (Montgomery, 2013; Morison & Macleod, 2014). In my more challenging interviews, I found myself reflecting on why the participant might be feeling reticent despite approaching me and wanting to share their experiences. Had I accidentally touched on an overly sensitive topic or said something wrong? Did we simply not get along? Did they have a different sort of interview in mind? Other interviews were personally difficult because of the experiences being shared. Being told a particularly troubling or emotionally fraught experience by a participant, or seeing them become visibly upset, often made it hard to be present and manage the interaction. This also posed challenges to providing adequate care for the participant, monitoring my own well-being, and checking that personal and professional boundaries were not being transgressed all while collecting the specific data I had set out for.

Participants engaged a variety of subtle self-care practices during the interviews which I took note of. In my interview with Justin, he would gently avoid certain topics by disengaging from me and speaking to his housemates or divert attention to something else, a good example of protective self-care. Jason, Tui, and Jonathan all described how our interaction had felt like a therapy session and that they had reached out to me partly to explore some of these issues they

had difficulty voicing. Part of the reason Andrew, James, and Felix had approached me was because they were politically active and did what they could to help others in their community, demonstrating how caring for others can be a form of self-care. Even the interactions before an interview when the participant and I would have small talk to get to know each other a little, these were a rich and vital source of information around how mundane and foundational self-care is, even in extraordinary circumstances.

Data Analysis

I conducted several layers of analysis on each interview, drawing from Charmaz's approach. I would sit and make notes after an interview to detail my impressions, emotions, any new ideas that came up, and consider what elements of my data set were complicated or refined by the interview. In March 2018, after I finished my first set of interviews, I collated and summarised my written notes and assembled a preliminary theoretical framework of findings. I then tested and refined these findings by compiling hard copies of each interview and annotating the transcripts with this framework in mind. Did my framework of self-care hold up when I applied it directly to each interview? Which aspects remained strong and which ones did not?

After refining my framework and returning to the literature, I conducted another set of interviews between late July and early August 2018, and began analysing the data with NVivo. While I had already done one type of coding analysis by annotating hard copies of each interview, coding with NVivo allowed me to organise my data for writing up and refine emerging themes and theories. In addition to applying and testing my emerging framework to these newer interviews, I also used my framework to separate quotes or interview sections into discreet categories in order to efficiently access relevant sections. This proved to be an interesting experience, one where the primary meaning of each category began to slip away

after some time and the interview data felt overwhelmed with meaning. Does this quote speak more about HIV or navigating safer sex practices? How specific should I be with my nodes/categories? Is this interpretation honest to how the participant framed it? What do I do with quotes that could easily fit into three or more categories? My solution to this issue was to code and categorise the data in ways that felt most appropriate at the time and to re-arrange at a later point if need be.

By this stage I had a very intimate relationship with all the interviews and could recall the contents of each one, how it related to the broader framework, and some possible structures for my thesis. In order to present my participants' experiences most articulately, succinctly, but still honestly, I carefully edited out some 'filler' words from direct quotes (e.g. 'um', 'like', 'but', 'and yeah', 'I mean', 'you know') whilst leaving some in to retain the personality and style of the participant. Spreading out my data collection and analysis over a 12-month period was instrumental in creating enough space to thoroughly pore over each interview and critically examine my participants' experiences. The decision to do this process over an extended period was also based on my own self-care.

Talking to people about their experiences of self-care requires talking about trauma, pain, and suffering. These interviews contain a lot of heavy material including suicide attempts, devastating dissolutions of romantic relationships, rejection from families and/or communities, substance dependency, and ongoing struggles with mental health. While some of my interviews were difficult to conduct, it was returning to this material time and again for analysis that became especially hard. I responded to this unexpected distress by stepping away from the raw interview data until I felt ready to return and able to engage with it on an intellectual level without becoming emotionally overwhelmed.

Ethical Concerns and Risks

In addition to this issue around secondary data analysis, a few other unforeseen problems arose during data collection and analysis. During the ethics approval process, there were two safety concerns raised by myself and the ethics committee that needed to be addressed before I could enter the field: participants becoming distressed from sharing sensitive experiences and my physical safety when conducting interviews at participants' houses. What was not considered by myself or the ethics committee was the emotional impact this research might have on me, what emotional risks may arise from doing research with drug users and people who live with mental health issues, how to be a responsible researcher with firm boundaries while also being an ethical person, managing the emotional labour⁹ of being an improvised therapist, and the significance of being told experiences or feelings never before voiced (e.g. Jonathan 'came out' as gay for the first time in our interview).

Some scholars have raised concerns around emotional safety while conducting research. Roguski & Tauri (2013) highlight how the researcher's safety is generally seen as less important than the participants' and institutions tend to privilege risks of physical violence over most other risks. Cowles (1988) presents the importance of setting the researcher's well-being as an ethical priority when working in an emotionally sensitive field and how deeply this type of research can affect someone. The emotional risks of research can have a cumulative and complicated effect. Just like I experienced, Hanna (2019) describes how the emotional response researchers have to their data does not cease after it has been collected and analysed; it continues to live on and affect them during further stages of the research process.

⁹ This concept was developed by Hochschild (1983) to describe the way individuals are required to manage and control their emotions in the work place. It has been used extensively across disciplines to understand the structure and social relations of service industry jobs and the personal impact emotional regulation can have on individuals (Wharton, 2009).

Researchers engage in substantial emotional labour while collecting data and continue to do so while they manage the ‘aftermath’ of the research, which is compounded by the assurance of confidentiality (Jackson, Backett-Milburn, & Newall, 2013; Hubbard, Backett-Milburn, & Kemmer, 2001). This prevents researchers from being able to decompress more fully and work through any difficult emotions which arose in the field or from data analysis. This literature on researchers and emotions could be interpreted as portraying emotions as eluvial or a by-product of the research project that should be neutralised and removed, but the response we have to participants and the field is a valuable finding in itself and an importance source of knowledge (Carroll, 2012).

Developing and negotiating boundaries between myself and participants was another site of difficulty in the field and created a number of personal and ethical dilemmas. Part of my queer feminist approach was to position myself as a queer man doing research rather than a researcher who happened to be a queer man. During interviews, I worked at situating myself as a fellow participant by personalising the research, fostering an honest emotional connection with participants by sharing how we both relate to the project, and exploring the community bonds we might share. I felt more comfortable taking this approach rather than adopting a rigid separation between researcher-participant because it was the reality of the research and ultimately became a personal political commitment: these people were part of my community, we both shared an emotional investment into the project, and we often had a range of personal experiences that overlapped, so to pretend otherwise seemed deceptive.

Wilson & Hodgson’s (2012) study on the ways trust and care develop when researching marginalised groups corresponds with my approach. They demonstrate how adhering to institutional ethical guidelines can actually be harmful to participants because their interests

and social circumstances are not being placed at the centre of the research process. Furthermore, negative perceptions of ‘vulnerability’ can become reified and perpetuated with particular ‘at-risk’ groups by continuously designating them as ‘too vulnerable’ to research. This process can be understood as ultimately re-inscribing and amplifying forms of systemic oppression despite trying to achieve the opposite (Katz et al., 2019; Levine et al., 2004).

Positioning myself as a fellow participant in the interview process also placed these new tenuous and emotionally charged relationships with interviewees in a peculiar interstice of not-quite-friend, not-quite-colleague, and not-quite-acquaintance. This can be a common experience among ‘insiders’ who do ethnographic work in their communities (Sherif, 2001; Taylor, 2011). I found myself asking questions like: What are my professional and personal obligations to a participant who has spoken about how much they are struggling? When a participant reached out to me for suicide support, was I accidentally hurtful or dismissive by urging them to call Lifeline? How close should I be with my participants? Hypothetically, what would it mean to become close friends with a participant during the data analysis and writing process? Queer feminist research stresses the importance of dissolving boundaries between researcher-participant, exploring and highlighting the role emotion has in research, and trying to find alternative ways of engaging with the field and participants (Di Felicianantonio, Gadelha, & DasGupta, 2017); however, my experience demonstrates the limitations of this approach and the ethical troubles it raises.

I developed a number of solutions to these limitations and ethical troubles. While I did go to lengths to dissolve the separation between researcher and participant by positioning myself as a co-participant, I also set firm boundaries for myself based on my connection with the participant. I constantly examined and reassessed what conduct and type of relationship felt

appropriate and in the best interests of myself and the participant. When issues arose with a participant, I consulted my supervisors and used their advice on how to best proceed. Additionally, I used the various tensions and connections I had developed with participants to help inform how I interpreted the interview data and articulate a nuanced portrait of their experiences.

Risks of Drug Research

What are the risks when researching the social life of drugs and substance use, and what happens when these risks are introduced to the ethical concerns I have already discussed? There has been much discussion around the ethics of interviewing active drug users. Some have queried whether or not financial compensation is appropriate in this situation and explored the possible legal implications institutions and researchers might face by conducting this work (Fry, Hall, Ritter, & Jenkinson, 2006; Small, Maher, & Kerr, 2014). Others have examined the overwhelming number of precautions and safety measures that institutions force researchers to address, the negative impact this can have, and how blurry personal and professional responsibility can be in this research setting (Fisher, 2011; Ryan, Smeltzer, & Sharts-Hopko, 2019). This literature has limited application to my study as it focuses mostly on the pragmatics of drug research and protecting the researcher from physical harm, and the ethnographic studies these ethical discussions are based upon tend to examine extreme forms of drug-related lifestyles (e.g. being a member of a drug cartel, the experience of severe heroin dependency, et cetera).

There has been very little discussion on the unique ethical considerations of conducting qualitative research into gay men's drug use, and there does not appear to be any in-depth personal accounts of queer researchers conducting empirical drug research. What is the

emotional experience of engaging with drug users? What are the potential risks in this regard? There has been some exploration of researcher emotions and drug environments which points to experiences of discomfort, tension, and the need to manage emotions in significant ways. This literature describes how it can be distressing for researchers to watch someone use intravenous drugs, move through spaces where drugs are exchanged and violence can occur, or interact with individuals who are experiencing substantial hardship alongside substance dependency (Briggs, 2013; Perrone, 2010; Seal, Bloom, & Somlai, 2000; Ward, 2008).

Most of these discussions on the ethics of drug research do not apply well to my project: my research was not solely focused on drug users nor did it require me to enter settings where drugs were being sold/exchanged or consumed. I was not working with gangs, taking drugs, nor was I at serious risk of violence. My work was simply speaking to gay and queer men about their experiences with drugs. However, my drug research is coloured by the fact that I have personal experiences of substance dependency. What additional ethical considerations does this raise? What does risk look like in this context? At the end of an interview in Australia, a participant disclosed that he had taken some drugs prior to my arrival at his house and asked if I would take some with him. Does this represent a serious risk to my safety? What are my obligations to this participant and myself? Was it ethical for me to interview him because he was under the influence of substance? Would he still have been able to freely articulate his feelings and experiences if he had not taken some drugs? Was it unethical for me to include his experiences in this thesis? Or would it have been unethical for me to decide he was 'incapable' of ethically consenting despite being lucid and coherent, exclude him from my data, and deny him his desire to improve the well-being of his community?

Ultimately, I decided to keep this participant in my sample. I did this for a number of reasons. He had approached me with the desire to create meaningful, positive change in the gay community by sharing his experiences of dependency and wanted to use the interview as a form of therapeutic self-care to start addressing the impact of his drug use. To remove him from my study would undermine these pursuits, betray the trust we had established as members of the same community, and diminish his agency by assuming he is fundamentally incapable of adequate decision-making while managing substance dependency (discussed further below). Furthermore, the standard research practice of de-identifying and anonymising all participants ensures that his character and livelihood are not jeopardised and he is able to contact me at any point to negotiate his involvement in my project or remove himself entirely.

Some scholars have investigated the ethics of conducting drug research with ‘intoxicated’ subjects (Allan, 2019; Bell & Salmon, 2011; Ryan, Smeltzer, & Sharts-Hopko, 2019). When engaging with drug users and people who are experiencing substance dependency, there are three main issues to take into account: assessment of intoxication level, vulnerability, and participant agency and desire. Aldridge & Charles (2008) demonstrate how immediately discounting ‘intoxicated’ participants can ultimately be counter-productive and unnecessary, and that measuring level of intoxication is often difficult. They argue that, instead of avoiding the intoxicated for research and potentially re-inscribing substance-related stigmas, more flexible parameters for informed consent can be put in place. These include extending the timeframe for consent and withdrawal, building extra time and consideration into ensuring the participant understands what they are agreeing to, and immediately excluding the ‘obviously intoxicated’. I incorporated all of these elements into my research framework to ensure I provided adequate care for my participants.

The vulnerability of ‘intoxicated’ participants is a major ethical concern among researchers, though what does this vulnerability actually refer to? A number of scholars have described how it is inevitable that some participants will be under the influence of substance when conducting drug research and that researchers should anticipate this when developing a research framework (Fisher, 2011; Ryan, Smeltzer, & Sharts-Hopko, 2019). Other writers have critiqued the assumption that drug users are inherently vulnerable and argue this assumption is couched in discriminatory stereotypes of drug users and addiction (Bell & Salmon, 2012; Nordentoft & Kappel, 2011; Murdoch & Caulfield, 2016). These same authors suggest that using substance does not immediately make someone vulnerable, rather the source of vulnerability among drug users stems from researchers refusing to engage with them which prevents meaningful social change occurring.

Murdoch & Caulfield (2016) suggest it is ‘paternalistic’ to deem individuals managing substance dependency as an inherently vulnerable group who do not have the capacity to consent. By assuming drug users cannot accurately articulate their reality because of their substance use and are fundamentally unable to make certain decisions, the legitimacy of their experiences is erased. This approach strips these individuals of the opportunity to convey their experiences to a wider community, improve the lives of others, and have their struggles heard. Those who live in the margins of society may find it therapeutic, empowering, and a source of great relief to have someone sit down and ask to hear their story (Bell & Salmon, 2011; Nordentoft & Kappel, 2011; Singer et al., 2008).

My experiences with substance have been a major strength in carrying out this research, and in some ways, a motivating factor to do this PhD. In an article on drug research, Race (2017) invites researchers to ‘think with pleasure’ when exploring experiences and practices related

to drug use and to acknowledge the social energy of pleasure. To think with pleasure is to consider how pleasure might arise in the lives of others, delve into personal experiences of pleasure, and explore the various types of pleasures people pursue when using substance. This approach is about thinking *with* different ways of experiencing substance rather than thinking *about* them. Thinking with pleasure was a response to the way drug research often frames pleasure as an object or a ‘means to an analytic end’ (Race, 2017, pg. 144), and to incorporate personal experiences into understanding drug use.

Much of this thesis has been an exercise in thinking with pleasure. I used many of my own understandings and experiences of substance to navigate through the literature and as a sensitising tool when entering the field. I was also able to utilise my personal experiences of dependency during interviews to ask my participants more articulate and/or emotionally sensitive questions. My approach to thinking with pleasure allowed for a greater attention to detail in my participants’ experiences, how they described their relationship to substance, and the emotional weight of these experiences. I was able to feel what my participants were describing on a deeper level.

I never saw my relationship with drugs as a site of emotional risk in an academic or theoretical context, nor did I anticipate that speaking to men about their experiences of drug use or substance dependency might raise some discomfort in me. These were not problems until I was offered drugs by a participant and I began to question the implications of this: Did I have an obligation to advise the ethics committee of my relationship to substance? Disclosing this information to an anonymous group of committee members did not feel appropriate, comfortable, or relevant, however my experience in the field suggests otherwise. The interview’s success with the participant who offered me drugs largely pivoted on being able to

emotionally connect and share experiences of substance dependency, so what were the implications of my participant offering drugs to me with this knowledge? What if I had agreed? Was it unethical to tell him about my relationship to drugs in the first place? My turning down his offer was an act of self-care, albeit a complicated one.

Conclusion

Queer feminist research gives voice to the marginalised, describes alternative ways of being, exposes and balances power relations, and highlights the role emotions have in our lives. It would have been easy to not include my personal relationship with substance, minimise the emotional aspect of conducting this research. It would have been simple to follow strict participant-researcher roles and hide the wider relationship this work has to me and my connection to the queer community. However, doing so would have erased a critical and substantial aspect of this work and create unnecessary distance between my participants and myself. Researching self-care is deeply emotional because it is bound to trauma. It can be difficult to explore, but it can also be joyous.

I have raised a lot of questions in this chapter, many of which shed light on the limits of research ethics and conducting fieldwork. Where do my obligations to participants end? What constitutes as risk in the field and to whom does this risk apply? What level of care do institutions owe their researchers? How should researchers care for their participants and colleagues? What is the balance of care between institutions, researchers, and participants? If collecting and analysing data creates so much emotional distress for a researcher that they become hindered, can it still be considered ‘good’ or ethical research? How much personal information should a researcher disclose to an ethics committee when requesting clearance? Would it be unethical for a researcher to describe upsetting past experiences to a committee in

the interests of providing a more accurate risk evaluation? Would it be ethical for ethics committees to request this information to ensure researchers are not starting a project that could harm their health?

I stated in the introduction of this chapter that these questions are offered to create conversation, but they are also important insights into the research process. These questions demonstrate how complicated and emotionally fraught this process can be, the extent to which conducting research affects people, and the blurry nature of ethics. They also present the need to ask complicated and uncomfortable questions about each aspect of research without the expectation of an answer. These questions aid in exploring hidden problems and considering the unanticipated consequences and ongoing effects a piece of research may have.

Chapter 2

Sexual Performances

Language is wine upon the lips.

- Virginia Woolf

Let's talk about gay sex. This was a fraught topic for my participants. For some, sex was a domain of exciting pleasure and new experiences, whereas others felt more resigned towards this aspect of their lives. This chapter explores the concept of 'play', a term many of my participants used to refer to casual and/or kinky sexual encounters. 'Play' was ultimately a way of discussing how risk, pleasure, desire, identity, relationships, and personal well-being related to sexual practices. As I will demonstrate, 'play' is a significant part of gay culture with a wide range of meanings and associations and is bound up in various expressions of power. Based on the experiences of my participants, 'playing' has a range of 'rules' which are connected to pursuing or managing well-being. When the boundaries or rules of 'play' are broken, the activity is no longer 'playful' and can be considered dangerous or risky for some.

This chapter explores the various ways my participants used 'play' and is divided into four sections. Firstly, I provide an overview of Butler's theory of performativity and a presentation of the connections between language, sex, identity, and norms based on her work. Secondly, I explore the notion of 'playing safe', or the way safer sex practices can be a form of 'play', and how some participants would 'play' with power in kinky settings. Thirdly, I discuss the relationship between sexual position self-labelling and personal relationships. For example, one participant described how he 'played the part' of a 'bottom' (receptive anal sex partner) and the implications this had for himself and his intimate relationships. Finally, I present how

‘play’ can be a way of separating queer sex from heterosexual life, enacting different sexual identities, and examining the role of the Other.

Protective and emancipatory self-care are the main expressions of wild self-care in this chapter. Many of their experiences are grounded in establishing and monitoring personal boundaries, protecting against loneliness, and staying safe from the dangers of disease. There are aspects of emancipatory self-care in the way some of my participants used ‘play’ as a schema to access new experiences, create and sustain different ways of being, and to break away from oppressive aspects of their life. Caring-maintenance is also a prominent aspect of my participants’ experiences. These men described how they ‘played’ with regular sex partners in particular ways to maintain the relationship and ‘played’ with anonymous men or engaged in kinky ‘play’ to fulfil sexual needs.

But what is so ‘wild’ about using ‘play’ to practice self-care? Indeed, it sounds like a contradiction in terms: ‘play’ is generally not seen as untethered, uncontainable, uncivilised, irrational, or troublesome. Many participants would argue that ‘play’ is the opposite of ‘wild’; however, this chapter will demonstrate how ‘playing’ can be a form of wild self-care. The experiences below all centre on the blurring of boundaries, embracing the emotionality of self-care, and deconstructing societal norms, which are key aspects of wild self-care. As described in the Introduction, wild self-care is more than incorporating ‘wildness’ into self-care practices. It is about resisting normative ideas of health and well-being, exposing the communal nature of self-care, acknowledging the emotional labour involved in practicing self-care, and articulating how self-care is ultimately the pursuit for agency.

Speaking About Sex

Butler's ([1990] 2002, 1993a, 1993c) theory of performativity is well suited to exploring the various ways my participants 'played' and how this concept can be best understood. This influential theory describes the way in which gender is a series of enactments which are embodied and performed to create an identity as well as the system of power underpinning these enactments. Butler suggests that biological sex and gender are a confluence of various gestures, dress styles, ways of speaking, mannerisms, et cetera that take on natural and innate qualities by being constantly reproduced across society. Butler also explains that gender produces the subject, that our reflexive understanding of who we are is predetermined by this system of identity in some way rather than being a passive set of identity markers we can rummage through and paste together to 'create' ourselves.

The concept of performativity originates from Austin's speech act theory which describes how an utterance brings into being whatever is being said, 'statements that not only perform an action, but confer a binding power on the action performed' (Butler, 1993b, pg. 17). Language in this context 'creates' gender and much of social reality through naming, labelling, describing, and associating words with bodies and actions. Butler (2017) is careful to point out that this theory does not describe how things are brought into being by literal speech or the effectiveness of the speaker, it is about the social systems that give these labels and names meaning and cultural weight. Thus, gender performativity is about how bodies are stylised in culturally intelligible ways, the system of norms that governs how bodies ought to be presented, and the way these stylisations are re-iterated and enacted across society.

Gender is not simply the perpetual reiteration of these traits or signs, it is also part of a system that Butler ([1990] 2002; 1993a; 2004) calls the 'heteronormative matrix of power'. This

matrix describes the system of social discourses and regulatory practices enforced by the state and medico-religious institutions which produce gender and subjects. Certain expressions of gender are made intelligible by this matrix while others are rendered as incorrect, a failure, or pathological. Feminine and masculine are separated onto opposing poles and the intersection of these poles in terms of kinship are seen as most desirable (e.g. heterosexual relationships and queer couples consisting of a masculine (butch) and feminine (femme) partner). Furthermore, this matrix also establishes the expectation for people to assemble signifiers of feminine/masculine (clothes, hair, gait, et cetera) in the 'correct' way so they may be readily identifiable by others, and divides bodies and genitals into female or male. These are some of the key machinations of this matrix of power.

The use of language is a foundational aspect of Butler's theory of performativity. Butler argues that language 'creates' bodies, experiences, actions, and identities, which is not to say that there is no pre-discursive materiality. Rather, an individual's perception of reality is shaped by and through language (Butler, [1990] 2002, 1997a, 1997b, 2004). A body only becomes 'a body' when that label and set of social connotations are applied to it. Furthermore, language plays a major role in constructing 'good' and 'bad' types of sexual acts. In his meditation on PrEP and the implications this treatment has for the gay community, Dean (2015) notes how the term 'bareback'¹⁰ has fallen out of favour among gay men in exchange for 'raw'. He speaks about the disease-related stigmas 'bareback' has accrued over the years, becoming overloaded with meaning, and is consequently now viewed as 'unconscionably risky' (pg. 225). 'Raw', on the other hand, is less burdened. It represents unmediated connection between bodies, a kind of

¹⁰ First coined in 1997 by Gendin, this term emerged from the HIV-positive community to refer to condomless sex with other Positive folk but has gradually come to signal condomless sex between men. Escoffier (2011) suggests that this subculture had been around for some time before the 'bareback' label became widespread.

pure eroticism untainted by the baggage of HIV or decades of scientific and political intervention (see Chapter 5).

Dean's observation has significant implications. Not only does it demonstrate the way in which gay men use language to create different approaches to the 'same' sexual act, it also highlights the distancing of risk via language. In the same article, Dean (2015) suggests that gay men may be especially partial to the fantasy 'raw sex' offers as a resistance the intense medico-state surveillance and intervention they face due to their sexuality. He points to the way this linguistic nomenclature around gay sex (UAI¹¹, bareback, raw, et cetera) creates a frustration of meaning which in turn becomes a field of difficulty. Indeed, the ongoing medicalisation of gay men's sexual health has produced an increasingly large list of acronyms: UAI, UAI-LC¹², CLAI¹¹, R-CLAIC¹¹, PAIC¹³, TasP¹⁴, PrEP/PEP¹⁵, HIV/STIs, GBMSM¹⁶, UVL¹⁷, SHC¹⁸, S/R/CDU¹⁹. It is ironic that this proliferation of terms has come about in order to speak more directly to these health-related practices, but in doing so has complicated them further. How can we talk about something with such a difficult range of terms? What are the implications of this widening gap between public health terminology and gay vernacular? How can this dissonance be reconciled?

¹¹ There has even been a recent linguistic shift within public health discourses around how to best describe health-related sex. In order to become inclusive of PrEP and the protection that it offers, 'condomless anal intercourse' (CLAI) or 'receptive condomless anal intercourse with casual partners' (R-CLAIC) are seen as a preferable over 'unprotected anal intercourse' (UAI) (Jin et al., 2015; Prestage et al., 2019).

¹² Unprotected Anal Intercourse with the Last Casual partner.

¹³ Protected Anal Intercourse.

¹⁴ Treatment as Prevention.

¹⁵ Pre-Exposure Prophylaxis/Post-Exposure Prophylaxis. See Chapter 5.

¹⁶ Gay and Bisexual men and Men who have Sex with Men.

¹⁷ Undetectable Viral Load.

¹⁸ Sexual Health Clinic.

¹⁹ Sexualised/Recreational/Chemsex Drug Use. The term 'chemsex' is discussed in Chapter 6.

I argue there is an implicit relationship here between language and self-care. The ways that sex is described and produced are grounded in what feels safe or desirable and what feels aversive. To use the bareback/raw example, this linguistic shift demonstrates that gay men are using innovative ways to distance themselves from types of sex associated with disease, risk, and stigma. Labels and words are burdened with meaning, so the linguistic framing of an act can arguably be just as critical as the act itself. Despite being ostensibly identical, raw sex *is* different from barebacking because of this new label and its associations. When an individual labels condomless sex as ‘raw’ sex, they are deliberately invoking ideas of safety, ‘naturalness’, the avoidance of HIV and other diseases, and engaging a ‘purer’ approach to sex (Dean, 2015). Thus, some men experience or understand having ‘raw’ sex instead of ‘barebacking’ as an act of wild self-care.

Playing Safe and Playing with Power

For my participants, ‘play’ was more than a colloquialism. This term generally refers to casual sex encounters (frequently anonymous ones) and can describe a particular type of sex, a way of approaching sex, or a position/role someone adopts during sex. In a general context, play refers to a fun and leisurely activity, something inconsequential, joyous, and outside of work and commitments. It is creative, imaginative, and has a history of being used as a method by artists and others to achieve work-related pedagogical goals in innovative ways (paradoxically called ‘serious play’), like using Lego to develop business solutions (James, 2013; Statler, Heracleous, & Jacobs, 2011; Wassermann, 1992). This term appears to be particularly prevalent among gay men (Adam, 2005; Bapst, 2001; Prestage, Hurley, & Brown, 2013), potentially due to the community’s unique hook-up culture and popularity of ‘no strings attached’ sex.

The growing literature on ‘party & play’ or ‘puff & play’ (also known as ‘chemsex’ or ‘sexualised drug use’, see Chapter 6) describes one of the ways gay men incorporate ‘play’ into their sex lives. Some scholars have highlighted the tension of labelling chemsex as a type of ‘play’ because of the ‘risky’ associations that using methamphetamine or GHB during an anonymous sexual encounter carries (Frederick & Perrone, 2014; Race, 2015a; Souleymanov et al., 2019). To an outsider, chemsex might seem anything but ‘playful’: it appears high risk, involves heavy drugs, seems to lack any kind of emotional intimacy, and is practiced with strangers who may never be seen again. Paasonen (2018) helps to make sense of why this practice has been labelled as ‘play’ by describing how ‘play in the realm of sexuality involves experimentations with what bodies can feel and do’ (pg. 537). To ‘play’ sexually with another is to explore the potentials of erotic sensation and produce new configurations or relationships to sex. It is a way of approaching sex that exists within, and tests, a framework of personal and negotiated boundaries.

The way Jacob (48, AU) used ‘play’ was in line with Paasonen’s theorisation of the term, though with a focus on safer sex practices and protecting personal health. For him, unless the sex was safe, it did not constitute as ‘play’. He described the prevailing attitudes towards HIV/AIDS in Sydney during the mid-1980s just as the crisis was emerging in the United States:

I’d only had unprotected sex three times so... and I still remember, my friend was a journalist and we’d sometimes play, and he said to me, he was a really good journalist for like, he was a radio news reader on [name] and he goes, ‘There’s a gay disease’ and he goes, ‘It’s in America.’ He goes, ‘We gotta be really careful ‘cause it’s gonna come here and it’s gonna hurt us’, and I go ‘Oh, please’...

And he's still negative by the way, my partner. So that shows how well safe sex works, after 30 years. You can have all the sex you want, just play safe.

In the general sense, playing is considered to be quite a safe activity rather than something overly risky or dangerous (consider playgrounds, playing outside, or playing a game) and Jacob's leveraging of this meaning is clear. 'Playful' sex should be safe sex. It is not uncommon to see the term 'play safe' in safer sex promotional material for gay men, and it appears gay men have been describing safer sex as 'play' since the early 1990s (Adelman, 1992). The New Zealand AIDS Foundation (NZAF) and the Sydney-based 'Ending HIV' organisation both employ the phrase frequently, alongside other vernacular like 'ass', 'fucking', and 'cock', in an effort to minimize the barrier between health providers and community members.

Potentially in response to concerns around 'condom fatigue', or the non-use of condoms due to exhaustion around sexual health promotion and the threat of HIV (Adam, Husbands, Murray, & Maxwell, 2005), both my participant Jacob and NZAF/Ending HIV stress the ease and efficacy of 'playing safe'. Safer sex practices have diversified significantly with the advent of PrEP and the development of more effective HIV treatments, and health service providers are harnessing a tailor-based approach to suit their clientele. The Ending HIV website offers four methods of safer sex: condoms, PrEP, UVL, and PEP. Each of these methods is framed as simple to do, easy to access, and something anyone can integrate into their sex life. The strength of this approach is that, not only does it cater for all sexual lifestyles, it also acknowledges the dynamic relationship gay men have towards sex and how they go about protecting themselves. As Jacob says, 'you can have all the sex you want, just play safe.'

Jacob's association of 'play' and safety gives insight into how 'risky' practices are often approached. Safety is a major topic of discussion within the kink community and goes far beyond concerns around disease. For kinksters, to be safe is to have clear and open communication, sensitivity towards each partner's thresholds, to approach sex with a sense of care, and to always be cautious (Williams, Thomas, Prior, & Christensen, 2014). 'Play' is also a common term for kinky practices (Guidroz, 2008; Holmes, Murray, Knack, Mercier, & Fedoroff, 2018), as Justin (25, NZ) demonstrates here:

Simon: What kind of kink stuff did you do before [becoming involved in] pup play?

Justin: Pretty much bondage, mess, lots of mess. I'm really into food, and my ex and my boyfriend are really into food play, so that makes life easier.

Being a pup or engaging in pup play is generally considered a type of kink. It has been described as a dom/sub²⁰ dynamic where the pup adopts the submissive role and the 'handler' takes the dominant. The practice involves role-playing and the embodiment of each persona using dog collars, butt-plug tails, harnesses, leashes, et cetera (Wignall & McCormack, 2015). 'Food play' is just messy fun: covering each other in food and fucking. Interestingly, Justin considered pup play 'more a way of life than a sexual thing' but described how erotic food play was. This differentiation is not uncommon. For many people, kink is carnal (of the body, sensual) but not erotic (sexual, orgasmic) and this distinction helps to demonstrate how different kink can be from 'vanilla' approaches to sex. It can be more about sexual embodiment and identity rather than sexual gratification/orgasm (Airaksinen, 2018; Gemberling, Cramer, & Miller, 2015; Turley, 2016).

²⁰ A 'dom' is the dominant person in a kink situation and a 'sub' is the submissive person. These positions are also sometimes written as 'top' and 'bottom'.

In addition to describing specific practices, kink ‘play’ also refers to the active engagement of sexual power dynamics. Power in this sense is about personal control, and the exchange of power describes (consensually) gaining control over someone else or allowing someone to have control over you (Simula, 2019b). Jonathan (59, NZ) is an avid kinkster and described the erotic power dynamics bound up in the different types of kink he engages in:

I’ve done a bit of piss play. Um, I’ve done scat²¹ once, as a giver. And I mean, yeah, I’m not really into it but um, you know this particular guy was... I guess the turn-on for me with a lot of these situations is the, um, power exchange. And I guess scat’s a bit like that as well. I’m into, you know, humiliation and that sort of thing. You know, what can be more humiliating than scat play, in terms of, um, smell and that sort of thing. I mean, certainly it’s a turn-off. Um, I can’t, you know, I can’t really imagine why guys are into it, but guys obviously are.

The consensual exchange of power has been described as a defining element of kink (Guidroz, 2008; Holt, 2016), and is used by many kink practitioners to explore and deconstruct how forms of systemic power inequality or oppression are experienced (Barker, 2013; Dymock, 2012; Lindemann, 2011). There has been a significant amount of work done exploring the eroticisation of power in a kink setting and where the limits of these practices can be identified. Airaksinen (2018), Bauer (2014), Carlström, (2019), Simula (2019a, 2019b) all describe how power and desire are experienced as a fluid force that bind participants together during a kink session and the ecstatic experience of wielding power over others. Furthermore, Langdridge (2006) suggests that kink has the tendency to test boundaries of power and meaning in a variety

²¹ Formally known as coprophilia or scatophilia, this fetish is centred on the eroticisation of faeces and defecation. There appears to be no discussion of this topic aside from brief references as ‘taboo’ and a ‘disgusting’ type of kink (Carlström, 2018) or as a sexual perversion in psychiatry and literature (See: Airaksinen, 1995; de Block & Adriaens, 2013; Mosher, Levitt, & Manley, 2006; Nagel, 1969; Phillips, 2001).

of ways by demonstrating how kink tests the limits of legal citizenship. Nielsen (2010) and Pitagora (2013) also explore the way kink complicates the edges of more normative ideas of agency and consent, and the medico-legal limits of sexual intimacy have also received attention (Airaksinen, 2018; Faccio, Casini, & Cipolletta, 2014; Stardust, 2014; Weiss, 2015).

Jonathan's experience articulates some of the complexity of kinky power relations: the erotic thrill of 'holding' power and the power of disgust. Damien (20, NZ) also spoke about how he 'plays' with power relations and personal boundaries in a kinky setting, and desired to delicately push his personal limits:

Being a pup, it's like, I didn't know what to expect so I was like, 'You know what, I'm going to see what my limits are...' I'm terrified of needles, no blood, no scat, and not a lot of pain, just yet. So, I know those four are my red flags. Fisting was there but then I'm like, 'You know what, I haven't given it a try, let's take it off that list and try it, see what... see how I feel', and you know, I didn't get the full fist in there yet but I did get the five fingers... Being a pup is probably the most fun I've ever had.

This approach of exploring the boundary between safe and risky has been described as edgework (see Lyng, 1990, 2005) and is a significant concept in the literature on kink. Newmahr (2011) presents how kink is more than just producing, detailing, and tracing erotic boundaries in each interaction: 'Rather than exploring edges together, SM players are *defining* their edges together, creating the space in which the edges can be explored, and then responding to one another in the very ways that *constitute* the edges themselves' (author's italics, pg. 181). Instead of having a set list of acceptable and desirable techniques, kink is about creating and

testing unique boundaries in each interaction with an emphasis on challenging these edges in ways that privilege the safety, desire, and comfort of those involved.

This method of approaching potential danger from a paradigm of safety has been discussed in relation to gay men combining sex and drugs. O'Byrne & Holmes (2011) demonstrate how sexualised drug use (i.e. chemsex) among gay men is often about seeking the limits of what the body can handle. The authors offer 'boundary play' over edgework as a more apt term because of this active 'flirting with danger' (pg. 1511), and the importance of successfully navigating these occasionally extreme situations. The relationship between 'boundary play' and kink can be seen in Damien's quote above. Damien sought to uncover and trace his boundaries around what he was comfortable doing sexually and to gently push these limits. By constructing a safe environment and finding another kinkster who was able to engage his puppyhood, he could explore his edges using 'boundary play'.

Across Butler's (1993a, 2005, 2010, 2015) work, there is attention paid to limits and boundaries. What is the extent to which one can act? How far can the force of language and the symbolic reach? What are the boundaries of female/male, feminine/masculine, self/Other? Performativity speaks directly to the creation, maintenance, and enactment of boundaries, as seen in the heterosexual matrix of power (Butler, [1990] 2002). Another example can be seen in Jonathan, Damien, Jacob, and Justin's experiences. Each of these men describe the production of limits related to sexual practices: safe/unsafe sex, pleasurable/aversive sex, softer boundaries and harder boundaries.

I argue the discursive separation of kink and ‘vanilla’ can also be considered performative. By designating some practices as kink and others as vanilla, one group is deemed normative while the other is positioned as Other. Smearing food all over the body or wearing a dog leash do not carry an innate erotic potential; they are made erotic in a kink setting partly because of the meanings attached to these acts (domination, subordination, objectification). Jonathan’s description of sexual power dynamics underscores the performative nature of kinky ‘play’ and how these practices are not neutral but are culturally charged and bound up in regulatory norms.

There are some clear expressions of caring-maintenance and protective self-care in Damien and Jacob’s experiences. Both of these men emphasised how ‘play’ was about identifying risks and implementing protective measures. For Jacob, this was engaging in safer sex practices, and Damien had clear yet porous boundaries around what types of sex were desirable and pleasurable and which ones felt dangerous and overwhelming. Safer sex was not only necessary for ‘play’ to occur, it was also the way protective self-care was enacted. The way Damien used ‘play’ as a way of trying out new types of kinky sex to explore his sexuality also has elements of emancipatory self-care because he is opening up new and exciting ways of living. In terms of caring-maintenance, Jacob, Damien, Jonathan, and Justin’s experiences speak directly to this: they all articulated the considerations and negotiations involved in addressing their sexual needs and how they managed aspects of their sexual well-being.

As I will describe throughout this thesis, wild self-care practices focus on monitoring and blurring personal boundaries and testing the limits of experience. Jonathan and Damien enacted this aspect of wild self-care through their kink practices. Jonathan spoke about how much he enjoys humiliation and the exchange of power during a kink session although reaches a personal limit with ‘scat’ and ‘piss play’. Damien described his desire to test his edges, see

how far he could stretch them, and explore the limits of his body in order to break open new experiences. Additionally, Jacob outlined the boundaries of ‘playful’ sex and the duty of care to oneself. Wild self-care for him looked like ‘playing safe’ and practicing safer sex.

Playing the Part

So far, ‘play’ can refer to being safe from disease transmission, engaging sexual power dynamics, maintaining personal boundaries, and the ability to feel secure in testing these boundaries. This focus on safety implicitly describes the neutralisation or avoidance of risk, which is to say that while risk is not spoken about directly, it is outlined by describing what safety looks like. What about when ‘play’ does focus on risk? Jonathan (59, NZ) and Trent (57, NZ) both spoke about how they ‘played’ different sexual roles and the unique and complicated set of risks these roles came with:

Jonathan: I’ve found that on these sites [Recon, Grindr, NZDating.com], it’s actually more difficult to find a dom than it is to find a sub... Often, I’ll [have to] play the dominant role.

Trent: I’m mostly a top guy, but I’ve been experimenting with the bottom role... I never ever play the bottom role without someone using a condom... The good intentions with my regular partner fell by the wayside after a few efforts and we kept the condom on for a while, but then we get together all night when I’m not really fully in the mood for it but I play along, and so the only way I can end up playing along is to end up with that ‘naughty boy’ thrill of risk.

Sexual position self-labelling (top, bottom, vers²²) is a ubiquitous practice among gay men. These identities have a range of meanings, cultural associations, and risks saddled to them, and have been discussed in a variety of ways. Some researchers have demonstrated the way expressions of gender are bound up with these identities (Johns, Pingel, Eisenberg, Santana, & Bauermeister, 2012; Moskowitz & Hart, 2011; Reilly, 2016), while others have examined how the social weight of HIV risk intersects with being a ‘top’ or a ‘bottom’ (Wegesin & Meyer-Bahlburg, 2000). ‘Bottoming’ does pose a greater risk of disease transfer for blood-borne viruses compared to ‘topping’, however the way bottoming is socially constructed differs radically across subcultures in the gay community. I explore the weight of these constructions of sexual roles further in Chapters 3 and 5, but what I want to bring attention to here is the social requirement to adopt and adhere to discrete sexual position identities, how individuals negotiate the cultural baggage attached to being ‘a top’ or ‘a bottom’, and the complicated way these identities fasten themselves to other facets of gay men’s lives (Kiguwa, 2015).

Trent’s use of ‘play’ demonstrates the way this term refers to the enactment *and* performance of particular sexual position identities. Chaline (2010) explores this dynamic in his analysis of gay kink sexualities. He suggests that top/bottom/vers positions are ‘sexual identity practices’, an approach that moves beyond the traditional sexual script theory of Simon & Gagnon (1986). Rather than accepting these position identities as merely pragmatic (‘who penetrates who’), sexual identity practices describe how these position identities are a mesh of personal history narrative and social discourse as well as the embodiment of self-presentation, emotion, and sensation (Chaline, 2010). In other words, Trent is not simply ‘acting out’ and embodying these

²² ‘Top’ and ‘bottom’ refers to the insertive and receptive partner in anal sex, respectively, and are cultural identities in addition to sexual positions. ‘Vers’ (‘versatile’) refers to someone who regularly switches between these roles.

abstract sex roles but is actually engaging with them in complicated ways that are bound up in his reflexive experience of sex and the broader landscape of his life.

There are a number of personal consequences for Trent (57, NZ) when he ‘plays along’ with his partner and acquiesces into having condomless sex, which he is clearly not comfortable doing. This is obviously distressing for him as he is potentially putting his health at risk, although, there are greater risks at play here:

Trent: I find myself that, after being sexually active with someone for a long time, you have to sort of up the kind of stakes a bit to keep arousal going and so that can push you towards risk taking activities... And that's something you have to manage within yourself very carefully. You're kind of doing this thing to manage a friendship and... So yeah, the friendship's really important to you and you're taking a risk but it's a risk that you manage.

Simon: Do you find it alarming when you end up in that ‘naughty boy’ situation?

Trent: Yeah. It's something that says, you know, what the hell are you doing this for? Is it worth it? Are you better off ditching? Is it time to actually back away from sexual activities, say ok you've done it, it hasn't achieved what you wanted it to achieve, it hasn't achieved a relationship that you wanted and I'm not really that into? I'm just doing it mostly to please the other person and all I really want is a bit of a hug and a bit of a sensual kind of thing, beautiful massages are far better to me than the rest of it.

Murray & Adam (2001) describe the complexities older gay men face when they forfeit safer sex practices to fulfil emotional needs and the various complications this can bring. Their study

demonstrates that some of these men tend to experience higher levels of social isolation, feel less able to assert themselves in sexual situations, and consequently seek to accommodate the desires of their partner even if it includes sex they are personally uncomfortable with. The intersection of health and loneliness has also been deemed dangerous by some (Ayling & Mewse, 2011; Torres & Gore-Felton, 2007), and Trent's experience articulates why. Trent is pushed into a position that feels risky in order to maintain the intimacy he desires from this friendship; he is weighing up the costs of disease transmission with the emotional toll of social isolation.

The recent literature exploring how gay men approach sex and risk demonstrates there is a sophisticated framework of dynamics at play. Gil (2007) suggests that gay men's sexual practices can be considered 'dialectical dialogues', or an interplay of dynamic subjectivities which are continuously produced between partners. Zablotska, Grulich, de Wit, & Prestage (2011) point to the way familiarity and trust are a major influence in how condom usage is negotiated between men, and Johns et al. (2012) speak about the greater sexual fluidity produced within familiar relationships compared to anonymous hook-ups. Trent is indeed at risk of disease transmission, something he feels may blight his relationship with his friend, but this risk is heavily mediated by how long these two men have been connected for. Were it not for the fact that they had been friends for over a decade, Trent (57, NZ) would not be putting himself in this position:

With strangers, no problem at all with condoms, but with regular partners, especially this guy that cannot seem to be satisfied, I have a problem getting a condom on, so yeah, it's difficult to manage that one. You kind of do this thing to manage a friendship, and the friendship's really important to you, and you're

taking a risk but it's a risk that you manage... It's like 14 years of trust and emotional bonding and yeah.

Trent's 'playing the bottom role' and experimenting with this unfamiliar sexual position comes about because he feels a sense of comfort and security with this person. He reluctantly 'plays along' with his partner when he is not in the mood for sex and abandons condoms to attain 'that "naughty boy" thrill of risk' in order to satisfy his partner's desires, but this is within the wider context of an ongoing friendship which abates some of the social isolation Trent is burdened by. It is clear that 'play' starts to become unstable when sex feels too risky. Trent's sense of internal conflict around having condomless sex is evident when he says: 'What the hell are you doing this for? Is it worth it? Are you better off ditching? Is it time to actually back away from sexual activities?'

Trent was not the only participant to critically question their sexual practices. Gregory, Ali, and Jonathan (see pages 68 – 69) all spoke about the guilt and self-retribution they felt after breaking personal boundaries around safer sex. Gregory (38, AU) described the layers to this sense of guilt and concern and how his safer sex education contributed to these emotions:

I only really feel guilty if I'm bottoming and the guy cums in me. There's something about having the guy cum in me that freaks me the fuck out even though I know rationally that, you know, I'm taking PrEP. So, I'm comfortable that, you know, I'm doing everything in my power [to protect myself], and usually [my sex partner] says he is either on PrEP or [has an] undetectable viral load... It was just beaten into me so much as a young kid that you have to wear condoms... [It] doesn't bother me as much as [if] I top, although I still do feel guilty afterwards.

Ali (28, AU) presented how the guilt from condomless sex seems to linger, manifesting as an ongoing fear of illness and a hyper-awareness of possible HIV infection:

I do sometimes get this weakness of, you know, having unsafe sex from time to time and then all this blame, self-blame process and all this guilt and panic of, you know, 'Did I catch something?', and if I feel a cough, if I get a cough or something then I go and have all these tests.

It is evident that raw or condomless sex is not 'playful' for Gregory or Ali; the 'rules of play' have been broken for them. In Hoppe's (2011) analysis of top/bottom/vers identities, he argues that the discursive scripts embedded in each of these 'positional identities' are guidelines that partners use for the game of sex. They are 'different strategies for success and rules of play' (pg. 195) which are bound up in power and pleasure. Putting aside the issue of analogising sex with competitive games, it does help to unpack Ali, Gregory, and Trent's experiences: when sex no longer feels like 'play', the personally cultivated 'rules of play' have been broken.

The connections between 'rules of play' and 'playing the part' demonstrate the performative nature of 'play'. As described earlier, performativity is more than the literal enactment or performance of an identity. It is the creation of a subject, continuously and insistently reproduced in relation to others, who is bound by a host of conditions and prevailing ideas around what it 'means' to be that kind of subject: 'To say that I "play" at being [a lesbian] is not to say that I am not one "really"; rather, how and where I play at being one is the way in which that "being" gets established, instituted, circulated, and confirmed' (Butler, 1993c, pg. 311).

Top and bottom sexual position identities can be considered performative not only because they produce culturally specific subjects through the repetition and imitation of behaviours, but the enactment of a top necessitates the production of a bottom too. Like some have mentioned (Chaline, 2010; Gil, 2007; Hoppe, 2011), sex can be considered an enactment produced in relation to others, draws upon an intricate array of power dynamics, is shaped by embodiment, sensation, and emotion, and is reliant upon pre-existing scripts that are either resisted (e.g. a power bottom²³) or embraced. These positional identities are also discursively loaded, as Hoppe (2011) points out. This demonstrates that there is a historical ‘genealogy’ of discourses guiding how these identities ‘should’ be carried out (Butler, [1990] 2002, 1993b).

Trent, Ali, and Gregory are also asking ethical questions: How do my actions affect others and myself? What are the implications of having this type of sex? Butler’s (1997a, 2005, 2012, 2015) more recent work examines the intersection of performativity, ethics, the relational nature of subjects and selves, and precarity. Just as individual identities are performative, so too are assemblages of bodies and the various ways we are connected to each other. While Butler uses political protests and mass demonstrations to exemplify her point, the issues she explores are relevant to my participants’ experiences like the need to investigate and address how vulnerability uniquely affects groups (Butler, 2012, 2015) or how to care for others in relation to the social conditions which produce us (Butler, 2005, 2012). Ali, Gregory, and Trent are actively engaging in these issues that Butler raises by critically examining how they interact with other members of their community and are developing ways to support the well-being of themselves and others based on the points of vulnerability they see around them.

²³ Power bottom is a more recent sexual self-label and considered as somewhat oppositional to ‘regular’ bottoms. They are framed as more masculine, aggressive, sexually dominant, enthusiastically participating in the sexual encounter (Johns, Pingel, Eisenberg, Santana, & Bauermeister, 2012; Tollini, 2017), and ‘remains a person as opposed to a thing, retaining his freedom’ (Young, 2017, pg. 182).

There is an interesting blend of protective self-care and caring-maintenance in Trent's descriptions. There are elements of protective self-care in the way Trent seeks to protect himself from the harms of loneliness and disease transmission while also trying to protect his relationship from dissolving, though the fraught nature of this pursuit complicates things somewhat. Additionally, the emotional labour he is investing into sustaining and growing this particular sexual friendship can be considered an expression of caring-maintenance. I further explore Gregory and Ali's experiences of guilt from condomless sex in Chapter 5 and how it is connected to self-care. However, in the context of 'play', these experiences read more as caring-maintenance. These men are describing the rules and boundaries that guide their sex lives, how they navigate sexual interactions, and the tensions of pursuing sexual well-being.

Wild self-care practices can be unsettling. The emotionality of these practices can create ruptures and establish unexpected connections with other individuals or experiences. In order to sustain his sexual friendship, Trent felt compelled to embody 'that "naughty boy" thrill of risk' and engage in condomless sex. This approach has innovative qualities but ultimately left Trent feeling disturbed and uncomfortable. Gregory and Ali had a similar experience. Both these men both spoke about how not using condoms created an acute sense of guilt and upset, but their decision to pursue condomless sex was grounded in seeking liberation and sexual freedom (see Chapter 5).

Playing with Men

The experiences of Trent, Justin, Ali, Jacob, and Gregory have demonstrated the manifold nature of 'play'. In addition to safety, it can refer to positional identities as well as the awareness and monitoring of personal boundaries. My participant Jonathan (59, NZ) expands these categories further again. For him, 'play' is a way of separating the sex he has with his

wife from the casual anonymous sex he has with men. It is the crucial line of order that enables him to maintain these two facets of his life without too much cross-contamination:

Simon: Has it ever been difficult to juggle being married as well as playing with guys?

Jonathan: Um, from the point of view that... you know, I guess I'm cheating. But I sort of rationalise it in my own mind that this is something that my wife can't give me. And I mean, it is part of me but it is also something that she doesn't know about... I feel at times, and in some respects, that I've cheated my wife out of... you know, she could have had a husband that was, you know, really sexually into her. You know, I've enjoyed sex with her but, as I say, in the mind I've always fantasised about males when we've been having sex.

Jonathan does not actively identify as gay and situates his erotic encounters with men as both a legitimate and illegitimate form of sex. By 'playing' with men and 'having sex' with his wife, Jonathan de-legitimises his erotic encounters with men. However, and at the same time, his acknowledgement that he is 'cheating' on his wife demonstrates he does see these same-sex encounters as legitimate sex. The importance of this linguistic boundary can be seen in the way Jonathan consistently used 'play' (25 times) to talk about same-sex relations and 'sex' (9 times) when referring to marital sex.

The literature on men who have sex with men within a heterosexual marriage appears to be scant, and understandably so. This is a particularly hidden population owing to the secrecy that generally surrounds their complicated extra-marital sex lives. In her book on same-sex eroticism among straight-identifying white men, Ward (2015) demonstrates the surprising ubiquity of this behaviour within this group as well as its long history. She points to

Humphrey's infamous study, *Tearoom Trade*, as one of the major events to pull into the light the high number of 'straight' men having sex with other men, the nuanced way these men approached same-sex interactions, and how they understood their own identity.

Higgins (2002, 2004, 2006) has explored the phenomenon of straight-identifying men having sex with other men for some time and appears to be a notable figure in the field. Just like my participant Jonathan, Higgins (2006) states that one of the main factors that lead same-sex attracted men into a heterosexual marriage is the legal and medical history of homosexuality combined with prevailing heteronormative gender roles. Jonathan spoke about how gay/queer sexuality was not legitimate when he was growing up, that someone was straight and 'normal' or they were sick, and that he simply fell into this marriage. His marriage and his relationship with his wife evidently hold a normative position in his life as he 'plays around' with other men but remains emotionally dedicated to his wife. Higgins' work does not consider why same-sex attracted men stay in their heterosexual marriages nor how they (self-)negotiate their extra-marital sex lives, but the sizable research on casual sex among partnered gay men does offer some insight.

Jonathan's relationship with his wife has a complicated fluidity: he has regular casual sex with anonymous partners but goes to lengths to protect the sanctity of his marriage and the well-being of his wife. The fluid structures of gay men's primary relationships have been a focus of interest to the academic community for some time now. In Australia, it is common for partnered gay men to have negotiated agreements around casual sex (Prestage et al., 2008), and the label 'monogamish' (Parsons, Starks, DuBois, Grov, & Golub, 2013) has been used to describe relationships that only have extra sexual partners when both sides of the couple are present (i.e. group sex as the rule).

These sexual agreements that couples create appear to shift over time and are strongly influenced by the HIV status among the primary couple and extra partners (Groves, Starks, Rendina, & Parsons, 2014; Sharma et al., 2019). They can also be emotionally convoluted for those involved and elicit a mix of positive and negative emotions like freedom, equality, openness, jealousy, envy, and distrust (Philpot et al., 2018). Because the safety concerns of each person in the couple tends to be vocalised during the making of these agreements, there is often a focus on risk-minimisation and establishing ways of preventing disease transmission and emotional hurt among other things (Crawford, Rodden, Kippax, & de Ven, 2001). This literature helps to unpack Jonathan's experience by demonstrating the range of relationships gay men employ²⁴, the way individuals consider the well-being of their main partner when searching for casual partners, and the emotional nuances to navigating non-monogamous relationships.

While there is no negotiation or discussion with his wife, Jonathan (59, NZ) does attempt to prioritise her safety and well-being when considering a casual encounter and its potential risks. As he is not attracted to penetrative sex, disease-related risk is not so much of a major concern but still remains a site of complexity:

Jonathan: I'm sort of aware that you know there are risks with oral [sex], but I mean, I've never taken precautions or anything there really.

Simon: What were those times like where it has felt um, a bit risky or dangerous in regards to sex?

²⁴ This is not to say that Jonathan's marriage is equivalent to gay men's open relationships. Rather, the way gay men approach 'monogamish' or non-monogamous relationship styles offers some insight into the way Jonathan incorporates extra-marital partners into his sex life and how he understands these same-sex interactions.

Jonathan: I mean, I guess it's the guilt thing afterwards and then sort of realising, 'Well that was a pretty stupid thing to do.' I have um, picked up herpes somewhere. And yeah, I don't know where or how. And that's sort of been difficult to manage. I've never seen... I've never seen a doctor about it. You know, whenever it crops up, and it still does... last time it might have been eighteen months ago or something like that, and it doesn't last as long now. But, you know, it's always been a matter of avoiding sex with my wife.

Jonathan has strict 'rules of play' for himself, partly to prevent his hidden sex life from intruding into his marriage and partly to protect the well-being of his wife. He also feels a pronounced sense of guilt when he transgresses these 'rules', just like Gregory and Ali whose experiences I described earlier. The phenomenon of straight-identifying men who regularly have sex with gay men has posed significant issues for public health circles since the mid-1990s, particularly in relation to curbing new HIV infections. The category of MSM (men who have sex with men) was developed in an attempt to effectively reach this cluster of men who do not fall within the scope of gay, bisexual, or queer and provide support and protection around HIV (Young & Meyer, 2005). Jonathan's experiences demonstrate why MSM is an important category, but also how difficult it can be to adequately identify and access this group.

The main expressions of performativity described so far have been grounded in the production and enactment of sexual position identities and the creation of boundaries. Across her work, one of Butler's ([1990] 2002, 1993b, 1993c, 2004, 2017) main arguments is that all identities are fictional and plastic: no one is 'inherently' female/male, feminine/masculine, homo/heterosexual. These identities are discursively produced in context-specific ways and are governed by various regulatory practices designed to contain and control how they are enacted,

as presented in the heterosexual matrix of power. The shifts in discourses and social regulations related to sexual identities that Jonathan describe (gradual acceptance and de-pathologisation of queer people) are an example of how this matrix of power can emerge in the 'real' world. Furthermore, his experiences also point to the way 'play' can act as a sexuality in addition to a sexual position or type of sex.

While Jonathan used 'play' to refer only to hidden extra-marital sexual encounters with casual and anonymous men, this term was ultimately about psychic identification and misidentification. Butler ([1990] 2002, 2004) describes how performativity enables and facilitates alterity through presenting one set of identities or practices as intelligible and valid while Othering the rest. Identification in this instance is more than naming something or someone, it is the 'machinery' of subjection and ideology (Butler, 2015). Jonathan's 'playing' with men enabled him to refuse a gay identity and disavow the symbolic associations of gay sex; however, the deliberate misidentification and Othering of these encounters created a host of complicated issues for him.

There are some complex expressions of self-care and caring-maintenance in this section. Jonathan has been married to his wife for almost 40 years, created a family, and evidently has a deep and loving relationship with her:

I love my wife and I think we've had a pretty good marriage for thirty-six years. I mean, we've got two children who [have] left home and that sort of thing. So, I don't have any regrets in that respect. But yeah, there's my gay side. I've sort of got a regret there, that perhaps I haven't been open about that and have actually

lived, I mean perhaps [it] sounds a bit ridiculous, but lived a gay life. It would be nice to be completely open. But I don't think that I could take that risk.

To leave his wife and test the relationship he has with his daughters would be traumatic for the entire family, but the way he is currently balancing his queer life and his married life is described as unsustainable. Seeking out new, anonymous sexual partners who are interested in the same range of kink activities is often labour intensive, and the emotional cost of secretly doing this over a few decades is cumulative. However, Jonathan feels like it is the only viable option because the alternative would create significant issues:

I would like to find somebody that I can continue to meet. And you know, whether it's meeting once a month or once every couple of months or something like that, but to actually have a relationship with somebody. But that's sort of difficult too. I mean, if you get into the emotional connection, [that] is where it can sort of impact on my other life. Casual sex is good from that point of view, because it's somebody different all the time. And I mean, there's no emotional connection; it purely is just a sexual thing.

Could Jonathan's sexual encounters with men be considered an act of emancipatory self-care because it is a way of expressing his hidden 'gay life' and feeling more honest and 'open' with who he is? Could his 'rules of play' around only having casual encounters with anonymous men be considered an expression of protective self-care as he is going to lengths to protect the precious relationship he has with his wife and family? Could his techniques of managing two separate identities and sex lives be considered a form of caring-maintenance? I argue all of these are true.

The way Jonathan is balancing these two lives is difficult and complicated but also necessary for him. To deny the queer aspects of his identity would be more harmful than to express them in measured and secretive ways, though to express them completely and potentially lose his wife and family would be equally devastating. While these expressions of wild self-care are heavily circumscribed by the amount of emotional hardship involved, it does not take away from the fact that his way of managing these two lives is bound up in the pursuit for well-being and agency. Certain forms of wild self-care can play with the order and structures of social life, and Jonathan demonstrates how this can emerge by using ‘play’ to strike a balance between two separate lives and create a sense of order.

Conclusion

Based on my participants’ experiences, ‘play’ is clearly more than anonymous casual sexual encounters or forms of kink. It is about having boundaries and limits. What constitutes as safer sex and what is risky? What are the boundaries of identity and sexual practices? How do these two aspects of social life interact and what limits emerge across settings? Where do gay and queer men situate personal boundaries and what are the ways these boundaries impact their intimate relationships? What are the limits of gay and queer men’s relationships and how do they influence their sexual practices? What labour is involved in leading multiple lives or having a hidden identity?

‘Play’ is also about enacting identities and uncovering power relations. It helps to demonstrate how sexual positions become identities loaded with meanings, associations, and contribute to the power dynamics of an erotic encounter. This might be through ‘playing’ a sexual role, practicing a type of kink ‘play’, separating one type of sex life from another, or ‘playing’ with the power relations of sex in active ways. To ‘play’ with someone involves enacting a certain

identity and engaging the discursive weight of various sexual practices in nuanced and complicated ways.

The connection 'play' has to identity enactment and the production of boundaries demonstrates its performative nature. As Butler ([1990] 2002, 1993a) describes, performativity is about how language, symbols, gestures, expressions of embodiment, structural power relations, and normative ideals all coalesce to produce identities and ways of existing. 'Play' is primarily a linguistic tool, a way of speaking identities and practices into being, but it is also a culture within the gay community. It is a way for gay men to relate to one another, speak about their relationships, describe personal boundaries, and articulate the importance of feeling connected.

'Play' is a clear form of wild self-care. Damien used fisting and kink to explore his sexual identity and find new and exciting forms of sexual pleasure; Jonathan pursued and balanced two completely separate lives and sought out anonymous men to have sex with in order to express hidden desires; Trent (reluctantly) engaged in condomless sex to feel potent sexual thrill and protect his relationship from dissolving; and for Jacob, just as long as safer sex practices were being followed, anyone can have wild sex. This chapter has demonstrated how 'playing' can be a way of enacting protective and emancipatory self-care. Protective self-care took the form of 'playing' safe in order to protect physical health or having 'rules of play' to protect personal well-being. Emancipatory self-care was practiced through 'playing' with men to express hidden identities, feeling into deeper desires, and engaging in kinky 'play' to find new types of sex.

Chapter 3

Sexual Pleasure, Emotions, and Wild Self-Care

Going home where lovers roam...

Welcome to the Pleasuredome.

- Frankie Goes to Hollywood

Sexual pleasure emerges in many different ways across this thesis. In the preceding chapter I explored how my participants ‘played’ with boundaries, sexual practices, and embodied identities, with many of their experiences having a strong focus on sexual pleasure. In the following chapters I pay attention to the ways my participants found sexual partners, the tactics they employed to protect themselves from disease and other harms, and the various types of sex they engaged in. Although, what is the role and significance of sexual pleasure for my participants? All my participants desired and pursued pleasurable sex, but what does that look like? What does sexual pleasure mean for them? This chapter asks the question: What are the ways sexual pleasure and the emotional significance of sex intersect with wild self-care/caring-maintenance for gay and queer men?

This chapter consists of three sections. The first examines how my participants conceptualised sex, what erotic acts constituted as legitimate sex for them, and how physical intimacy and touch can be a form of sex rather than penetration. The second section explores the experiences of my participants who had worked in the sex industry and how their professional life affected their private life. It also presents how they pursued pleasurable sex in relation to their sex work

and the impact this line of work had on their intimate relationships. The final section outlines the nature of participants' intimate relationships and how vital these relationships were to creating pleasurable sex and caring for their well-being. Each of these sections emphasise the emotionality of sex and demonstrate that my participants were never neutral about their sexual encounters or entered into them lightly. Rather, each sexual encounter was tied to a myriad of complicated relationships, experiences, values, and wild self-care practices.

Sex is a body-based practice, something deeply corporeal and emotional. I will use Grosz's (1987, 1994, 1995a, 1995b, & Chisholm, 1996, & Wolfe, 2014) 'corporeal feminism' to explore my participants' experiences with sex because of its focus on the body, emotion, desire, sexuality and the production of social reality. Broadly, this type of feminism explores how the feeling body creates social reality and is in a constant state of becoming rather than a pre-discursive artefact that is loaded with meaning. Grosz (1987, 1994) argues that the body is not a biological object to be mastered but is a product of culture that unfolds through social interaction and can be considered a locus of power. Social norms, values, ideologies, and cultural ideals can all be seen in the way bodies are maintained, regulated, and manipulated, and these techniques of management contribute to how subjectivity is experienced. There is a relational and affective dynamic between how we experience the world and how we manage our bodies; the emotional way we live in our bodies shapes our cultural reality and this same cultural context produces these bodies and the ways they are experienced.

Grosz (1994, 1995a) suggests sexuality and sexual desire are leaky things. They spill out of the bedroom, bleed into all aspects of life, and refuse classification. These aspects of social life can be considered like electric currents which connect us in ongoing and unexpected ways (Grosz, 2011). They play a major role in informing how we experience the world because sexuality is

enmeshed with gendered power structures and cultural norms, and it guides how we interact with each other and the world in general. Additionally, Grosz (1995a, 1995c) argues that to assume which desires and pleasures can be allotted to which sexuality is not only a misstep, it can also be considered an expression of oppression: ‘to “know” female sexuality, to “know” what lesbian desire is, is to reduce it to models of subjectivity dependent on the ways these terms are defined and have been understood in a male-dominated culture’ (1995a, pg. 226). That is, sexual desire and pleasure are better considered as free-flowing affects which produce unexpected relations rather than a range of sexual preferences or identity categories.

In synthesising this literature, my approach to corporeal feminism explores how my participants used their bodies in order to navigate sexual encounters, intimate relationships, and expressions of identity. I also use corporeal feminism to examine how emotions influence the nature of sexual encounters, how bodies feel in erotic settings, and how pleasure is embodied and experienced. Furthermore, I utilise corporeal feminism’s emphasis on sexuality’s slippery and indeterminate nature to explore the personal boundaries of my participants.

This chapter contains a diverse range of therapeutic, protective, and emancipatory forms of self-care which were often bound up with aspects of caring-maintenance. Participants described the therapeutic value of touch and physical intimacy and the ways sex can be used to move through difficult periods. When navigating sexual encounters, many participants emphasised how they would enact forms of protective self-care related to their emotional and physical well-being and intimate relationships. Expressions of emancipatory self-care can be seen in the way participants used sex or pushed personal boundaries in order to create new ways of existing, discover exciting and different forms of pleasure, and develop new identities.

My participants practiced caring-maintenance through the effort and labour they invested into their intimate relationships, bodies, and emotional selves to ensure they could thrive.

Sexuality is inherently wild. It is slippery, untethered, and changes how we experience the body in significant ways. Grosz (1995c) offers a rich description of this wild nature:

Libido or erotic desire involves a certain dis-quieting, troubling or unsettling of the body-image even when functioning in conformity with it... The limbs, erogenous zones, orifices of the other, provoke and entice, lure and beckon, breaking up the teleological, future-directed actions and plans of a task to perform. Sexuality, desire, cannot be seen in terms of a function, purpose or goal, for this is to reduce it to functionality... (pg. 286). Libidinal desire, the carnal caress, desire as corporeal intensification, then, is an interchange with an other [sic] whose surface intersects its own. It is opened up, in spite of itself, to the other, not as passive respondent but as coanimated, for the other's convulsions, spasms, joyous or painful encounters engender or contaminate bodily regions that are apparently unsusceptible. It is in this sense that we make love to worlds... (pg. 290).

Sexual desire is not simply about wanting to erotically engage with someone or something and experience pleasure. It is a productive force that is intense, transformative, disturbing, evades classification, and radically reconfigures the body. Libido creates new ways of understanding corporeal sensations, identities, sexual practices, and leaves no aspect of social reality untouched. The reason Grosz suggests desire and sexuality should not be defined based on pragmatics or purpose is because this would place artificial boundaries and parameters on them, concealing the way these wild forces allow unimagined potentials into the world.

As I describe in the Introduction, to enact wild self-care is to pursue well-being through radical routes and methods which may appear unhealthy, risky, or dangerous to outsiders. Wild self-care practices are highly emotional and create unexpected connections and ruptures. This chapter explores the connections between wild self-care and sexual pleasure. The self-care practices I discuss below are wild in nature because they seek out the transformative and productive power of sexual desire rather than attempting to manage or quell it. These expressions of wild self-care use the emotional body to pursue well-being, agency, and empowerment by seeking out pleasurable forms of sex. They also focus on exploring how emotion drives relationships, bodily experiences, and expressions of identity.

This Sex Which is Not One

In the previous chapter, I presented the way Jonathan used ‘play’ to distance his same-sex erotic encounters from legitimate sex while positioning his marital sex as entirely legitimate. James (60, NZ) employed a similar type of thinking. He spoke about the different gradations of sex, with activities viewed as sex-adjacent or not-quite-sex at one end and penetrative anal sex at the other:

James: Like, if they're getting a hand job, that's not exactly sex.

Simon: Do you see them as different?

James: No, I don't see that difference, I don't look at that as being full-on sex. It is sex in a way... but it's not full-on.

Peterson & Muehlenhard's (2007) quantitative study on personal definitions of sex found that many people view sex as spectral rather than categorical, just like James described. The authors found that 84% of their participants described a ‘not quite sex’ experience, 60% wrote about a

‘just barely sex’ experience, and 19% even wrote about an ‘unsure’ situation. Other studies have demonstrated how many people locate non-penetrative sexual acts in a kind of limbo where there is acknowledgment that these acts are sexual but are not considered ‘complete’ sex (Hans, Gillen, & Akande, 2010; Pitts & Rahman, 2001; Sanders et al., 2010). Holt, Bernard, & Race (2010) note that research on queer people’s definitions of sex is particularly scant, which is interesting given how extensively their sex lives are investigated, though it appears that gay men’s definitions of sex also range widely.

The separation James makes between a ‘hand job’ and ‘full-on sex’ is in line with this literature. However, there is more to unpack here. As I explored these different definitions of sex with James during our interview, it became apparent that part of the reason he made the delineation of ‘not exactly sex’ and ‘full-on sex’ is due to a violent sexual assault he experienced years ago which excised the desire for penetrative sex from his life. This aversion to penetrative sex is not uncommon among survivors of sexual violence (Maltz, 2002) and research demonstrates that male survivors often experience long term sexual difficulties (Tewksbury, 2007; Walker, Archer, & Davies, 2005). For James, there is still a significant emotional burden attached to penetrative sex due to this experience, so he distances it from the sex he desires and feels comfortable with. As an alternative to penetrative sex, he spoke about his fondness for massage and how holistic it feels:

I like massage... You get to know the person better and you get to know that body better...and especially doing the thighs, I really enjoy doing the thighs and around the kidneys.

While massage and sex are frequently coupled, particularly in relation to heterosexual sex work (Hubbard, 2000; Joseph & Black, 2012; Oerton, 2004), the use of massage as a type of sex has only been identified by a few authors. Kattari (2015) highlights how massage can constitute as sex for those with physical disabilities, and Hoff & Beougher (2010) describe how some gay men in monogamous relationships allow partners to give casual erotic massages to others so long as the sexual pleasure does ‘not extend over’ (pg. 777) to the masseur, otherwise it would be considered an infringement on their relationship. It appears that massage as a prelude to sex is a common practice among gay men (Lyons, Smith, Grierson, & von Doussa, 2010), and for James it occupied a central position. However, James (60, NZ) also spoke about the nuances of inviting over guys from Grindr for an erotic massage and the tensions which occasionally arose:

Simon: Is there anything that's off limits for you when you have guys over?

James: Well I basically run it. I'll give them a massage and if they want, I'll suck them off, wank them off... you know, if they want full-on sex, then they've gotta wear a condom. [Full-on sex] doesn't happen very often, which I'm quite happy about, I prefer just to do the hand jobs and they seem happy with that, especially the younger guys... There was one guy, young guy, he was only coming around for a massage... but he was silly because he was coming around and he was having the massage but he wasn't... like, he was more wanting to have sex with me and me be the top and he be the bottom and that just wasn't going to happen and I told him that right from the start and you know, 'Sorry, but you picked on the wrong one here.'

This quote not only underscores James's preference for non-penetrative forms of sex, it also demonstrates the work he engages in to maintain these unspoken boundaries around sex and the often one-directional nature of his hook-ups. He aims to pleasure his guest, and through giving them sexual pleasure, he receives pleasure. Even though this kind of experience is common, there does not appear to be any substantial literature that speaks to this specific dynamic. Rye & Meaney (2007) argue that sex is constituted through the presence of fun, playfulness, and pleasure which resonates with James's description: by having fun and 'playing' with his hook-ups, the erotic massages that James offers become a type of sex.

Trent (57, NZ) also preferred physical intimacy over penetrative sex. Interestingly, he deemed orgasm-centric penetrative sex as mundane and rudimentary, and therefore undesirable:

I'm into that sort of thing, into sensual experience, into the hands-on touch, just focusing on feeling and the pleasure of human touch as opposed to, you know, raw hard-core porn sex... I kind of think of myself as sexually different, that the actual hard-core sexual act has never been the objective... It's intimacy, it's physical intimacy, yeah sensuality. Maybe it's sort of that tantric thing that you sort of work on the arousal in a sensual experience rather than the actual orgasm. The orgasm we're all capable of doing that for ourselves but all the rest of it, you can't do for yourself, you need a partner to give that touch-feel.

Trent describes sex and pleasure as emerging from touch, the sensual co-mingling of bodies, and erotic feeling rather than penetration and orgasm. This approach has many connections to Grosz's conceptualisation of sexual desire as a productive and unexpected force that reconfigures how the body feels. However, there are a few concepts to unpack here around the

relationship between orgasm, sex, and intimacy. Przybylo (2011, 2019) and Scherrer (2008) highlight how heteronormative ‘sexusociety’²⁵ pivots largely on the andro-centric orgasm. Solomon ([1974] 2002) has also pointed to the ‘overgenitalized conception of sexuality’ and society’s ‘fetishism of the orgasm’ (pg. 23) which positions the orgasm as the purpose and endpoint of sexual activity. This is akin to saying that the sole function of a meal is to be eaten and the pleasure of enjoying it finishes with the last mouthful. Trent is drawing from a similar paradigm by questioning the imperative for orgasm and why it must be the primary constituent of sex. However, there is an interesting tension in his description. He positions orgasms and penetrative sex as ordinary (‘we’re all capable of doing that for ourselves’), exceptional (‘the hard-core sexual act’), and too insubstantial to be worth pursuing. Intimacy, sensuality, and ‘touch-feel’, on the other hand, rise above this and hold greater value.

A handful of recent studies on gay men, ageing, and sex demonstrate that many older gay men experience a gradual shift towards preferring physical intimacy over other forms of sex (Sandberg, 2013; Pope, Wierzalis, Barret, & Rankins, 2007; Wierzalis, Barret, Pope, & Rankins, 2006). This is not to say that older people gradually become asexual as they age²⁶, but rather, the way sexual desire and the practices which constitute as sex appear to shift over time and become more focused on touch rather than penetration. This research describes how sexual intimacy can be a validating experience for older gay men and re-affirm a sense of desirability, community, and self-acceptance (Pope et al., 2007). Furthermore, because erectile function tends to decrease with age, some older men use this as an opportunity to explore

²⁵ The discursive structures that perpetuate, naturalise, and create the compulsion to have an active sexual desire, regularly engage in sexual activity, and require sex to be part of a ‘healthy’ lifestyle (Przybylo, 2011, 2019).

²⁶ There is a prevalent and erroneous perception in society that people ‘lose’ their sexuality and capacity for sexual desire as they age because the older body is deemed less normative, less attractive, failing, and therefore devoid of sexuality. This has been heavily critiqued with a substantial amount of research demonstrating how sexually active people stay as they move into later life. See: Deacon, Minichiello, & Plummer, 1995; Gerschick, 2006; Gott & Hinchliff, 2003; Lochlainn & Kenny, 2013; Simpson, 2015.

alternative ways of having sex and feel less pressure to follow social norms that present men as sexually assertive with a strong libido (Sandberg, 2013).

The reason Trent did not often pursue penetrative sex was because it held little pleasure for him, whereas sensuality and touch did. However, this was not always the case. In the previous chapter, I described Trent's experience of 'playing the bottom role' and how he felt compelled to engage in types of sex that made him uncomfortable in order to continue the sexual friendship he had with his main partner. Having had such a long relationship with this person (over 10 years), Trent (57, NZ) felt able to safely experiment with sexual positions he would not normally engage in. This was evidently a complicated process for him:

Trent: I'm mostly a top guy but I've been experimenting a bit with the bottom role, just trying to understand what people get out of that... Is there a feminine impulse of being penetrated? Is there some kind of death wish with some people 'cause they're doing this behaviour? Some of them actually don't want to use condoms and what's behind that? Is it a 'naughty boy' kind of arousal? Is it a death wish? Is it someone [wanting to be] pumped and abused and badly treated a bit? It could be all of these sorts of things in different people of course.

Simon: How did you find bottoming?

Trent: Just sore but extremely arousing... The thought of it particularly and the sort of lead up to it is extremely arousing, and an orgasm out of it was probably more powerful than any other orgasm, but I didn't get any pleasure out of it.

Trent is ambivalent about a few aspects of sex in this description. He sees orgasms as ordinary yet exceptional and deems topping unproblematic but bottoming is loaded with feminine

impulses and the potential desire for a ‘death wish’²⁷. When he tried bottoming for the first time, he did not get any pleasure out of it but had an orgasm ‘probably more powerful than any other’. This raises the question of whether or not an orgasm is always pleasurable? Can an orgasm itself be uncomfortable or disgusting? Do the corporeal sensations of an orgasm necessarily feel good for everyone across all scenarios? There is no literature on this topic, and the research which does look at how orgasms might be experienced as unpleasurable generally focuses on how (female) orgasms may appear disgusting to some or the ways disgust during sex can hinder orgasm or sexual pleasure (Hinzmann, Borg, Verwoerd, & de Jong, 2020; de Jong, van Lankveld, & Elgersma, & Borg, 2010; de Jong, van Overveld, & Borg, 2013; Richters, 2009).

While Trent’s experience appears contradictory, I argue that it demonstrates the complex connections between sexual desire, intimate relationships, the emotional and erotic body, and pleasure. Both Trent and James described how they used the feeling body as a way of navigating sexual scenarios and laying out which types of sex felt pleasurable, which felt aversive and unsafe, and what sort of engagement felt desirable with their partner. How does it feel to have this type of sex in this setting? How does my body respond when I touch someone in this way? What sort of emotions are brought up when someone engages me like this? What desires am I feeling in my body and what does pleasure look like for me?

Grosz (1995b, pg. 198) describes how sexual pleasure arises ‘not through the operations of habitual activities, but through the unexpected, through the connection, conjunction and

²⁷ The association of bottoms/bottoming with feminine desire can be traced back to Freud’s theorisation of same-sex eroticism between men where the receiver of anal sex subconsciously wanted to be an ersatz woman (Guss, 2007). This enduring association has merged with a variety of AIDS-related discourses over time, producing the assumptions that effeminate gay men all prefer bottoming, are more promiscuous, and are vectors of disease/HIV (Goodley, Lawthom, & Cole, 2014; Hennen, 2001; Kane, 2010; Reilly, 2016; Taywaditep, 2002).

construction of unusual interfaces which re-mark orifices, glands, sinews, muscles differently, giving organs and bodily organization up to the intensities that threaten to overtake them, seeking the alien, otherness, the disparate in its extremes, to bring into play these intensities.’ For Grosz, sex, sexual pleasure, and desire are far more than a range of sexual preferences and positions. They are ‘intensities’ enacted through the co-mingling of bodies, sensations, and emotion to transform an experience. This approach can be seen in James and Trent’s experiences. Their approach to sex was grounded in seeking out physical intimacy, the sensuality of touch, exploring the contours and curves of another’s body, and feeling the emotional nature of bodies interacting rather than seeking out an orgasm.

In terms of wild self-care, I interpret James’s approach to sex as an expression of protective self-care. This can be seen in the way he managed the encounters (‘I basically run it’) and used language to distance penetrative sex (‘full-on sex’) from other kinds of sex. These two techniques were employed to protect his emotional well-being by avoiding types of sex connected to a violent sexual assault. Trent’s experience can also be interpreted as an expression of protective self-care, though his situation is more complicated. As discussed in the previous chapter, his main priority was to ensure that this ongoing sexual friendship continued. It was a site of uneasy tension where Trent felt compelled to engage in sex he was not entirely comfortable with, but the thought of losing the emotional connection he had with this person was even more uncomfortable. Despite this, the relationship also provided a lot of opportunity for sex that Trent actively desired which focused on sensuality, touch, and massage:

He's actually a massage exchange, he used to be a massage client... I've known him for 13 years. Massage exchange is purely a massage exchange for me but [bottoming with him and trying new types of sex is] curiosity being satisfied, you know? But there's no emotional connection between me and him up in [his home] though... I wanted more [from the relationship] but he doesn't, so we sit along this kind of uneasy platform of me, you know, having a strong emotional bond with someone who doesn't want to be the same thing, [who] just wants to keep it fairly casual...

Trent is balancing a number of issues here. He is actively working to protect his emotional well-being, protect himself from loneliness, and protect his physical well-being by only doing 'risky' sexual practices with this person he trusts deeply, all of which can be read as expressions of protective self-care. James and Trent's experiences also speak to caring-maintenance through the way they are tending to their needs and desires. The labour they invested in their sexual partners were grounded in nourishing their sexual desires, maintaining social bonds, and having some involvement with the gay community around them.

Working for Sexual Pleasure

While I spoke to a number of participants about their work and how it influenced other aspects of their life, Justin and Isaac's experiences in the sex work industry were particularly interesting. Justin (25, NZ) described how he went from being a devout Catholic to an atheist sex worker and the complicated ways he used sex to help him to move through difficult periods and manage personal problems. He spoke about when he first 'came out' and began to use sex as a self-care technique to deal with being rejected from his church community:

Justin: I was in London, Paris... ah where was it, Madrid and Italy, ah Rome. Not much happened in Rome... because it is the centre of the Catholic Church and I kind of had to keep what I was doing hidden from the people I was travelling with 'cause it was a Catholic group. This was like six months after I came out with the [local] Diocese; it was when I was starting to lose my faith and I was like, 'Hopefully this [trip] will help me keep [my faith]'. It just paved the way for me to have orgies in Europe.

Simon: Look, I guess if you're gonna lose your faith, it's a good way to...

Justin: You may as well do it the best way: having orgies in all these holy cities.

Simon: Do you think that's where the seed of using sex as a way of coping with stuff started?

Justin: Yeah, I'm pretty sure that's where it started.

There has been a substantial amount of research on queer people's experience of being forced to leave their religion/religious community and the acute sense of loneliness, isolation, grief, shame, lack of self-worth, sinfulness, and meaninglessness of life they feel during this process and in the following years (Gibbs & Goldbach, 2015; Hansen & Lambert, 2011; Levy & Reeves, 2011; Wood & Conley, 2014). This literature points to the way many of these people create new and positive ways of understanding their sexual identity and religious beliefs, become vested with greater resilience, and how it can be a path to finding a strong, supportive community of others who have experienced the same thing (Beagan & Hattie, 2015; Foster, Bowland, & Vosler, 2015; Gross, 2008; Joseph & Cranney, 2017; Murr, 2013). There appears to be no literature that explores how queer people who are leaving religion use sex or substance as a way of dealing with this trauma, though it appears from Justin's experience that this is an issue in the community.

Shortly after returning from Europe, Justin began his first year of tertiary education and living alone for the first time, which proved to be quite difficult for him:

Justin: Living by myself was... I never really had the energy to leave the house except to get to class and then get back and then occasionally I just wouldn't even go to class just 'cause what's the point. Yeah, living alone's not good [for me]...

Simon: How did you cope with it?

Justin: Pretty much sex. Sex, sex, sex. I was a nymphomaniac.

The literature on using sex as a coping mechanism is controversial. Labelled variously as hypersexual disorder, sex addiction, or sexual compulsivity, using sex as a way of dealing with emotional stress has generally been seen as a mark of pathology by the psychiatric community. However, many have critiqued the diagnosis of hypersexuality disorder as another iteration of sexuality's medicalisation, the moralisation of certain behaviours, a way of enforcing heteronormative expressions of sexual desire/practices, and being too indistinct of a condition to warrant diagnosis (Giugliano, 2009; Hall, 2014; Kafka, 2014; Kor, Fogel, Reid, & Potenza, 2013; Moser, 2011, 2013). Gay men have long been pathologised as being 'over-sexed' and suffering from sexual compulsivity or hypersexuality with their high sex drive being a 'maladaptive' coping strategy due to internalised stigma (Pachankis et al., 2015; Pachankis, Rendina, Ventuneac, Grov, & Parsons, 2014; Yeagley, Hickok, & Bauermeister, 2014). Some have even identified the correlation between the growth of scholarly interest in hypersexuality disorder during the 1980s and the AIDS epidemic, and have charted the ways this has impacted the gay community and society more broadly (Irvine, 1995; Reay, Attwood, & Gooder, 2013).

It could be argued that Justin meets the criteria for sexual compulsivity, though this would be problematic and erroneous. I suggest that he has a naturally high sex drive and began to channel this energy in ways that allowed him to gain reprieve from the emotional and existential turmoil he was experiencing at this time, an example of therapeutic self-care. Building on this, Justin described how this series of events (being rejected from his church community, losing his faith, struggling to live alone, and using sex as a way of managing these stressors) lead him to start sex work:

Justin: I used to be a prostitute many years ago so... like I'm demiromantic²⁸, so I never really had any romantic attraction to [any of my clients], so it was like, I get off, they get off, I get paid.

Simon: Did you enjoy it?

Justin: I mean yes and no. If the guy was too old, I didn't enjoy it, but a lot of the time, it was fun.

Simon: Yeah. How long did you do that for?

Justin: Ah, first year of [tertiary education].

Simon: What prompted you to start?

Justin: Because I was 18 at the time, I was getting fuck all from StudyLink²⁹ so I was like, 'I need money, this is an easy way, \$200 a night, sure.' I didn't have a student loan for my first year.

I argue that Justin was practicing therapeutic self-care by using sex to manage the emotional trauma of being rejected from his religious community, losing his faith, and to quell the

²⁸ A term considered to have emerged from the asexual community, demiromantic (also known as demisexual) refers to people who only experience sexual attraction to people they are romantically involved with (Hammack, Frost, & Hughes, 2019). See Chapter 7 for a discussion on these emerging 'hyper-specific' sexual identities.

²⁹ This is New Zealand's financial support service for students to assist with tuition fees and day-to-day living.

isolation of living alone. His decision to enter into sex work can also be considered a creative expression of caring-maintenance. By becoming a sex worker, he was able to address some of the loneliness he was experiencing, supplement his meagre income, and reduce his overall student debt. Furthermore, this line of work also enabled him to manage his high sex drive and work through some of the ongoing emotional trauma from leaving his religion.

Isaac (55, AU) also described how he had creatively addressed some of the personal issues that arose when working in the sex industry:

What happens when you work in a sex club is like working in an ice cream shop: you just don't eat any more ice cream, and we are so over it by the time we get home. Like, for eight hours to listen to people having sex, fucking, the music, the smells, cleaning everything up. And by the time you get home the last thing you want to do is have sex... Yeah, so, Robert [long-term partner & co-manager] can hardly have sex at all anymore. He's just not interested and I... so we have less sex... We have an open relationship but... you know, once or twice a month I might be interested, otherwise I'm really not... I had a much, much better sex life before I worked in the sex industry.

There are signs of grief for a lost sex life here, but Isaac is also highlighting how much fulfillment he gains from running the sauna and the ways this off-sets his lack of sexual desire (this is also discussed in Chapter 4). As mentioned in the previous chapter, it is not uncommon for committed gay couples to have a variety of agreements around sex with external partners, and Isaac provides a great example of how this can look. Research demonstrates that gay couples construct outsider-sex agreements based on disease risk, condom use, the level of

emotional and physical intimacy, and what sort of sexual activities are allowed (Hoff & Beougher, 2010; Parsons et al., 2013; Prestage et al., 2008). Isaac and Robert's relationship agreement meant that they could have sex with other people just as long as they stayed emotionally monogamous, a common trait of gay men's open relationships (Coelho, 2011; Parsons et al., 2013; Philpot et al., 2018). However, finding appealing casual sex partners and having a positive encounter could often be difficult for Isaac:

When I'm meeting somebody, they think, 'Oh this is the owner of the sex venue, he's gonna be so good', and I'm not. That part of my life... causes me some difficulty, 'cause I might have fun with somebody who's really handsome and they go, 'Oh, you know, you must be so experienced, you're gonna be amazing, I'm never gonna be able to satisfy you', and all this sort of stuff. They think that you're like, gonna be an amazingly hot sex partner but you're not. You're just like anyone else, and you actually want less sex than anything.

There appears to be no empirical research on the experience of working at a gay sauna or the sexual expectations gay men have in relation to their casual sex partners (e.g. how body types or subcultural identities influence expectations of sexual performance and pleasure when selecting a partner). Although, the way Isaac's casual partners often responded to his status as the manager of a gay sauna gives insight into the cultural institution of 'tribal' identities in the gay community. This institution frames the way gay men construct certain sexual archetypes, the associations and meanings these archetypes are loaded with, and how they are mobilised when seeking out sexual partners. James's description above is another example of how tribal identity is employed by gay men: because of his age and the connotations of the 'daddy' figure, many of his younger hook-ups would assume he would top.

There has been a substantial amount research into tribal identity which shows how pieces of personal identity are rendered into a unique type of sexual subject (Edmonds & Zieff, 2015; Hennen, 2005; Peacock, Eyre, Quinn, & Kegeles, 2001; Moskowitz, Turrubiates, Lozano, & Hajek, 2013). Bodily traits like hair and fatness mark out ‘bears’ or ‘chubs’; older age produces ‘daddies’; effeminacy creates ‘twinks’; the muscled and hyper-masculine become ‘jocks’. All of these tribes are linked to being tops or bottoms, with some seen as being particularly sexually adept (Johns et al., 2012; Moskowitz, Rieger, & Roloff, 2008; Ravenhill & de Visser, 2017). When Isaac’s hook-ups tell him how excited they are to experience his ‘amazingly hot sex’, it not simply because they are assuming someone who works at a SOPV will be brilliant in bed. They are also engaging in the common practice of discursively creating a culturally-specific sexual subject based on certain traits of Isaac’s life (tribal identity) and drawing from the range of sexual ideals loaded into this subject (a gay sauna owner = excellent lover).

Tribal identity speaks directly to Grosz’s corporeal feminism because of this examination of how certain traits of the body are perceived and felt by others and then building an entire identity from these. Grosz (1994) describes her approach to understanding the body and subjectivity as ‘rethinking the relations between the inside and the outside of the subject, its psychical interior and its corporeal exterior’ (pg. xii), and this can be seen in Isaac’s experience. He described how the feeling of being surrounded by sex, cleaning up ejaculate and lube, and listening to moans and club music every day at work has significantly reduced the personal appeal of sex. This has complicated his life in some ways, but simplified it in others ways by removing much of the desire for sex. His experience corresponds to Grosz’s work by demonstrating how the affective nature of his work and the way he absorbs the sensations and sounds of his sauna into his body has influenced the way he feels sexual desire and pleasure,

how he seeks out casual partners and manages his relationship with Robert, and how he understands his own identity in relation to others.

Justin's experience is loaded with all three forms of wild self-care. The way he used and experienced sex was overtly therapeutic, but there are also elements of emancipation and protection here. Sex and sex work became avenues of emancipation for him because they created financial and emotional reprieve, allowing him to create new ways of being and escape aspects of his life which were overwhelming and debilitating. Using sex as a way of managing the emotional devastation of being forced to leave his religious community as well as coping with living alone for the first time can also be considered forms of protective self-care: by using sex to escape from oppressive emotions, he was going to lengths to protect his well-being until he was able to begin addressing these issues. Managing the grief and emotional trauma of losing one's faith by 'having orgies in... holy cities' across Europe is a prime example of wild self-care. It is a way of caring for the body and supporting emotional well-being through creative, transgressive, and provocative methods.

Friends with Benefits and Intimate Others

The importance of relationships in producing sexual pleasure and understanding the emotional significance of sex has been a theme in this chapter. Trent spoke about the importance of his sexual friendship and how critical it was to opening up pleasurable sex, Isaac highlighted how he managed his relationship with Robert and casual sex encounters, and Justin spoke about how his demiromantic orientation made sex work much easier. This section examines in more detail how relationships influence the production of pleasure, desire, and the emotional significance of sex.

In the previous chapter, I described Justin's preference for kink and the role it plays in his relationship with his boyfriend. Justin initially began to venture into kink through sex work, but began to incorporate it into his personal life because vanilla sex was no longer exciting and too closely affiliated with his sex work:

Simon: So, what do you get out of kink that you don't out of vanilla sex?

Justin: It's just more fun. Vanilla sex is just eugh-eugh-eugh-grunt-cum. [It] gets really boring after a while [and] kind of why when I have sex, it's normally not vanilla.

Simon: Do you think it's because you've done sex work that sex has, vanilla sex has become quite bland?

Justin: It has, yeah. It's gonna be more because of my sex work that vanilla sex is really boring.

Simon: Does vanilla sex have some of that baggage alongside it from your sex work?

Justin: When I'm doing it with random people, yeah, but with my partner, no.

There is a substantial literature on sex workers who professionally engage in kink (Bauer, 2014; Holt, 2016; Lindemann, 2011, 2013; Sanders, 2005) as well as the various reasons why people become kinksters/enjoy kink (Faccio, Casini, & Cipolletta, 2014; Guidroz, 2008; Moser & Madeson, 1996; Turley, 2016; Weiss, 2011). However, there is very little on how sex workers manage their personal sex lives and how sex work influences their private sex practices. Brewis & Linstead (2000) describe the messy private/professional life boundaries that sex workers balance and how kissing is frequently forbidden from professional sex because of its personal and intimate value. Sanders (2004) furthers this and highlights how some sex workers not only refuse to kiss clients, but certain body parts/zones and specific acts can also be off-limits to protect the meaningfulness of their personal relationships. Kontula (2008) demonstrates that

personal pleasure is a major consideration for sex workers' professional sex and being able to derive pleasure either from the eroticism of the interaction or from respecting established boundaries is fundamental to the job.

Expanding on this issue, Justin (25, NZ) described how he now prefers to have sex with friends rather than hooking up with anonymous casual men from Grindr, and that the pleasure he receives from sex is largely contingent on who he has sex with rather than the type of sex:

Justin: Those guys [casual hook-ups] I don't give a shit about, they're sex objects. I do have sex with a lot of friends now, like that's a thing in the [Radical] Faerie community³⁰, that a lot of guys have sex with each other and it's just, yeah. So, I have sex with a lot of friends, so I'll keep their numbers because they're friends that we just occasionally have sex with, and yeah.

Simon: That must be fun.

Justin: Yeah it is. It means when I really want sex, like there's always at least one person I can call up and ask.

Simon: Yeah and plus it would be... a bit more, wholesome...? I see the difference, like having 'fun sex' with a friend rather than just like having an anonymous...

Justin: Yeah there's a lot, it's a lot more fun with friends. Like anonymous [sex] is generally only when no-one else wants sex, so I rarely get anonymous sex now. Yeah, it feels a lot better. Like, occasionally I'll go and do it, just because the thrill of someone I've never met, just doing them and leaving, that's still fun.

³⁰ The Radical Faeries are a group that developed in the mid-1970s grounded in queer and environmental activism, sexual liberation, spiritual revival and a celebration of transgression (Hennen, 2004; Morgensen, 2009).

Nishant (49, NZ) also spoke about how critical it was to have sexual partners he connected with on a deeper level:

For me anal [sex] is so sacred it has to be with a partner, not a fuck, so I would never go down that track, ever... unless I had the emotional kind of connection, I would lose my erection and so I couldn't perform anal sex and so, and I suppose deep down, my preference is more oral than anything you know... I suppose my preference is more the kissing, cuddling, hugging, lying, playing with each other's bodies. I'm a trained masseur, I really enjoy... I'm fuckin' good at it and I do that kind of stuff.

Nishant's experience holds many similarities to James and Trent's. All of these men emphasised the pleasure of touch, sensuality, caress, massage, and how sex was constituted through physical intimacy rather than penetration. Like James, Nishant makes a separation between different types of eroticism. He views 'sex' as an emotionally meaningful and substantive encounter whereas 'a fuck' is transitory, impersonal, and with an anonymous casual partner. He also detailed the importance of bodily cleanliness and described the cleaning process he engages in before having sex:

If I have a date with someone and da-da-da and we came back home or whatever and, you know, and I thought this might go somewhere, I would go upstairs to the bathroom and wipe my bits and clean myself fully and you know, make sure I smell of something nice and then [I'm] like, 'Ok, I'm here.'

While he is describing the common courtesy of washing before sex, there are some ritualistic elements to this: preparing, purifying, cleaning, and perfuming the body. Bell ([1992] 2009) describes how ritual can be considered a culturally strategic way of acting in the world and a method of layering additional meanings onto experience. There is a substantial amount of literature on how ritual and gay sex intersect. It has been explored in terms of gay saunas and how these spaces accrue a religious affect, giving a ritualistic weight to the coded silence (Elwood, Greene, & Carter, 2003), body gestures (winks, nods, gazing), and sexual encounters which occur here (Prior & Cusack, 2008; Richters, 2007; Tewksbury, 2002). Some have also identified how aggression and expressions of hyper-masculinity in gay sex are sometimes viewed in ritualistic terms (Ridge, 2004). Even the exchange of semen during ‘breeding’/viral sex³¹ and the transmission of HIV in a bug-chasing/gift-giving³² context has been explored in terms of ritual (Dean, 2009; Murphy, 2015; Reynolds, 2007). In relation to Nishant’s experience, this research helps to demonstrate how preparing for sex can be more than just hygiene. Nishant also spoke about cleanliness in terms of being free from disease and how ‘being clean’ was connected to emotional well-being:

If there’s an emotional connection, then I’ll get a hard-on, otherwise it’s scary, you know it’s fuckin’ scary shit, and then the whole thing of how much do I know you, how clean are you, you know? I have always practised super safe sex, you know, touch wood I’ve been clean and lucky.

³¹ ‘Breeding’ appears to have grown out of the HIV+ community and broadly refers to condomless gay sex but is commonly used as a perversion of heteronormative procreative sex by ‘impregnating’ and ‘breeding’ disease/HIV instead of children (Dean, 2009; García-Iglesias, 2020; Hammond, Holmes, & Mercier, 2016). Tomso (2008) has described this eroticization of disease and HIV transfer as ‘viral sex’.

³² This type of sex began to receive a substantial amount of attention in the early-2000s and refers to the deliberate transmission of HIV. The person who desires to be infected is called a ‘bug-chaser’ and the person who transfers the virus is called the ‘gift-giver’ (Gauthier & Forsyth, 1999; Graydon, 2007; Moskowitz & Roloff, 2007; Tomso, 2004).

This binary of clean and dirty in regards to gay bodies and HIV has been identified by a few scholars, particularly in relation to how it has been adopted by the HIV+ breeder community as a perversion of hegemonic power dynamics (Ashford, 2010; Brennen, 2017; Graydon, 2007). In this context, ‘dirty’ sex (where HIV is or can be transferred) is framed as empowering, and the desirability of taking ‘filthy loads’ (HIV+ semen) reclaims the stigma of HIV and repositions it as weapon against serophobic³³ society. Morrison, Kiss, Bishop, & Morrison (2019) expand upon this set of meanings by presenting how conservative media often frames gay men as vectors of filth by employing imagery of disgust, perverse anal eroticism, and HIV. Thus, Nishant’s association of ‘being clean’ and remaining disease-free is a well-established phenomenon, and the way he employs this particular understanding of cleanliness demonstrates how it is a factor in creating the necessary emotional connection with his lover in order to have sex.

In addition to this ritualistic aspect of ‘cleaning’ and ‘being clean’ from disease, Nishant spoke about the ‘dirtiness’ of sex and the revulsion he initially felt towards having sex with men:

I almost grew up with sex being something dirty and yeah. I mean, God to perform oral sex for the first... I just like couldn't, like, how the fuck would you put that in your mouth, you know?

Nishant grew up in India where being gay remains a contentious form of identity, homosexuality only having been removed from the list of mental illness by the Indian Psychiatric Society as of 2014 and decriminalised for the second time in 2018 (Das & Rao,

³³ The fear and ostracisation of HIV positive people and the various ways this fear is institutionalised across society (Bernini, 2017; Thomas, Mience, Masson, & Bernoussi, 2014).

2019). Many have attributed the current prevalence of homophobia/queerphobia in India and the institutionalised stigmas around sexuality and eroticism to the influence of British rule and Victorian values being introduced into law and other social institutions (Chakraborty & Thakurata, 2013; Khan, 2001; Thappa, Singh, & Kaimal, 2008). With this in mind, it is unsurprising that Nishant struggled with gay sex for the earlier years of his life.

Nishant's description of oral sex as dirty and aversive is more than the transgressions of social norms. It gives insight into the significance of disgust and revulsion and how these emotions enter into sexuality, an example of which can be seen in the previous chapter when Jonathan spoke about how off-putting he found 'scat'. Kristeva (1982) discusses how the anus and faecal matter can be considered a symbolic site of death, abjectness, and 'the price the body must pay if it is to become *clean and proper*' (author's italics, pg. 108). Lingus (2011) presents a similar analysis around the way dripping bodily fluids can disturb and unsettle sex, and Waitt & Stanes (2015) present how the sweaty male body can produce sensations of 'visceral disgust and shame' (pg. 30) for some. This is to say that Nishant's aversion to gay sex was not simply about social norms; it was taken into the body and felt in visceral ways.

Nishant's experience has a strong connection to Grosz's work. In her main text on corporeal feminism, *Volatile Bodies*, Grosz (1994, pg. xiii) explores 'the elision of fluids in the male body and the derogation of the female body in terms of the various forms of uncontrollable flow' (i.e. menstruation). In this discussion, she demonstrates the how the affect of bodily fluids changes the way bodies are conceived, experienced, understood, and presented. The liquids which seep, ooze, and flow from a body (semen, menstruation, saliva, blood) play a significant role in defining that body and are loaded with abject, contagious, and disruptive meanings. The way Nishant described feeling disgusted with the thought of engaging in oral sex, his emphasis

on cleaning the body of dirt, and 'being clean' from disease speaks directly to this aspect of corporeal feminism and how influential the social power of dirtiness, bodily fluids, and disgust can be in relation to the body.

Justin's shifting relationship to sex also speaks to Grosz's theory of the body as a site where emotions, social norms, desires, and identities coalesce. Being a sex worker permanently altered how Justin experienced and navigated sexual pleasure, and his descriptions above demonstrate how he used his body to identify which forms of sex felt good, with which partners, and in what setting. He is engaging the way his body has adapted to sex work sex and the desire for a different type of sex which feels more like his own, and has forged this new personal expression of sex with a unique set of intimate friends.

Justin's experience can be considered a type of caring-maintenance because this is how he manages his sexual desires and relationships with sexual friends and his partner. There are also elements of emancipatory self-care present in the way he pursues sex with friends rather than anonymous hook-ups because these encounters are not only 'a lot more fun', they open up new and more nourishing ways of inhabiting his erotic body. Nishant's experiences are situated closer to forms of therapeutic and protective self-care. His process of cleaning and preparing his body before sex in addition to the way he only has penetrative sex with people he is intimately connected to can be considered expressions of protective self-care. Both of these practices are grounded in protecting his emotional well-being and not becoming overwhelmed by the threads of ongoing unease he feels with queer sex. Additionally, the way Nishant works his body prior to sex is evidently cathartic on some level because it helps to manage and soothe some of the fraught emotions he might be feeling, rendering it a type of therapeutic self-care.

Conclusion

Sex can be messy, both emotionally and physically. It involves bodies, fluids, emotions, relationships, personal values, past experiences, and the intensities of pleasure and desire. Navigating sex and pursuing pleasure can be a complicated process. For some of my participants, sex and sexual pleasure looked like physical intimacy, touch, caress, massage, and pleasuring the body of another. For others, pleasurable sex (or even the possibility of penetrative sex) was contingent on who they were having sex with rather than how they were having sex with someone. In each instance, my participants described the emotional weight of having sex, finding desirable sex partners, navigating sexual scenarios, and how this was felt in their body.

This chapter has demonstrated how sexual pleasure is more than simply working out what feels good and what does not. It is about acknowledging and understanding the role of the feeling body in social reality and the affective nature of engaging with others. Grosz describes how the feeling body is where culture and subjectivity meet; it is where the society around us becomes internalised and where we express our experience of the world. To exist in a body is an inherently emotional experience, as my participants have demonstrated.

There are a variety of intersections between wild self-care/caring-maintenance and the pleasures and emotional significance of sex. When my participants used sex and sexual pleasure as a form of therapeutic self-care, it was to gain relief from emotional turmoil or to feel in touch with their erotic body. As a form of protective self-care, some participants prioritised particular types of sex over others to protect their emotional well-being and ensure their relationships continued. Emancipatory self-care was a significant aspect of my participants' experiences in this chapter as they used sex and pleasure to find new ways of

relating to themselves and their community, discover alternative expressions of pleasure, and create easier and freer ways of living. Caring-maintenance also featured prominently in this chapter with many participants describing how the pursuit of pleasurable sex was bound up in tending to their relationships, meeting personal needs, and feeling at home in their body.

Sexual desire is a wild force. It disturbs, disrupts, and creates unexpected assemblages of bodies, sensations, and emotional connections. Wild self-care works in a similar way. These wild practices focus on using the feeling body to establish new ways of caring for ourselves and others. These practices can be unsettling or transgressive but tend to be creative and emotional. Using sexual pleasure as a method of caring for the body and pursuing personal well-being is a clear form of wild self-care. Justin had orgies across Europe, engaged in sex work, and embraced a sex-intensive lifestyle as a form of therapy and a way to move through a difficult period of his life; James, Trent, and Nishant actively resisted normative definitions and approaches to sex by using touch, caress, massage, and sensuality; and, all of the participants in this chapter described how they used their desiring erotic body to manage their relationships, pursue well-being, understand themselves better, and feel a sense of agency.

Chapter 4

Sex in Space

Oh, the places you'll go!
There is fun to be done!
-Dr Seuss

This chapter is an exploration of where my participants had sex, the way sexual spaces influenced their sense of identity, and how space contributed to the nature of their erotic experience. Space was an unexpected theme that began to emerge in early interviews, and as I further developed this theme, it became apparent that space was a major part of my participants' experiences. All my participants described how the setting of their sexual encounters affected them and the various ways space played a role in their wild self-care practices. Sometimes this influence was positive and heightened the experience, though at other times, the norms and affect of a space created strained dynamics.

My participants discussed a wide variety of spaces in terms of their individual qualities (e.g. the appeal of visiting a sauna) as well as how interconnected different spaces could be (e.g. Grindr as a space that cuts across other private and public spaces). My participants interacted with different spaces to address sexual desires and described the emotionally charged nature of these spaces. They also detailed how they would enter certain spaces in order to have particular types of sex. In terms of wild self-care and caring-maintenance, this chapter asks: How is pleasure and risk produced and affected by the spaces where sex occurs, and how does space influence the way we tend to and mend ourselves?

Space influences how identity, sex, and bodies are experienced, and constitutes them in a variety of ways. For example, being seen in a particular bar or club can bring assumptions around someone's sexuality and the phenomenon of 'gaybourhoods' demonstrates how queerness tends to lump and congregate in certain areas of a city (Brown, 2014; Hartless, 2019). Bodies take on different meanings in different spaces too. In sites like sports arenas or fashion runways, highly-worked and elite bodies are expected by onlookers, whereas in more open spaces like the beach or a park, a greater range of bodies and beauty ideals might be found (Longhurst, 1995, 1997; Longhurst & Johnston, 2014).

This chapter is structured around the three main types of sexual spaces described by my participants: Grindr, public spaces, and saunas and SOPV. The first section describes the unstable and dynamic nature of Grindr as a space and shows how my participants engaged with this app, how they navigated its norms and social regulations, why they used Grindr, and how they ensured their personal safety. The next section outlines what it was like for my participants to have sex in spaces like public toilets, parks, saunas, sex shops, and other public sites. These men often spoke about public sites in positive terms because they heightened sexual encounters, opened up new ways of beings, and (perhaps counter-intuitively) afforded a unique sense of privacy. The final section outlines the negative aspects of saunas and SOPV, how some participants felt these spaces were overly risky or abject, and the difficulties of finding satisfying sex in these sites.

Wild self-care arose in three ways. First, particular spaces were sought out for their therapeutic potential in order to address loneliness and isolation. Second, my participants protected themselves from harm inside certain spaces by asserting boundaries in relation to safer sex and engaging tactics to avoid interpersonal violence or deceit. Third, these men desired a deeper

sense of fulfilment and meaning from life and pursued experiences that opened up certain ways of being. Caring-maintenance presented itself through the mundane, quotidian nature of many of these practices. Participants would nourish sexual and intimate needs by logging on to Grindr at night or regularly visiting their local sauna in order to continue living in a way they desired.

It is a ‘wild’ argument to suggest that having sex in a public toilet, finding a hook-up on Grindr, or visiting a SOPV can be a form of self-care, yet this chapter does exactly this. Wild self-care presents risk as a personal and emotional construction rather than an objective measurement. Many scholars have demonstrated how risk is contingent on the setting, emotional atmosphere, and experiences unfolding in a space in addition to who we are around, our relationship to others, and how our body feels (Finucane, 2012; Rhodes, 2009; Sjöberg, 2012). Wild self-care also focuses on the way unusual, ‘risky’, or deviant practices can be used in order to pursue well-being, care for the body and mind, care for others, and create new ways of being that inspire joy.

Third space and Heterotopia

This chapter uses the concept of ‘third space’ from the work of Bhabha (1990, 1994) and ‘heterotopia’ from Foucault ([1966] 2005, 1986b) in order to unpick the experiences of my participants. The concept of heterotopia was clearly an unfinished project for Foucault and only makes two brief appearances in his entire *oeuvre*: once in the preface to *The Order of Things* ([1966] 2005) and most notably as the central topic in a posthumous article adapted from a lecture he gave (1986b). Despite being employed extensively by scholars over the past 30 years, heterotopia is a deeply ambiguous concept that was still in development when Foucault died (Johnson, 2013). As such, it is worth pausing to clarify how I will use heterotopia as a

concept. In essence, the concept explores the liminality³⁴ of certain spaces, the ways in which space can produce difference and alterity, and describes how space shapes our lives in fundamental ways.

In his 1986 lecture, Foucault outlines how heterotopias are sites of ‘deviation’ in which dividing practices occur, like hospitals or prisons. Dividing practices are one of three processes of objectification (alongside subjection and scientific classification) which occur in society. These are practices that transform an individual into a subject and involve sending away those who are seen as a threat, a burden, or deviant in some way: the sick, the aged, and the poor (Foucault, [1983] 2001). I read this trait of heterotopia as an aspect of liminality. Foucault viewed institutions of deviance as powerful centres of in-betweenness and contradiction. Individuals are cast out of society and detained in a prison or hospital on account of their deviance, but when they are sent away and institutionalised, they become further ingrained in society’s modes of regulation (Foucault, [1975] 1995, [1975] 2003, [1978] 2001). For example, sending someone to prison does not excise them from society; it further embeds them into the various systems of state-based power and regulation. These sites can blur citizenship status and alter the way bodies and identities are considered. They are sites of exile and removal on multiple levels.

Heterotopias are sites of destabilised time, meaning, and functionality. In *The Order of Things*, Foucault ([1966] 2005, pg. xix) describes heterotopias as spaces that disturb and evade language: ‘they shatter or tangle common names... stop words in their tracks; they dissolve

³⁴ Thomassen (2014, pg. 1) provides a comprehensive definition of liminality: ‘moments or periods of transition during which the normal limits to thought, self-understanding and behavior are relaxed, opening the way to novelty and imagination, construction and destruction... [Liminality] also involves a peculiar kind of unsettling situation in which nothing really matters, in which hierarchies and standing norms disappear, in which sacred symbols are mocked at and ridiculed, in which authority in any form is questioned, taken apart and subverted’.

our myths and sterilize the lyricism of our sentences'. In this sense, heterotopias are sites where the names and labels applied to bodies, identities, and practices become detached, uncertain, or no longer applicable. Foucault points to the cemetery as a key example of heterotopia because it can be considered as a type of hidden 'Other' city where death is made visible yet buried, life is absent yet eternal, and time is stretched and contorted (Foucault, 1986b). Johnson (2013) builds on this and suggests cemeteries are frequently sites of leisure (picnics, dog walkers), deviance (gay cruising), and sacredness (religious practices, mourning). Heterotopias are spaces which ostensibly have one purpose but are used in a wide variety of ways that occasionally cause unexpected connections and tensions.

Where Foucault explores how certain spaces disturb meaning, bodies, and identity, Bhabha (1990, 1994) is interested in how new forms of existing are actively produced in spaces of difference through this same blurring of meaning. He describes these liminal sites as 'third space' and uses this concept to deconstruct discourses around diaspora, migrant subjectivity, and cultural hybridity. He suggests that, through the ambiguity of language and culture, a 'third space' is opened up when different social groups interact and create new forms of identity and experiences of social reality. When two groups come together and a third way of being is produced, members of this new composite group are displaced from their origins and a new set of power relations is produced. This can create liberation by opening up of new social orders, or it can deepen the influence of colonial power structures through partially assimilating indigenous groups (Bhabha, 1994). In terms of gender, sexuality, and space, Bhabha's work helps to articulate how hegemonic power structures influence queer spaces, how individuals might experience more acute forms of discrimination in certain spaces, and why this is.

Grindr: Romancing the Phone

Since its launch in 2009, Grindr has had an immense influence on how gay and queer men connect with each other and remains a ubiquitous element of gay culture. There has been considerable academic attention in recent years around how gay men use Grindr, the influence Grindr has on sexual practices and identity expression, and the architecture of the app. Grindr as a space has also been a topic of significant interest due to its ability to blur boundaries and develop unique forms of connection (Miles, 2019; Numer, Holmes, Joy, & Thompson, 2018). As a digital platform with geo-location functionality, Grindr removes the physical limitations of seeing where other users are and establishes a unique sense of digital and sexual intimacy: knowing someone is x meters away puts them in physical proximity and invites the fantasy of being close enough to touch (Bonner-Thompson, 2017). This sense of knowing yet not knowing the location of another user adds to Grindr's liminal quality. The fluid way online profiles shift and re-organise depending on an individual's proximity to different users furthers this liminality. Grindr is a space where identities and actions are constantly viewed as erotically-charged (Bonner-Thompson, 2017) and self-pornification, or taking 'dick pics', 'nudes', and other explicit photos, is expected (Tziallas, 2015).

Expressions of identity and connection on Grindr are very fluid and often ambivalent. Numer et al. (2018) describe how creating a profile on Grindr requires the total dissolution and reconstruction of identity based on the app's filters and pre-selected options. Research into the self-presentation process of Grindr users shows how the digitalised body is frequently assembled through the adoption of hegemonic discourses around masculinity, gay eroticism, and the norms of the app (Bonner-Thompson, 2017; Jaspal, 2016; Miller, 2015a). Some have interpreted this adherence to hegemonic body ideals as the product of Grindr's digital architecture which 'gamifies' how users engage with the app (Tziallas, 2015), while others

suggest it is the result of neoliberal consumption practices which promote individual elitism (Chan, 2018). What is clear is that the presentation of identity on Grindr is highly strategic and constructed in relation to dominant discourses around race, masculinity, and sexuality (Daroya, 2018; García-Gómez, 2020).

Sam's (20, NZ) relationship to Grindr (or lack thereof) demonstrates how this app's architecture produces and curates a certain audience. As a queer trans-man, he spoke about the difficulty some trans-masculine individuals are faced with when trying to use apps like Grindr, or even move through queer-masculine spaces, because the 'signifiers' of tribal identity 'don't fucking work' for this group:

Finding people to have sex with is kind of hard because [I] can't like use [Grindr and other similar apps] particularly well, because not passing [and] all of that jazz... You have to have like bodily signifiers in order to be considered a man, and then there's the auxiliary ones of like having a beard or whatever. If you're a twink, you eschew all of those so you've got like feminine social... signifiers but then you're still recognised as a man because of those really like strong bodily signifiers and you can't do that if you're a trans-man because you don't have that base level signification. Like being a bear, you can't do that if you can't grow a beard. Shit like that. So, it's just really hard.

Research on how trans-masculine and gender non-conforming people navigate and experience Grindr demonstrates that the 'in-betweenness' of trans bodies often results in other users ignoring or blocking them, making discriminatory remarks, or challenging the legitimacy of their identity because Grindr is an 'all-male' app (Schein, Adam, & Marshall, 2019; Shield,

2018). There has also been some discussion of this relationship between bodies and identities ‘fitting’ into a digital space and how the algorithmic coding of these apps is comparable to the social codes which remove and reject individuals who do not fall within the correct ideals (Cockayne & Richardson, 2017). These apps are created with a certain set of demographics, bodies, identities, styles of usage, and goals built into their digital framework. These reflect normative ideals that concern the ways particular social groups and identities *should* function (Conner, 2019; Giesecking, 2017). Sam’s experience of not being able to ‘work’ Grindr because he did not have the ‘correct’ signifiers of a gay masculine body is partially due to the social norms on the app which govern how bodies are to be presented, what an attractive body looks like, and who is permitted to use the app. The architecture and functionality of the app fundamentally hinder how well he can use it.

Nishant (49, NZ) had a similar experience to Sam concerning prejudice and poor app functionality. He described how he used Grindr to curb loneliness, but going online came with a host of problems which left him feeling like an outsider due to his age, ethnicity, and body type:

I joke about myself as a short, fat, balding Indian. For me, to go out and meet somebody, it’s fuckin’ hard, it’s very hard. They will, you know, look at your picture and go ‘Nah, you’re too old’, or look at your age, ‘Nah you’re too old’, or you’re this ethnicity or you’re this or you know, ‘How big is your cock’ and ‘Are you a top or bottom’, or yeah. There’s all these like fuckin’ weird categories and all of that. I have to Google them up, going ‘What the hell is this, EPSNJB³⁵, whatever this means’, you know? What the hell is all this shit? I had an old gay

³⁵ Nishant is referring to the Myers-Briggs Personality Types here.

friend message me and go 'What's HMU?' I said 'Hit me up', why don't they just fuckin' say that?

The idolising and privileging of youth are relatively commonplace in Western society, though the intersection of Grindr's digital culture with youth-centric ideals appears to underscore generational gaps. The prevalence of racism, ageism, and 'femmephobia'³⁶ on Grindr has been raised by many scholars. For example, McGlotten (2013) demonstrates how some individuals have difficulty navigating Grindr because of the elite body standards and narrow categories of sexual attractiveness required to feel (literally) 'seen' by other Grindr users. Other researchers have drawn attention to the prolific levels of racism on Grindr and other gay hook-up apps, and they reveal the unique injuries this type of discrimination can have on people of colour (Callander, Holt, & Newman, 2016; Conner, 2019; Daroya, 2018). These authors point to the way that many users filter out of non-white folks (alongside other less-normative bodies) under the guise of 'personal preference'. This method of sorting more-normative and less-normative bodies based on 'personal preference' has led to the normalisation of discriminatory norms with a lack of repercussions.

Nishant's (49, NZ) mainly used Grindr to assuage an acute sense of loneliness, however using the app sometimes amplified this:

Simon: So you use Grindr mostly to meet guys?

Nishant: I think the reality would be to overcome loneliness in the hope of talking to someone. I guess I am very lonely, you know, and I've gone through quite a bit of

³⁶ Femmephobia can be considered as the discrimination, stigmatization, and denigration of femme identities and body types among queer folk. This form of social rejection is particularly visible within the gay community and on Grindr and other hook-up apps. See: Conte, 2018; García-Gómez, 2020; Hoskin & Taylor, 2019.

a rough time personally and a whole lot of shit like that, and the breakups, and all of that, and then at my age, and all of that. It gets hard, you know, when you're 20 years with somebody, you're just in that pattern and you know... So yeah, I lost touch with that socialising thing I did, we [Nishant & his ex-partner] had a very nice domesticated life and other stuff, you know, and so the Grindr thing is more talking to somebody when you're sitting here alone at home, or when you're in bed at night, or something like that. Like, you use it [and] that's company, really it comes down to that, and have I hooked-up on it? No, not really. I've had two or three dates out it, you know, and nothing's kind of happened. Yeah, so really that's what it's for, it's a desperate social tool if anything.

Despite the wide range of discussions around gay dating apps and cyber hook-up culture in general, there appears to be very little related to loneliness. Research into the uses and gratifications of Grindr refers to the ways some people use the app to abate or prevent loneliness (Batiste, 2013; Miles, 2017; Pingel, Bauermeister, Johns, Eisenberg, & Leslie-Santana, 2012; Van De Wiele & Tong, 2014). Grindr can be a 'virtual lifeline' (Miles, 2019, pg. 131) for those in crisis, but may also increase feelings of loneliness for others (Miller, 2015b). Nishant's experience speaks to this research and adds an interesting nuance with his description of Grindr as 'a desperate social tool', suggesting that simply using the app underscored his sense of loneliness and isolation rather than relieving it.

Nishant's desire to make new connections using Grindr in order to move past his break-up and quash the growing sense of isolation he had been feeling as an older gay man is an expression of therapeutic self-care. Grindr offered a portal to community and socialising, something he lost during his 20-year relationship, and a way to begin reconstructing a new life. However, for

Nishant, simply using this ‘desperate social tool’ appeared to underscore the loneliness he felt, and the discriminatory norms on Grindr imposed another barrier to connect freely with others.

Three other participants shared Nishant’s experience of Grindr and spoke about the app with some disdain. Damien (20, NZ) described his use of Grindr as ‘unfortunate’ because he was ‘looking for something more than just one night, so it’s like, that’s not helping my confidence at all’. Trent (57, NZ) and Ali (28, AU) also spoke about the app’s ‘addictive’ or ‘obsessive’ qualities:

Trent: That’s what I recommend to all gay guys: get yourself a good hobby, and don’t fall into the trap of being online constantly hunting for sex and having expectations [that are] extremely unrealistic and likely to lead to obsessive compulsive disorders.

Ali: Yeah, well we just got used to [constantly using Grindr], we just abuse it, you know? I think we get into this addiction pattern with it, repetitiveness, and yeah... So it’s kinda a mess at the moment, it’s a boring mess, and I kinda feel like I’m in it but I sometimes try to pull myself out of it and to notice the rest of the world, you know, notice other [sexual] chances... I’m treating [people on Grindr] all like the same, I don’t really find their, you know, speciality that I wanna hold on to and discover or explore or go with it. It kinda becomes... too many of something kinda becomes all the same.

Alongside Trent and Ali, many researchers have noted the high number of users who describe Grindr as ‘addictive’ and the various issues or conflicts it raises for individuals (Miles, 2017;

Pingel et al., 2012; Tziallas, 2015). Could these prevalent experiences be legitimate forms of cybersex addiction? Research into cybersex and internet addiction, particularly among queer men, rose to prominence over the late-1990s and early-2000s and has been a topic of enduring interest ever since (Groß, Breslow, Newcomb, Rosenberger, & Bauermeister, 2014). The diagnostic criteria for ‘cybersex addiction disorder’ tends to be vague and inconsistent, but generally entails ‘a persistent desire or unsuccessful efforts to stop, reduce, or control cybersex behaviours... persistent and intrusive cybersex-related thoughts and obsessions... [and] using cybersexual behaviour for mood regulation purposes’ (Wéry & Billieux, 2017, pg. 239). These criteria do not accurately reflect the experiences of my participants. While Jonathan (described below, pg. 116 – 117) and Ali all described their heavy Grindr use as troublesome and occasionally difficult to manage, they positioned this as part of the Grindr experience or a personality flaw rather than a condition to be treated. How might this common experience of ‘Grindr addiction’ be understood if it is not an addiction in the clinical sense but clearly more serious than heavy usership?

Some have suggested that apps like Grindr have been developed (inadvertently or otherwise) with addictive traits built into the digital architecture by using functions and alerts that mimic gambling machines (Tziallas, 2015; Weiss & Samenow, 2010). This addictiveness is also enhanced by a perpetually tantalizing and unfulfillable sense of promise, a sense of intimacy from Grindr’s geo-location function, and the amount of user pornography that is exchanged (Batiste, 2013; David & Cambre, 2016; Miles, 2017). Jaspal (2016) describes Grindr’s widespread notoriety for being addictive. This author also describes how the over-usage of Grindr has a significant negative influence on users’ self-esteem and the way they experience and express their sense of identity. The experiences of Ali, Trent, and Damien line up with this

literature. These men speak of a troubled experience on the app which consists mostly of mindless scrolling and hollow interactions.

How is this experience of ‘Grindr addiction’ relevant to space? The core complaint underlying Ali, Trent, and Damien’s relationship to the app is that it removes and separates them from the world they wish to live in. Ali described how he felt ‘stuck’ and was trying to ‘pull [him]self out of it and to notice the rest of the world’; Trent warned against ‘fall[ing] into the trap of hunting online constantly’ and being unable to engage with men in a healthy way. For these men, Grindr created a sense of removal that unbalanced the way online and offline identities were managed and expressed. The online space of Grindr had become too detached from their offline life, and this disjunction was posing issues.

There is a strong parallel between Grindr as a space that produces experiences of removal and separation from the world and heterotopias being places where dividing practices occur. Dividing practices are techniques of normalisation that medico-state powers enact on the population to separate the deviant from the normative. While the state and medical institutions carry out these dividing practices, prevailing social norms and cultural ideals of the time also dictate which groups and behaviours are considered deviant. In his many genealogies of madness, discipline, and juridico-political powers, Foucault ([1976] 1978, pg. 36) demonstrates how dividing practices produce and reinforce normative ways of being in the world. They work in ways that separate the normative from the Other:

Through the various discourses, legal sanctions against minor perversions were multiplied; sexual irregularity was annexed to mental illness; from childhood to old age, a norm of sexual development was defined and all the possible deviations

were carefully described; pedagogical controls and medical treatments were organized; around the least fantasies, moralists, but especially doctors, brandished the whole emphatic vocabulary of abomination.

Sam, Trent, Ali, Nishant, and Damien all described the various dividing practices that emerge on Grindr. These include separating older users from younger ones, the need to delineate ‘real’ men from ‘Other’ men, and the tendency towards homogeneity. These men also spoke about the sense of Otherness they felt after being subjected to these dividing practices. The norms of Grindr feed into the app’s architecture which privileges elite young bodies, favours sameness, and promotes one-time sexual encounters with anonymous others. These participants’ experiences of feeling Othered, less normative, pathologised, and ostracised suggest that the digital architecture, social norms, and cultural associations of Grindr are all techniques of normalisation. Heterotopias are sites where the separation of the normative and the Other occur and become visible. Unique groups are allocated and organised in heterotopias and certain identities become charged with a new set of meanings.

Jonathan (59, NZ) described how he felt ‘addicted’ to Grindr, though his experience was more positive than Ali or Trent’s. For him, the addictive quality of the app was not based on the constant desire to find the next great hook-up but the anonymous interactions Grindr afforded:

Simon: So what do you like about using these apps? You mentioned that you find them a bit addictive?

Jonathan: Yeah, I don’t know what it is. I presume one of the things, you know certainly with the apps, is the anonymity. I can sort of say anything. You know, and if somebody’s shocked or offended or whatever, they won’t reply or they’ll block me or whatever.

And I mean, that's fine. When you're actually saying some of these things to somebody directly, face to face, there's the risk that um, obviously they're going to judge me one way or another. You know? And I mean on the app, because of the anonymity, if they want to judge me and think, 'Well this guy's completely weird' or whatever... Well, I mean that's fine, I don't know them and they don't know me.

Anonymity is a common aspect of cybersex and partly why it continues to be such a widespread practice today. Research on the cybersex experience demonstrates that individuals use anonymity in order to freely express desires without fear of stigmatisation, explore emerging aspects of their identity with a sense of safety, and feel in control online (Adams-Thies, 2012; Attwood, 2009; Batiste, 2013; Grov, Breslow et al., 2014; Pingel et al., 2012). Anonymity has been described as an enduring and fundamental feature of gay cruising (Bersani, 2002), and is expressed in diverse ways on Grindr and other hook-up apps. Online anonymity can add to the thrill of digital sexual interactions because of the reduced risk of personal repercussions, sense of unpredictability and possibility, and ability to intensify interactions (Gudelunas, 2012; Miles, 2018; Mowlabocus, 2008). It can also foster a sense of deviance and spontaneity, particularly when cyber-cruising in public spaces (Licoppe, Rivière, & Morel, 2017). Additionally, Corriero & Tong (2016) describe how the norms of anonymity on Grindr create and facilitate an atmosphere of uncertainty: Who am I talking to? What do they 'actually' look like? Are these their 'real' desires? The app's architecture positions this sense of uncertainty and unknowing as desirable and a way to heighten the eroticism of digital encounters with other users.

As I discussed earlier, anonymity and being able to hide parts of his identity made Grindr an appealing platform for Jonathan. Although James's (60, NZ) experience demonstrates how this can be a dangerous thing:

James: There was one guy, and he looked really good on the photos that he sent and of course, you trust that that person is the person in that photo. He was keen to come around and he wanted some amyl and all of this, so ok. He comes around and I, in those days, I had to go down, he had to ring me and I had to go down to let him in. Anyway, he came in and he was meant to be 178cm, which is taller than me but this guy, he was smaller and I thought... and he had this hoody on so I couldn't actually see his face. Yeah, and this was just by the lift, so I said to him, I said 'Oh look while you're here, why don't you take your hood off' and he said 'I'll take it off when I get upstairs,' and I thought 'very suspicious...' I was looking at him on Grindr while he was snorting the amyl and I said 'I don't think you're this person' and that's when he stopped snorting and realised his game was up... He would've been 70, he was more overweight than me, and I said to him, 'I don't know what your game is but when you put photos of yourself on, I want to see photos of you, not some cheap gay guy that you cropped out or somewhere else.'

Simon: Mmm. How old was the guy in the photo?

James: The guy in the photo was supposed to have been 37 which was fine for me... and I told him, I said 'You get your ass out of here because you're not coming up the stairs and if you don't go, I'm calling the police and having you up for trespassing.' I said 'And I never want to see you on Grindr ever again.'

James's experience demonstrates the potential difficulties of staying safe on Grindr when finding a hook-up partner. Despite his cautiousness with who he invited over, James ended up in a vulnerable situation which fortunately did not escalate. The disparity between who James thought was arriving at his house and who actually arrived shows how easy it can be to deceive others on Grindr and the potential seriousness of this issue. Staying safe on Grindr can be a complicated task.

Grindr has been described as a 'safe haven' for queer men (Vorobjovas-Pinta & Dalla-Fontana, 2019) because it can be a safer way to find sexual partners instead of going to cruising grounds (Jaspal, 2016; Mowlabocus, 2008). However, an implication of shifting hook-up culture to the home and away from beats or saunas is the 'privatisation' of anonymous gay sex (Licoppe, Rivière, & Morel, 2016; Miles, 2017; Sarson, 2019). There are a few implications of this privatisation. First, it underscores associations of risk, stigma, and 'dirtiness' with sex in urban or public areas by presenting sex in the home as safer and more respectable. Second, the private home becomes a semi-public space in the sense that strangers are now expected to appear for short periods of time then disappear, just like in public spaces. Finally, private ways of living become visible to the semi-public gaze, requiring the home to be 'worked' for public viewing in accordance with social norms and institutions (Licoppe, Rivière, & Morel, 2017).

This privatisation of casual gay sex demonstrates how Grindr creates some boundaries and collapses some distinctions between public and private by using digital technology to bring cruising grounds into the home (Ahlm, 2017). This blurring of boundaries can be considered a desirable and positive outcome or something to be resisted. Race (2015a, 2015b) describes how this function opens up creative new ways of establishing queer erotic relations and intimacy, but others have argued that it represents the neoliberal commodification and technologisation

of desire within an already marginalised group (Light, Fletcher, & Adam, 2008; Stempfhuber & Liegl, 2016).

Just like my participant James, many men have a vetting process they use before inviting potential sex partners into the home. Davis, Flowers, Lorimer, Oakland, & Frankis (2016) have explored the new sets of negotiations around safety and risk emerging from Grindr users who are looking to hook-up. Practices like searching for appealing markers or traits on profiles (how someone describes themselves and their body, what type of sex are they seeking), ‘blocking’ problematic or undesired users, and trying to establish or identify points of confidence (does this person seem reputable and engaging, and are there any direct social connections?) are used to make possible hook-up partners more familiar, and therefore safer. Davis et al. (2016) suggest that when a stranger has passed this vetting process and is invited into the home, they become a liminal figure, someone ‘who is not alien, yet not familiar’ (pg. 836). This process of seeking out who feels ‘safe’ online and avoiding those who seem suspicious can be considered a form of protective self-care.

James’s experience corresponds with this research. He tested the legitimacy of those to whom he was speaking and established some rapport, but he was also reliant on a social contract of trust which unfortunately failed. The resulting disparity between who James thought he was inviting over and the man who actually visited his house demonstrates the fundamental complexity of vetting users on Grindr. When Karl (34, NZ) spoke about how he navigated potential hook-ups on Grindr, he described the concerning amount of deception he perceived on other users’ profiles:

Like the Grindr thing [and] who's on PrEP. It's... I really don't believe that many people. I mean, I'm not sure if you've seen lots of profiles that say 'Negative but on PrEP'... So, to me that's just, ah trying to make out so they can justify bareback. I mean, I was really surprised, and I still am, about the people who have unprotected sex. Heaps of people. Um, you know, at the sauna I saw it. I couldn't believe it. Yeah, and stories like 'Oh, but I got tested last week. I'm fine.'

Karl's distrust of other Grindr users in relation to PrEP contributes to the growing evidence suggesting that many gay men are reluctant to trust other gay men who claim they are on PrEP when searching for a hook-up partner (Schwartz & Grimm, 2019; Williamson, Papaloukas, Jaspal, & Lond, 2019). This reluctance ostensibly stems from an uncertainty that the other person is STI-free, though research indicates this distrust may be situated more in conservative values, an aversion to 'promiscuous' men, and a lack of confidence in pharmaceutical companies. Alternatively, some gay men view this distrust as a point of pride, and by only relying on themselves for protection against disease, they use this scepticism as a safer sex practice (Patten, LeBlanc, Jackson, & Adam, 2016).

This intersection of online deception and anonymity that Jonathan, James, and Karl describe demonstrates the various 'rules of play' (referenced in Chapter 2) and social contracts present on Grindr. These men all highlight the shadowy nature of identity in this space and suggest that there is a 'correct' type of conduct to follow. Evidence of this 'correct' conduct can be seen in the way individuals are granted access into physical spaces like the home because they have adhered to the 'rules of the Grindr game'. That is, by engaging with users in a certain way, the hook-up is allowed to proceed. James and Karl's denunciation of users who lie and deceive

others or the way users responded to Jonathan's anonymous conduct demonstrate the social repercussions these behaviours can incur because they violate this implicit contract.

I interpret Jonathan, Trent, James, and Ali's relationship to Grindr as an expression of caring-maintenance, though in differing ways. James regularly uses Grindr to keep in touch with his community, to 'just see who's out there' and occasionally hook-up, whereas for Trent the pursuit of well-being means avoiding Grindr entirely. Ali and Jonathan use Grindr to fulfil sexual needs, though this becomes complicated given Grindr's 'addictive' nature and the other risks of using this app. Jonathan feels these risks include having his offline identity exposed, an outcome which would endanger his heterosexual marriage and personal life in significant ways, and Ali's relationship to the gay community and sense of social connectivity is threatened. All of these experiences are grounded in the careful management of personal safety, the meeting of sexual desires, and men tending to their relationships with the gay community.

James and Karl's experiences include expressions of protective self-care. Like Ali and Jonathan, Karl relies on Grindr to find new lovers, though his cynicism around other users who claim they are taking PrEP is a point of tension for him. He addresses this by avoiding those he perceives as risky and being self-reliant in terms of safer sex practices (i.e. not relying on others to supply condoms and insisting on using condoms with each partner). When James invited someone who had deliberately lied about their identity, his response to the situation was an act of protective self-care. James was protecting himself from a potentially dangerous situation, asserting clear boundaries, and exercising his sense of agency. This form of protective self-care was about stopping a potentially dangerous situation from unfolding, and through this, re-affirming a sense of self-worth.

Just as Foucault saw the cemetery as an especially good example of heterotopia, so too is Grindr. Like the cemetery, a lot of meaning is hidden and buried behind Grindr profiles. People have the opportunity to display more hidden aspects of themselves, create an entirely new identity, and publicly vocalise their desires without fear. Grindr is a space where public and private divisions dissolve into an uncertain terrain. The home becomes a semi-public space that needs to be 'worked' and hook-up partners are rendered into 'familiar aliens'. Foucault (1986b) points to the way heterotopias are used by an insider group for particular ends. Grindr shares this trait: the majority of users identify as gay or queer men and use Grindr to seek out sexual partners, engage with their community, or seek out new connections.

Heterotopias are also sites of liminal identity. In discussions around internet identity, there is a common assumption that an online/offline divide exists, that we are one person on the internet and a different person in the 'real' world (Marwick, 2013). Grindr demonstrates why this is not the case. The way my participants used the app, the desires they expressed online, the facets of their identity they incorporated into their profiles, and the threats and risks they contended with all continue to exist after they 'log off'. Online and offline identities are inextricably bound together, although the transition between these states warps how identity is expressed and experienced. This liminal aspect of Grindr corresponds to the concept of heterotopia and demonstrates how certain spaces have the capacity to dissolve and rearrange identity in myriad and fundamental ways.

Grindr has many connections to Bhabha's third space. For Bhabha, third space explores identity hybridity and the merging of cultures to create new expressions of being. It is a space where power relations become rearranged and new hegemonies are produced. As a space of hybridity, Grindr has created its own set of norms, rules, ideas, and expressions. The identity

politics and architecture of Grindr create an environment in which certain groups and ways of using the app are privileged while others are marginalised and hindered. The norms on Grindr guide users to portray themselves in particular ways if they are to be ‘successful’ online and become assimilated into the community. This process ultimately asks of the user: What aspects of me align with this space and audience? Which aspects should remain hidden if I want to be ‘successful’?

Grindr is a prime location for wild self-care practices to unfurl. In this digital space, individuals seek out anonymous sex partners, agree to have sex in a stranger’s house, and can express hidden sexual desires. They can also become subject to techniques of normalisation and experience acute forms of discrimination based on their age, ethnicity, and gender. Wild self-care describes how self-care practices can be a fraught and troubling experience for individuals. The way my participants used Grindr as a form of wild self-care demonstrates this tension between Grindr as a space of liberation and a space of oppression. Nishant used Grindr to overcome his loneliness but felt even more isolated after using it. Ali enjoyed the sexual opportunities Grindr afforded but experienced ‘addiction pattern[s]’ and was critical of the homogenising effect Grindr had on users. James was fond of Grindr because he was able to stay in touch with his surrounding community but personal safety became a major concern.

The Thrills and Spills of Sex in Public

In addition to Grindr, having sex in public spaces was a common experience among my participants. They spoke about the sense of possibility when cruising at a beat or hooking up in a public bathroom, but there were some unique risks that came with these exciting and deviant ‘Other’ spaces. Sexual sites like parks, SOPV, and saunas have always been loaded with Otherness (Califia, 2000) and the relationship these places have with heterotopia has been

extensively discussed (see Andriotis, 2010; Brown, 2004; Gandy, 2012; Kong, 2012; Santos & Lago, 2016). This work on the relationship between queer sexual sites and heterotopia often focuses on how the enactment of deviant erotics in urban spaces radically re-organises the meaning of those spaces and creates a new vision of what society could be as well as how spaces are queered by sex and vice versa.

Jason (45, AU) was particularly fond of cruising in public and SOPV. He spoke about how much he desired the erotic intensity of these spaces, the sense of possibility that came with cruising, and feeling a type of grief around the demise of cruising culture:

I've always found it more erotic to have hook-ups in sex-on-premise venues, or in the old days [1990s] where we'd cruise people in toilets, where it'd be that random, animalistic sex. That. I crave that feeling which you can't... it's very hard to find either in a relationship or even nowadays because you hook-up online, like... You can still cruise people on the street but it's not like what it was back when I was your age. There was a lot more stuff happening where it was, 'Oooh, we shouldn't be doing this but isn't it fuckin great' type of feeling. And even when you're at a sex-on-premises venue, I've never been attracted to the saunas because at the saunas you have to get naked and just go 'Here I am,' but I like that part of guys being testosterone and it's dark... You have to do the whole cruise each other and get into a room and 'uuhhhnnnn'. That. That feeling is what I crave.

Ali (28, AU) also preferred cruising in public over Grindr. He described how these erotic interactions were often more engaging, exciting, and in some ways, more emotionally substantial than a Grindr hook-up:

Sometimes I prefer a hook-up in a bathroom, in a public toilet [rather] than a Grindr hook-up because at least that would have eye contact, a little bit of a thrill and, you know, a little bit of flirtation and, I don't know, you might meet someone. I did actually meet people in odd places. Sometimes going to a room in Marrickville... a room in a sex shop where everyone sits on chairs and they just start wanking, and it's... and as much as it sounds odd and confronting, but sometimes this can have a little bit of, you know, joy and experience than a Grindr hook-up.

Similarly, Damien (20, NZ) described how he was able to explore and push sexual boundaries at his local sauna because it was a safer space for him. He framed this safety as a counterbalance to the risks of practicing more adventurous forms of kink with anonymous men and how the sauna was a place where the 'rules' of sexual conduct associated with pup identity temporarily fell away:

Some people who are pups do [hook-up with] other people. They're still pups but they don't try things with just strangers, they have to know the person more. I did the stupid thing and went to the sauna and I did the fisting there... but I feel like I would've rather have liked to do it there than doing it at home just knowing that I was in a safe environment. 'Cause I know the owners, kind of, I talk to them, I'm like an out-going, talkative person, so I talk to people... and it's like, if I wasn't safe, I would've told [the owners] and they would've went straight to the person... Yeah, so I mean, like, they just made sure that everything was ok 'cause that's what their main goal is, everything is like safe and no-one's like, feeling pressured.

Alternative sexual spaces for Damien, Ali, and Jason evidently represent more than thrill, excitement, and different ways to have sex. They disturb the social order and the way identity is expressed in some fascinating ways. Damien suggested that the rules of being a pup change in his sauna: pups only hook-up with familiar people, however in the sauna, this rule changes for Damien and he can hook-up with strangers whilst retaining the legitimacy of his pup identity. Because of their social connotations, the alternative sites Jason and Ali sought out created more visceral and meaningful interactions compared to Grindr. In these spaces, unique, wild, and engaging new forms of erotics are produced.

There is a significant volume of research around why gay men go to SOPV, the types of sex that occur in these spaces, and the meanings which become attached to these experiences. Some have examined the unique rules of etiquette of bathhouses and saunas, particularly around the role of silence and the gaze (Elwood, Greene, & Carter, 2003; Holmes, O’Byrne, & Murray, 2010; Richters, 2007). Others have noted the affective, spiritual nature of these spaces (Brown, 2008; Prior, 2009; Prior & Cusack, 2009) and suggest they can represent an ‘erotic oasis’ for gay men (Tewksbury, 2002). Just as Damien and Jason described, a wider variety of sexual practices often occur in SOPV compared to the home (Lyons et al., 2010) and the high-intensity atmosphere offers a type of escapism and increases sexual pleasure (Bancroft et al., 2003; Vicioso, Parsons, Nanin, Purcell, & Woods, 2005). However, Jonathan (59, NZ) spoke about the limitations of finding pleasurable sex in SOPV when it comes to kink:

The sauna used to be such a frustrating place. Um, because unless you hung a sign around your neck, it wasn’t obvious what kink you’re into... Kink is such a personal thing, and it’s such a fine line often between what’s a turn-on and what’s a turn-off. And, to be a turn-on or to get the maximum pleasure out of it, often it has to be

right at the sort of, cusp of, you know... you've got to push people right to the limit, but you've got to know where that limit is.

Third space and heterotopia both focus on how borders, limits, and boundaries become blurred and uncertain in various spaces, and this is true for SOPV, saunas, and other public sexual sites. For Ali, Damien, and Jason, the loosening of limits added to the erotic thrill of their sexual encounters. Jonathan had the opposite experience. Because he felt unable to articulate his boundaries to others (and vice versa) in these spaces, there was a substantial limit on the types of pleasure which might be created. Bhabha (1994, pg. 312) states that third space is 'where the negotiation of incommensurable differences creates a tension peculiar to borderline existences', and this can be seen in Jonathan's experience. He is navigating the 'borderline' of straight and queer, vanilla and kink, the 'fine line' between 'a turn-on' and 'a turn-off', and the limits of communication and interaction in saunas. These are fraught boundaries. They pose substantial problems for Jonathan and are a site of difficulty. They also demonstrate how the dissolution of meaning and limits can be a negative experience for some and not the productive force Bhabha (1994) suggests it is.

A number of my participants described the way SOPV blurred different forms of identity and destabilised how identity was presented and managed. Damien said a major appeal of his local sauna was that he felt seen as 'a human being' because it was mostly older men who went there. Karl said he frequented saunas because 'the guys that go there tend to be down low and more masculine' and a lot of 'married men or guys that had girlfriends' could be expected. Jonathan (59, NZ) also had a preference for saunas because it was a safer space to hook-up in compared to someone's house:

[On getting caught by a wife/girlfriend at a hook-up's house]: I run that risk that she'd say 'Oh well, I know who you are'. And, you know somebody like that, the wife of somebody, would be more inclined to perhaps 'out' me than a married guy that I meet in the loos. We're both in the same situation. And it was like meeting people at the sauna, we're both in that same situation. If I saw somebody there that I knew, um, and they saw me, well, it didn't really worry me. I mean, most probably there was a couple of times I saw people that I knew, um but I thought 'Well yeah, we're both in the same situation'. So, I mean, they're not going to say anything. I'm not going to say anything.

The way heterosexual-identifying men use and experience gay SOPV has not received any direct analysis, although the practice has been noted by a few. This scant literature suggests that straight men approach these venues and engage with them in the same way gay men do (Bérubé, 2003; Haubrich, Myers, Calzavara, Ryder, & Medved, 2004; Tewksbury, 2002). There is also research demonstrating that some gay men visit these spaces with the exclusive desire and intention of hooking-up with a straight-identifying man (Bapst, 2001). The experiences of my participants in relation to this literature demonstrates that SOPV are indeed sites of suspended identity and liminality, places where the meanings and rules tied to sexual identities become detached and blurred, and why they can be considered a type of heterotopia.

In addition to the disruption of identity norms, the limits of safety, identity, and excitement were sought out and tested in these spaces. Jonathan and Damien both spoke about the boundaries involved with identity management, their kink practices, and how they approached these boundaries. For Damien, having adventurous sex with a stranger felt deviant to the norms of pup-hood and Jonathan was negotiating how he could safely engage in kink 'boundary play'

with a stranger whilst also being at a sexual crossroads of hetero and queer. For Jason and Ali, who described the unique pleasures and intensities of cruising outdoors and in public toilets, these alternative spaces were pursued to test the boundaries of sexual adventurousness and explore new edges. This boundary work relates well to heterotopia and the liminal nature of these spaces. My participants were seeking out the limits of their experiences, testing them in various ways, and exploring how they are personally changed by this.

The blurring of difference, dissolution of boundaries, and tensions of ambivalent meaning are major themes in Bhabha's work. He describes how third space 'makes the structure of meaning and reference an ambivalent process, [and] destroys this mirror of representation in which cultural knowledge is customarily revealed' (Bhabha, 1994, pg. 54). That is, in third space, structural differences are simultaneously articulated and reified as well as dismantled. The symbolic order of culture and organisation of hegemonic and minority groups is suspended whilst also being reinstated (Bhabha, 1996, 1998). The kinky anonymous sex Damien practiced would normally de-legitimise his pup identity, however in the sauna where boundaries become blurred, this transgressive sex became a way of reinforcing his pup-ness. Similarly, Jonathan's habit of visiting saunas to have sex with men in a private space was a way for him to exercise his queer identity and same-sex desires which conversely emphasised his married life and the constraints this relationship imposed.

There is a complicated mix of wild self-care and caring-maintenance in this section. I argue the approaching of these spaces to meet sexual needs in creative and engaging ways is an expression of caring-maintenance, although the symbolic weight of these experiences speaks to emancipatory self-care. Ali and Jason sought out public spaces for sex because it kept their sex lives interesting and engaging but they also spoke about how this type of sex offers a deeper

satisfaction. This sex held a unique joy, established a new set of relations to their community, and the euphoria that came with sex in public reconfigured how they understood their sexual identity in positive ways. Having sex in public was a way for them to develop a greater sense of freedom and empowerment.

Jonathan's relationship to saunas is grounded firmly in wild self-care. Because of his family life, the person he is at work, and the way he exists in the world more generally, it is an act of emancipatory self-care for him to seek out fulfilling and nourishing forms of (queer) sex. As described in Chapter 2, Jonathan uses a number of tools to separate and balance his hetero and queer life, and his engagement with saunas is one of them. Saunas are not simply a place for him to have sex. They are protected areas where he can express himself more freely, although his kink preference complicates this. Additionally, if he comes into contact with an acquaintance who is also not 'out', this gives rise to a kind of silent comradeship: 'we are in this together'. Saunas are spaces that relieve the pressure of existing at a sexual crossroad, spaces where he can live his queer Other life in relative safety.

The Violence and Virtues of Saunas

Despite SOPV being seen as positive sites of openness, potential, and safety, my participants also described how they created division and eroded community cohesion. My New Zealand participants were more ambivalent towards these spaces than my Australian ones, and they often described saunas in abject terms. Damien said his local sauna was 'so gross and disgusting' and Karl was put off by the amount of 'weirdos and creeps' he often found at his. Trent (57, NZ), who owns and runs a sauna, described the dehumanising effect his space seemed to have on his patrons:

You just watch them go through and they're like predators, they're just on the prowl and some of them only stay for five or ten minutes, and if they don't find the particular fresh meat package that they're looking for, they're gone and usually in a rude, arrogant manner.

Many of my New Zealand participants associated SOPV with older men, which significantly reduced the appeal of these spaces and created a generational divide. Jonathan and Karl both highlighted how they preferred Grindr or Craigslist³⁷ over saunas because there was a greater number of young guys available, an experience in line with Nishant's earlier description of feeling ostracised on Grindr for being older. There has been some work on the demographics and perceptions of men who attend SOPV and it does seem to hold that middle-aged and older men tend to populate these spaces most (Lyons et al., 2010; Smith, Grierson, & von Doussa, 2010a). The communal nature of saunas and SOPV may be the reason for this in addition to the privacy, protection, togetherness, and sense of freedom these spaces facilitate (Brown & Maycock, 2006; Richters, 2007).

Isaac (55, AU) also manages a sauna and spoke with pride about the role his business has for the community at large and how it brings people together in multiple ways:

I love the fact that it's a lot more than a sex venue. I love that... we have people which we shouldn't have, but people live [at the sauna because] they don't feel safe outside and they feel safe inside the sauna. They leave at 6 o'clock in the morning, they come back at ten in the morning, they don't have an address... It's a really safe environment and I think that's why Grindr and Jack'd and all that

³⁷ The 'Personals' section on Craigslist is no longer active but was used in a similar way to Grindr.

haven't affected my business, because people can't host... On a Saturday night we have a naked party, on a Sunday we have foam party. I love all that stuff so much, and I love that I can fill up my whole area with bubbles, and it's really sexy, and it's really hot, and people can touch. Like, if you got foam up to your neck, like I could look away and then grab your dick so I can feel what you look like and you've got no idea who's touching your dick right. Things like that. You can't do that on Grindr. You don't get those experiences, and you don't have the experience of walking into a venue and having 200 people to choose from. Not 'Hello', 'Hi', and all this crap. Like, sometimes you can talk to someone for hours and you never meet them. You go to a sauna and it's all there, and it's that excitement of cruising... So, there's something very sexy about meeting in a sauna. It's immediate, it's there, and you can see each other straightaway, and you know if you're compatible.

Isaac's sauna is clearly more than just a place to have sex. It is a community centre, a place of celebration, and a way for Isaac to offer help to those who need it. The trend of casting Grindr as culpable for the gradual removal of physical queer spaces like gay bars and clubs has been noted by a few, although as Isaac demonstrates, saunas and SOPV provide a unique and irreplaceable set of experiences and services. Research into the 'demise' of gay bars and queer night clubs presents how Grindr and physical queer spaces can more accurately be considered extensions of each other rather than being an 'either/or' option (Ahlm, 2017; McGlotten, 2013; Miles, 2017; Renninger, 2018; Roth, 2014).

For Ali and Jason, the risk of being seen while engaging in deviant behaviour was a major part of why they found cruising in public so pleasurable. Jonathan (59, NZ), on the other hand, saw this risk as unconscionable:

Jonathan: I had a food business at one stage and [would] close up shop about 3 o'clock and I would go in [the nearby public toilet], most days. You know, some days you could have a dozen guys in there that were cruising. Um, and then of course, to share a cubicle with somebody, well I mean it was fairly risky. Um, and there was [another] loo [at a nearby spot]. There [were] four cubicles, and that used to be very busy as well. And I would often go in there in my lunch hour. Um, I've known police to go in there, and that sort of thing. So again, I mean that was pretty risky.

Simon: Mmm. Is the risk part of what makes it so enjoyable?

Jonathan: Um, it perhaps used to be, when I was younger... Yeah, I don't know. Also, it was the sort of people that you met. I'd meet a lot of 'straight' guys, if you like, that you certainly wouldn't meet at the sauna. I mean the loos were, you know, a chance to meet somebody. But um, personal safety was sort of an issue. I still think about it at times, meeting guys on Grindr or whatever. I thought, 'Crumbs, if I pick somebody up like that [dangerous] and they pull a knife on me or something...' How do I know that it wouldn't happen? So, you know, I do feel I'm taking risks that I shouldn't be taking.

Ali shared Jonathan's concern around violence and cruising in public and said that he was afraid of going to beats because they attract different types of people: 'some can be nice, some can be very strange.' Karl also spoke about how frequently he would be approached by guys in saunas who wanted to have raw sex and the conflict this provoked in him. Trent (57, NZ)

described the effort he puts into promoting safer sex but felt like his patrons were too ‘selfish’ to take note:

The gay community’s extremely selfish... it’s just every individual out for his own needs. Yeah, [patrons] just don’t care about community, and walking through here, blinkered, they don’t wanna see any [safer sex promotional material], they don’t take notice of signage... I’ve been observing people here and the end result for me has been almost entirely negative ‘cause I just don’t see evolution in behaviour here.

SOPV, saunas, and beats have long been considered vectors of risk and disease, though the research in this field shows this is not always the case and these issues can often be difficult to measure. There have been efforts to use SOPV for safer sex promotion, STI/HIV testing, and research recruitment, although studies demonstrate that the presence of ‘officials’ tarnishes the atmosphere, creates significant concerns around privacy and confidentiality of patrons, and contacting individuals in a timely manner after their visit to the venue can be an issue (Lyons et al., 2010; Prost et al., 2007; Smith, Grierson, & von Doussa, 2010b).

It appears that men living with HIV tend to be very reticent about disclosing their status in SOPV and often rely on the etiquette of silence to avoid telling others this information (Bird & Voisin, 2010; Brown & Maycock, 2005; Grov, 2012; Lyons et al., 2010). There is evidence to suggest that sexual coercion, rape, and drugging can be commonplace in these settings and men from an ethnic minority background may experience this violence more readily (Aspin, Reynolds, Lehavot, & Taiapa, 2009; Braun, Schmidt, Gavey, & Fenaughty, 2009). Ultimately,

this literature demonstrates that SOPV spaces can be sites of increased risk for disease transfer and harmful drug use, but it is difficult to know the extent of this risk.

Bhabha (1990, 1994, 1998) describes how the re-arrangement of culture in third space creates a new set of power relations, new articulations of authority, and can often be politically antagonistic. Cultural hybridisation, or the constant enmeshing of different groups within society, inevitably produces a host of tensions and conflicts due to the unsettling of meaning. Trent, Jonathan, and Karl's experiences all demonstrate how these antagonistic tensions arise in the third space of saunas and public toilets. Practicing certain types of sex in these spaces produced expressions of hostility, some more dangerous than others. For Trent and Karl, this hostility was directed at the enactment of 'bad' sex which put others at undue risk and threatened the gay community in various ways. For Jonathan, this involved the risk of being arrested, suffering state violence, and/or becoming the victim of a homophobic attack.

Jonathan, Isaac, and Trent's experiences in this section contain a variety of caring-maintenance and wild self-care practices. Isaac and Trent were both offering care towards members of their community, though in different ways. For Isaac this looked like creating a haven for queer folk to take refuge and to have an exciting space in which to celebrate their sexuality and have fun. Trent, however, felt that the casual sex his patrons practiced was antithetical to well-being and had limited success when he tried to take small steps to curb this 'risky' behaviour (e.g. placing safer sex promotional material around his sauna). Isaac evidently cares a lot for his community and seeing other queer people thrive brings him joy, which demonstrates how caring for others can be a form of therapeutic and/or emancipatory self-care (see Chapter 7). By investing time, money, and effort into his venue to create a space that allows people to feel free and protected, he gains a deeper sense of satisfaction, connection to his community, and resilience from

hardship. As such, I suggest that the care Isaac invests into his community through his venue is an expression of emancipatory self-care.

The unique nature of Jonathan's experiences has been a running theme in this chapter. His habit of going to public toilets during the working day to seek out sexual encounters is a complicated blend of caring-maintenance and wild self-care. As described earlier, he is in a difficult position and is managing his situation as best he can. In order for him to have a tenable life he has found a variety of ways to engage his same-sex erotic desires without his wife or family finding out. This balancing and managing of different lives can be read as an expression of caring-maintenance, though there are elements of protective and emancipatory self-care in his experience too. Jonathan's decision to seek out sexual encounters at a public toilet during working hours was not for the thrill of risk, but rather, to protect his marriage, to keep this queer aspect of his life away from his married life, and to experience a sense of freedom and expression of queer identity.

Conclusion

Wild self-care practices are emotional in nature and can focus on blurring boundaries, bending normative social structures and dynamics, and creating trouble. As such, there is a clear affinity between wild self-care and heterotopias and third space. The concepts of third space and heterotopia describe the various ways space, culture, and identity construct reality. Foucault pointed to sites of liminality and difference while Bhabha was fascinated with the symbolic and discursive weight that space held. These two concepts help to tease out the greater complexity of my participants' experiences. I explored what these sexual sites represented for them, how they sought out sexual partners or community contact, and how meaning became blurred and uncertain in these spaces. Grindr, in particular, altered perceptions, shifted

meaning, unsettled boundaries, and produced a range of contradictions. Some participants found Grindr's colourful population of users morphed into a homogenous mass, while the lure of anonymity and Grindr's digital architecture made the app feel addictive. For others, using Grindr simultaneously abated and exacerbated loneliness, and the fear of deception was rife even when the slipperiness of digital identity and interaction was appealing.

Having sex in spaces outside the home was attractive to participants for a number of reasons, and these experiences had similar traits of liminality, blurred meaning, and reconfiguration of identities. The way sexual identity was suspended yet re-inscribed in saunas and SOPV was a major appeal, similar to when straight-identifying men attend these spaces. The significance of their hetero-identity changes substantially, and seeing other straight men becomes validating because of this queer-hetero tension. Furthermore, gay men pursue straight men in these spaces for the erotic potency of the 'gay-on-straight' fantasy and the total erosion of identity while cruising becomes an expression of heightened gayness. My participants described how all kinds of limits became destabilised in these spaces and 'boundary play' became a norm: kinky limits were both a hindrance and something to be tested, sex in public was an explicit form of boundary play, and the edges of identities were emphasised and dissolved.

However, the radical potential of sex in SOPV, Grindr, and cruising in public only holds as far as the experience itself. This is to say that while these sites may be melting pots of identities, can be used to challenge hegemonic power structures, and represent points of queer resistance, they are significantly hindered by a number of issues. These issues include: the increasing corporatisation and commodification of queer spaces (Aunspach, 2020; Chan, 2018), high prevalence of marginalising social dynamics around ethnicity, age, and gender (Daroya, 2018; García-Gómez, 2020), gradual technologisation and privatisation of casual sex (Licoppe,

Rivière, & Morel, 2016; Light, Fletcher, & Adam, 2008; Miles, 2017), and the way these spaces are frequently ‘homonormative and dominated by neoliberal, white, upper-class, normative values’ (Knee, 2019, pg. 499). At best, they are spaces of complicated reprieve.

It is subversive to argue that sex in public and using Grindr can be forms of self-care, but as my participants’ experiences show, this argument holds true and is a relatively common practice. Grindr, public spaces, saunas, and SOPV were pursued for a variety of reasons and had a greater relationship to wild self-care than to caring-maintenance. They were a safe space to try new kinky sex acts, contributed to the thrill of cruising, and offered the protection and freedom of mutual non-disclosure. These sites contained a sense of community and celebration, were a place for guaranteed sex, and helped to abate loneliness. My participants experienced various forms of emancipation and protection here. Online apps were spaces where these men could nourish deeper needs and desires so they could live a life that felt exciting, comfortable, and open for growth. They allowed men to express themselves freely and discover new erotic desires.

These spaces could also be risky. Sometimes this risk was exciting, but often it was dangerous and this danger could offset the emancipatory and protective benefits of these spaces. The risk of disease, the frustration of not being able to communicate kinky desires, being arrested by the police and/or having a queer-life exposed, discrimination and deception, these were the dangers that curbed the pleasures and self-care potential of these spaces. For some men these risks outweighed any appeal of these spaces, but generally these risks were integrated in dynamic and complicated ways.

Chapter 5

Disease, Desire, and Safer Sex Practices

*Take a little, live a little
Give a little, get a little love
- Ella Fitzgerald*

HIV/AIDS is among the dominant issues when it comes to gay men's health and has become a defining feature of this group. This virus has permanently altered the way gay men approach and experience sex, engage with health professionals, and construct their own well-being. This chapter offers an examination of how my participants related to HIV, what safer sex looked like, and how PrEP featured in their lives. This has also been an interesting chapter to write. Over the past three years, PrEP has gone from a relatively unknown treatment, available only to those with specialised access, to quite popular and verging on normative in some places. When I interviewed my participants, PrEP was becoming more well-known in the community and was on the cusp of becoming subsidised in New Zealand and Australia.

This chapter will use Race's (2003, 2010, 2016, 2018) approach to sexual ethics in order to unpick my participants' experiences. The literature on queer sexual ethics is substantial and asks: what is the best way of exercising care and free will in a sexual context and in relation to other queers? (Huffer, 2013; Warner, 1999). Across his work on HIV, Race presents the concept of sexual ethics as a way of reconfiguring understandings around how gay men approach and engage in sex. Broadly speaking, ethics explores how we interact with one another and the ways we ought to live among others. Race's approach to ethics investigates the

active and collaborative way we engage with others and suggests it is a community-based dynamic rather than a set of personal rules.

In a piece on PrEP, Race (2016) argues that sexual encounters can be conceptualised as ‘events’, experiences produced when various elements come together to create material transformations. Casting sex as an ‘event’ opens up erotic experiences to new ways of interpretation and resists being confined to any one particular framework. He also argues that the affective and emotional nature of sex must be acknowledged to accurately understand how risk is considered and evaluated in order to develop effective strategies for curbing new HIV transmissions.

Thus, my approach to sexual ethics investigates how gay men approach sex in relation to themselves, their community, and their sexual partner(s). It is about the emotional, social, and pragmatic significance of disease, the influence this has on sex and gay men’s lives more broadly, and what emancipation from the burden of disease might look like. It explores how trust and responsibility are fostered through sexual encounters, and how this production of trust creates stronger community relations and deeper connections. Sexual ethics is an erotic project, pursued with desire and curiosity.

There is a clear relationship between sexual ethics and wild self-care/caring-maintenance, particularly in the context of STIs. Ethics in this sense is ultimately grounded in the care we enact towards others and ourselves. It is about identifying and negotiating risks with others, working through them, and trying to find an approach to sex that creates exciting openings rather than hindrances. It speaks directly to personal constructions of health: what does it mean to become infected with an STI? What is the emotional toll of treatment? What does ‘healthy’

look like for a person living with HIV? How do the values we hold towards ourselves and our body manifest in a health context? What safer sex practices are being enacted and what are these practices seeking to protect, physical health or personal relationships? Race's sexual ethics provides a framework to answer these questions by disassembling sex between gay men and the social meanings embedded in these interactions. This approach to ethics also creates pragmatic, political, and social goals to move towards and establishes new ways of understanding gay men's sexual health and queer subjectivity.

In terms of wild self-care, this chapter examines how my participants navigated sex in relation to their physical, emotional, and social well-being, the risks they tended, and how they managed the experience of disease and treatment. There is an interesting slippage between self-care and caring-maintenance in terms of disease treatment. In this thesis I have identified three types of self-care – protective, therapeutic, and emancipatory – and it would seem that disease treatment is a clear manifestation of therapeutic self-care. After all, being treated with antibiotics or antiretroviral therapy (ART) is about responding to something that is hindering well-being. However, I argue that there is a lot of caring-maintenance here too. Receiving treatment for a disease is a necessity if we are to continue living a tenable life, though this becomes complicated when the treatment is worse than the condition. I will be exploring this below. Tending to our health in fundamental ways is a type of care grounded in the pursuit of living in desirable ways.

Wild Self-Care and Health

I have not yet offered any direct discussion on how my participants experienced and managed their physical health. This chapter and the next explore physical health in some detail. I describe how my participants experienced good health, the ways they measured their health, the health

issues they felt in control of, and the health issues they were still finding solutions for. I also present my argument that health is best considered as a process rather than a state of being to achieve. Normative ideas of health draw upon the biomedical model which views health as the absence of disease; assumes all illness and symptoms are the product of disease; understands disease as a malfunctioning or abnormality in the body; categorises anomalous sensations or behaviours as an expression of disease; and expects the patient to be passive and cooperative with treatment (Wade & Halligan, 2004). The biomedical model presents a very particular image of health which everyone is encouraged to pursue and suggests that ‘good’ health can be produced by adjusting health-related variables in the ‘correct’ way.

It is problematic to view ‘good’ health as a state of being or a condition to achieve because this approach binarises health and enforces counterproductive categories like unhealthy/healthy, infected/uninfected, addicted/not addicted, and able-bodied/disabled. Rose (2007a, 2008), whose work I draw upon in the next chapter, describes how ‘good’ health is increasingly being defined in terms of the financial potential of human bodies, genetic material, and the ability to commodify biomatter. There is also the assumption that health is something unchanging and constant, an ideal that is the same for everyone, and to not actively pursue this particular embodiment of health is a reflection on an individual’s character.

Furthermore, the biomedical model does not take into account the social meanings of illness or well-being and is couched in ableist, heteronormative, white, neoliberal ideals. The poor health of marginalised groups has been very well documented, though much of this research tends to pathologise, moralise, and individualise ways of being which deviate from white heteronormative lifestyles by labelling them as ‘high-risk’ and dangerous (Bhopal & Donaldson, 1998; Epstein, 2003, 2006). An example of this is the development and

popularisation of ‘minority stress disorder’, a condition used to explain why marginalised people engage in ‘risky’ behaviours and/or experience poor health outcomes. This ‘disorder’ not only actively pathologises marginalised people, it also individualises health and erases the social systems of oppression which produce these adverse health outcomes. Minority stress disorder frames marginalised people as unable to cope in society, fabricates reasons for public health interventions, and reduces an entire person’s health to a single aspect of their identity (queerness, non-white ethnicity, disability, et cetera).

Metzl (2010, pg. 3) demonstrates how health can be used as a technology of normalisation where certain bodies, lifestyles, and identities are rendered obscene, pathological, immoral, and deviant: ‘The fat, the flaccid, and the forlorn are unhealthy, the logic goes, not because of illness or disease, but because they refuse to wear, fetishize, or aspire to the glossy trappings of the health of others.’ Neoliberalism also features prominently in these critical discussions of health. Many scholars have investigated how pharmaceutical companies may isolate a certain bodily condition or experience, develop a treatment for it, and then re-classify the condition as an illness, disease, or pathology in order to sell the treatment (Applbaum, 2006; Moynihan & Cassels, 2005; Starcevic, 2002). Others have demonstrated how neoliberal discourses shape public health policy and the ways this negatively impacts ‘consumers’ by making medical treatment more unaffordable, individualising responsibility of adverse health outcomes, and moralising certain health-related practices like smoking or drinking alcohol (Carter, 2015; Crawshaw & Newlove, 2011; Newman et al., 2007).

Wild self-care resists the biomedical approach to health and views health as a process which fluctuates with our age, work life, commitments, family matters and intimate relationships, cultural context, religious and spiritual beliefs, the way our body changes over time, and an

infinite number of other factors. ‘Health-as-process’ is an aspect of wild self-care and does not view illness, disease, or debility as a ‘failing’ of the body or individual, but as part of the human condition and something to be embraced (in varying degrees) rather than rejected outright.

In this chapter, I present how my participants’ wild self-care practices approach health as a personally constructed, ongoing process and how disease and good health can be intertwined experiences rather than mutually exclusive. I also describe the wild self-care practices of using personal trust as a safer sex practice alongside PrEP and condoms, rejecting HIV treatment to pursue well-being, and accepting ongoing STIs in exchange for the sexual freedom PrEP affords. Wild self-care is not about taking risks, but it does involve critically evaluating the impact of different risks and engaging self-care practices that reduce or prevent this impact. An individual’s decision to use personal trust as a safer sex practice may seem like a deliberately risky form of self-care, but as I describe below, it is a well-informed decision that is grounded in minimizing risk and improving well-being.

Trust, Condoms, and Truvada

There has been extensive scholarly debate around whether or not PrEP is ‘good’ for the gay community. Developed by Gilead Sciences under the brand name ‘Truvada’, tenofovir disoproxil + emtricitabine was originally part of a drug regime prescribed to people living with HIV to reduce their viral load (Clercq, 2006). It is now also used by HIV negative people to prevent infection. Studies have demonstrated that taking this drug daily can reduce the likelihood of HIV transmission by up to 99% (Anderson et al., 2012), though this likelihood does appear to vary across different populations (Fonner et al., 2016; Kelen & Cresswell, 2017; Murnane et al., 2013; Underhill et al., 2016; White et al., 2019).

Some critics have argued that PrEP pathologises and medicalises gay men's sexuality or that it represents the neoliberalisation of the sexual subject by individualising responsibility and commodifying health (Dean, 2015; Dowsett, 2017; Tomann, 2018). Other scholars have demonstrated the emancipatory potential PrEP holds for gay men in terms of enjoying sex, reclaiming sexual agency, and destabilising existing binaries around dirty/clean sex (Calabrese & Underhill, 2015; Spieldenner, 2016). There have been additional concerns raised around the informal use of PrEP, or using PrEP without a prescription/medical supervision, and the unique set of issues this poses for healthcare providers and PrEP users. This informal use has been described as 'wild PrEP' (Brisson, 2018), and without the appropriate medical supervision, this practice can result in drug tolerance, liver or kidney damage, and/or the transmission of treatment-resistant strains of HIV. 'Event-based-dosing', or using PrEP for brief periods in anticipation of possible HIV exposure (e.g. being PrEP-ed for a circuit party³⁸), is another form of off-label use which has been in practice for almost a decade in Australia (Zablotska et al., 2013). In addition to the aforementioned concerns, Fitzgerald & Nori (2019) have noted three cases where event-based-dosing has failed and seroconversion³⁹ occurred. These three cases may represent the small minority of PrEP users who become HIV-positive, but they also suggest that the efficacy of event-based-dosing is somewhat limited.

My participants had a marked ambivalence towards PrEP. For some, this form of protection allowed new personal expressions of sexual freedom to flourish, but for others it represented a dangerous future for the gay community as a whole. It is interesting to note that the topic of PrEP readily and organically arose in my Australian interviews but I generally had to create space for it with my New Zealand participants. My Australian participants framed PrEP as the

³⁸ A large gay-orientated dance party that often goes for 24 – 48 hours.

³⁹ This is an insider term for HIV infection, alongside seropositive (HIV positive), seronegative (HIV negative), and serostatus (someone's HIV status) (Junge, 2002).

new norm of contemporary gay life and there was the assumption that the majority of gay men were taking this drug. My New Zealand participants, however, were more cautious of PrEP and held concerns around the wider social impact of this drug.

One of the researchers at NZAF suggested that the country's history of HIV health campaigning may be a contributing factor to this scepticism of PrEP. New Zealand has been fortunate in two regards. Firstly, because it was one of the later countries to report the virus, it has had the advantage of looking to other countries (Australia in particular) to examine which strategies of disease treatment and prevention work and which ones do not. Secondly, New Zealand's comparatively small population and geography has meant that the extent to which new infections spread can be managed more easily. Some have suggested that it was the successful promotion and wide-spread uptake of condom-use among gay men which has helped to place this country as one of the best in the world for limiting new HIV infections (Dickson, Lee, Foster, & Saxton, 2015; Hughes & Saxton, 2015). This 'condom imperative', or the ingrained culture of consistent condom use, continues to be a major part of gay men's lives in New Zealand (Neville, Adams, Moorley, & Jackson, 2016), so it is understandable why these participants were wary of PrEP.

For my participants who saw PrEP as a normal aspect of being sexually active, taking this treatment was described in positive to neutral terms. Ali, Jason, and Jacob all spoke about the norm of raw sex in Sydney and how PrEP had become the primary way safer sex was practiced, but this shift towards PrEP-ed raw sex brought its own set of issues. Ali (28, AU) highlighted how PrEP has inspired celebration in the community, a kind of erotic renaissance, but at the cost of regular STI infections:

You just don't want to miss out, you know, when you're a gay man and you live this one time, and you have the privilege of PrEP, and STIs are treatable. But my biggest concern is how the STIs are just going to develop until untreatable or hard to treat or causing permanent damages... Once you get on PrEP, then you have to make peace with the idea of catching any STI any time. You can't just try to prevent yourself, you know, no matter how many nice guys or people that you can trust to meet, that's just not going to work. It's just going to happen and it's going to happen often, almost every 3 months when you go to check.

Ali understood and experienced STIs as an inevitability, but the erotic freedom PrEP opened up for him outweighed the toll of continuous infection. However, this balance of erotic freedom and disease treatment was difficult to maintain:

Gonorrhoea? Ok, fine, I'll get a jab and it'll be treated. But then at the same time, you just don't wanna keep getting gonorrhoea, it's just, it's frustrating. You want be a little bit more quality with your, you know, hook-ups. So, you try to be a bit picky, you try to have fuck buddies, which is kinda difficult to happen. So yeah, it's a lost balance at the moment.

These experiences suggest that in addition to PrEP, the pursuit of discerning and trustworthy sexual partners is a type of safer sex practice. While Ali takes for granted that he will have ongoing STIs, he does take steps to try and curb this by asking questions, pursuing certain types of people, finding regular partners, and seeking out guys who seem to be disease-free, though he is ultimately guided by intuition. Interestingly, this approach of seeking out who might be a 'safe' sexual partner based on trust and emotion has been particularly prevalent within the

bareback community for some time. In addition to the practice of serosorting⁴⁰, trusting that the other person is being honest and is probably disease-free or non-contagious has played a major role in how barebackers go about mitigating risks whilst finding attractive sexual partners (Carballo-Diéguez et al., 2011; Ridge, 2004; Yep, Lovaas, & Pagonis, 2002).

This trust among barebackers is generally grounded in the expectation that if the other person is at risk of infecting them with HIV, they would disclose this information. Although, it has been established that people living with HIV (PLWH) are reluctant to disclose their status, particularly in sexual situations with strangers, and Positive folk oftentimes view consent for raw sex in this setting as a sign the other person has taken responsibility for this risk (Carballo-Diéguez, Miner, Dolezal, Rosser, & Jacoby, 2006; Keogh & Weatherburn, 2000). That is, from the perspective of someone living with HIV, when a stranger agrees to have sex with you, the need to disclose your status is irrelevant because it is assumed they have already considered and accepted the possibility you are HIV+ (Adam, 2005; Carballo-Diéguez & Bauermeister, 2004). Gregory (38, AU) spoke about the personal nuances of asking about HIV status during sex and how personal responsibility enters into this:

It's that simple, it's not the top's or the bottom's role. You take responsibility for your sexual choices and so it's incumbent upon you. You either take the risk without a discussion, I mean even... I've had a guy wanna sit on my dick raw without even checking that I'm on PrEP, and I mean I know he said he was [on PrEP] and that's fine but I dunno... I just kind of think that it's good to... what's the harm in checking these things?

⁴⁰ Serosorting is a practice popular among barebackers and refers to the pursuit of sexual partners of the same serostatus. Some have suggested that 'seroguessing' is a more appropriate term because this sorting process is often based on the assumption of seroconcordance (Zablotska et al., 2009).

Jacob (50, AU), a participant from Sydney who lives with HIV, also spoke about this relationship of trust, responsibility, and HIV, though from a slightly different perspective:

I just had a friend that was diagnosed last month because he assumed that the person he was [having sex with] was on PrEP and he was a bottom. I was mad at him because he got it, I didn't say anything but I felt upset that he... that still anyone can contract it today. So, it's just one tablet. So, if you wanna have... have all the sex you want, just take a tablet, you know?

It appears that PrEP has destabilised an already uncertain set of relations around trust and responsibility. Jacob argues that taking PrEP is a responsible practice and a good way of looking after oneself, though the stigma surrounding PrEP frequently frames users as irresponsible, sexually wanton, and involved in the chemsex scene (Williamson et al., 2019). This image is best typified by the 'Truvada whore' figure, a term originally from a 2012 Huffington post article which quickly gained traction within the gay community and frames PrEP users as abject and sexually insatiable (Calabrese & Underhill, 2015; Spieldenner, 2016). Research suggests there are prevalent assumptions within the gay community that PrEP will decrease personal responsibility regarding health (Holt et al., 2013; Williamson et al., 2019), though PrEP users frequently see themselves as exhibiting a greater sense of responsibility by taking control of their health and striving to improve well-being (Koester et al., 2017; Yang et al., 2019). A study by Prestage et al. (2019) found that Australian men who started PrEP were already engaging in condomless sex, suggesting that this is why they initially began this treatment. The authors outline that this preference for 'sexual sensation-seeking' is simultaneously enhanced by PrEP, but PrEP also protects against the risk of HIV which stems from 'adventurous' types of sex.

My participant Jason (45, AU) added some interesting complexities to this already intricate relationship between responsibility, trust, PrEP, and safer sex. Like Ali, he used trust as a safer sex practice though had conflicting ideas around what an effective safer sex practice looked like:

Simon: What do you see as unsafe sex?

Jason: Well, it's just not putting a rubber on. I mean, ever since I've been able to go onto PrEP, which I'm not on, [I] might as well just go on PrEP. And that's what everyone's doing. And everyone your age [late 20s] that I've had sex with, they would never even think about putting on a condom because you guys didn't live through that era where... We were in the '80s, which was drummed into us about the whole AIDS thing. And we've known nothing since, and have always just put [condoms] on. But there have been times where I haven't, and like my doctor says, just by going on PrEP doesn't mean... that just stops you from the getting the virus, the HIV virus. That doesn't stop you from getting syphilis and gonorrhoea and all that other shit. So, and most of the times when I've hooked-up... I would say that 8 times out of 10 it would be without a condom, yeah. We ask each other, we disclose, we agree, we just take it on face value. I mean, I think you just make an assessment overall of someone, and you know, people would look at me and make an assessment but they don't know what I'm doing like, who I fucked the night before, and you know...

This quote gives a nice synthesis of the above discussion in relation to sexual ethics. Jason acknowledges the efficacy and importance of biomedical forms of safer sex (condoms, PrEP) and his experience of growing up during the height of the AIDS pandemic adds weight to this,

but the value of community relations and interpersonal trust is evidently greater. For him, safer sex is a personal responsibility. You have the obligation to ask the other person's status and while PrEP is insufficient by itself, it is a moderately responsible form of protection. Like Ali, Jason is aware that trying to use trust as a safer sex practice is significantly flawed, but this does not deter him from regularly using it.

In his piece on re-evaluating how risk is constructed in gay men's sex lives, Race (2003) describes the need to examine how gay men adopt current medical preventative treatments and creatively incorporate them into pre-existing safer sex practices. Gay men use HIV science in a variety of ways – serosorting, strategic positioning⁴¹, external ejaculation, PrEP/PEP – though it is always within a socio-cultural context. This is to say that biomedical tools are used with and in relation to gay subcultures (e.g. tribes, barebacking communities, et cetera) and individual sexual partners. Race also outlines how ethics are a type of communal project, a mutually sought-after pursuit that takes different forms but moves towards the same end. Jason, Ali, and Jacob all speak about the desire for free sex: sex that is unburdened by the impact of disease, fosters a sense of community or connection through mutual trust, and retains erotic potency whilst also being safe. While they all go about this in different ways, they are united in their aim. These men are all reasonably knowledgeable in STI epidemiology and have applied this information to their own set of sexual ethics in various ways.

But what are the ways self-care and caring-maintenance enter into this? Wild self-care takes an alternative approach to caring for the body and self that may appear reckless and counter-intuitive. These practices can be community-based and focus on the ways our own self-care

⁴¹ This practice is used by some men to prevent HIV transfer by deciding who tops and who bottoms based on HIV status. If one person knows they are HIV positive and the other is unsure, the Positive person will bottom.

coincides with community care. Is Jason's approach to safer sex devoid of self-care because he is aware of what he 'should' be doing, yet does not? Was Jacob's friend being neglectful of his health by assuming his sex partner was on PrEP? Is Ali's complacency with ongoing STIs in exchange for HIV protection an inadequate form of caring-maintenance? I argue not. These experiences demonstrate how PrEP lies at the intersection of wild self-care and caring-maintenance. They are all grounded in caring for the body and health in active ways as well as protecting it from disease and harm.

Jason and Ali engaged in extensive emotional and social labour in their pursuit to stay as STI-free as possible. They spent time considering and analysing who appeared trustworthy and attempted to be discerning in hook-up partners as a way of exercising personal responsibility and agency. Jacob implored others to use this new technology of PrEP to add increased protection to pre-existing tactics (like asking other people's HIV status and being self-reliant). Furthermore, Ali is struggling to find the balance between the emotional and physical burden of ongoing STIs and the freedoms of condomless sex. All of this speaks to caring-maintenance, or the care we invest towards perpetuating a desirable way of being and managing what we have already.

Examining the elements of wild self-care, I read the pursuit of 'safe' sexual partners as an expression of protective self-care because these men are going to lengths to distance and shield themselves from a threat. I interpret disease treatment and nurturing the body and self during recovery as therapeutic self-care. There are also elements of emancipatory self-care present in my participants' experiences through the pursuit of working with the community and sex partners to break open new potentials and ways of being. Jason's admission that his approach is flawed and Ali's struggle with regular STIs may suggest that these tactics cannot be

considered self-care because they are not ‘effective’, however as I outlined in the Introduction, my argument lies in *how* men approach these practices rather than the outcome. Jason and Ali are going to lengths to look after their health using creative and considered methods.

PrEP: A Blessing and a Dangerous Safer Sex Method

In this age of PrEP, the ‘rankings’ of STIs have been slightly re-arranged. HIV has long been seen as *the* STI to protect yourself from due to other diseases being more easily treated and therefore less important (as my participants describe below). PrEP has changed this. A major concern some of my participants shared was that PrEP will not only cause a sharp increase of STIs in the community, but these STIs will become treatment resistant and/or create more dangerous strains of HIV. Felix (47, NZ) voiced his concern about the popularity of PrEP and whether or not users would be fully compliant:

I have huge concerns that [PrEP] is going to deter from the condom culture. I believe people are just going to take the pill and go, ‘Well ok, she will be right because I am fine’. I think it is going to encourage bad practices. I know it is a quick fix, one pill a day, but the reality is you have to be compliant to that one pill a day, and if you are not compliant then, you know. Ok, so you are not going to catch HIV but what about all the other nasties, like chlamydia, gonorrhoea? I think we are going to see a huge resurgence in [these] things to be honest. If you contract an STI, you are at higher risk at contracting HIV.

Trent (57, NZ) shared this fear and described his concern that PrEP will create a false sense of security and open the gate to treatment-resistant strains of STIs:

[What] some guys are starting to pick up on is PrEP medication, and they seem to think that's kind of a little magic pill that they can take and it will protect them from shit, against AIDS, and they don't have to worry about condom use, and if they take that attitude, then all these other infections are gonna take route and they're getting resistance. I think it said in The Herald last week about a new form of chlamydia and it's starting to take off in Australia and it's resistant.

A major concern among health professionals, members of the gay community, and sexual health researchers is that PrEP non-compliance may result in a dangerous prevalence of treatment-resistant HIV or drug resistance (Fonner et al., 2016; Tetteh et al., 2017). Research suggests strong adherence among PrEP users may be more contingent on healthcare providers than the users themselves. Zablotska et al.'s (2019) Australia-wide study found that PrEP users have a very high adherence to the treatment once they begin, while others have uncovered that inadequate clinical care can be responsible for users dropping out of the treatment regime or becoming lax in compliance (Golub & Myers, 2019; Zablotska & O'Connor, 2017).

The concern of PrEP creating widespread and unmanageable treatment-resistant STIs seems to be prevalent within the gay community. In their critical analysis of gay men's attitudes towards PrEP, Holt et al. (2019) found that the principle concern around this medication was that STIs would overwhelm the community, become treatment-resistant, and have severe, ongoing consequences. However, what is novel in my participants' experiences is the fear of some gay men taking PrEP with the erroneous belief that 'this little blue pill' will protect them against all STIs and become a gateway to another plague. Gregory (38, AU) voiced this fear in terms of 'informed risk' and responsibility:

I don't know if people are necessarily still aware of the risks of other STIs. You hear some younger guys saying stupid things, as if they have the impression PrEP is gonna protect them against all sorts of other STIs, which it obviously won't. So yeah, I worry that people aren't making informed choices there and that it is also potentially downplaying some of the um... harm that can come from some of these other STIs. I mean look, it is true that most of them are, well generally, they are not as serious as HIV. So, you know, as long as you were taking an informed risk, I guess I don't really have a problem with it, but you have to accept that you are taking a risk and you have to be informed about it.

This worrying figure, the unwitting gay man taking PrEP who assumes he is protected from all STIs, is a highly unlikely one. The Australian and New Zealand prescribing guidelines require medical practitioners ensure the patient has a clear understanding that PrEP will only prevent HIV and condoms should still be used (Saxton, Giola et al., 2018; Wright et al., 2017). If the drug was purchased on the black market, it is possible the user might believe that they are protected against everything, but this is also very unlikely due to the now easy access and wide availability of PrEP. So how might this fear be understood? I read it as an intersection of three factors: fear of new technology, widespread concerns about antibiotic-resistant diseases, and community trauma from the AIDS crisis.

Moral fears generally accompany the advent of new technologies, especially biomedical ones. For example, after the contraceptive pill was introduced in 1960, a pervasive moral panic ensued with fears ranging from STIs reaching unmanageable portions to complete social upheaval (Angelides, 2012). Panic around antibiotic resistant disease has been internationally prevalent in the media since the 1990s. This panic has often been politicised in relation to new

technologies or social changes which sections of the public read as threatening (Howarth, 2013; Ungar, 2001). While there does not appear to be any literature on community trauma among gay men specifically, it is clear that collective trauma from the devastation of the AIDS crisis is still present within the gay community (explored more in the next section) and is manifesting as the acute fear that a similar event will re-occur. Bloom (2006) describes how severe, ongoing stress within a group can produce trauma which takes on a psychic life of its own, moving down generations, across communities, and shaping constructions of identity in significant ways. Thus, the fear gay men have around a wave of treatment-resistant STIs developing is not entirely the same as those from outside the community, it is also informed by deep-seated psychic trauma.

There has been some investigation into PrEP's impact on STI rates with evidence to suggest that PrEP decreases condom use, promotes adventurous sex, and increases STI rates, but this relationship is not as clear-cut as it appears (Prestage et al., 2019; Traeger et al., 2019; Zablotska et al., 2019). Ramchandani & Golden (2019) point out that the higher STI prevalence among PrEP users may be due to the regular 3-monthly STI screening flagging new infections faster. Prestage et al. (2019) argue that PrEP might not promote sexual sensation-seeking behaviours so much as creating a safer context to engage in them, thus allowing a way for people who may desire these practices to do so more comfortably. Curiously, two meta-analyses on PrEP research found that there is no empirical consensus between PrEP directly increasing 'risky' sexual behaviour, reducing condom use, or increasing STIs (Ramchandani & Golden, 2019; Traeger et al., 2018).

Ali (28, AU) had a different perspective to other participants on the relationship between PrEP and STIs. Rather than drawing a straight-line between PrEP and increased STIs, he saw this spike of infections as a momentary thing and the cost of celebrating this sexual revolution:

I'm still hoping that, you know, we're now just on the hype of it, so excited we can fuck bareback again and do all of the fun. And then I hope that people are just going to settle down a little bit and, as much as we go and [get] regular check-ups, the rates are going to go low so that we won't have more STIs like we do now, because I feel like now the more people go on PrEP, the more STIs. But the percentage should go down logically by people testing every 3 months. But I don't know if it's going to happen or not because we travel a lot, and we, our sexual behaviour with PrEP, you know, allows us to be freer and go a little bit wild and over the top, which kind of increases the chance of catching STIs.

For some, there was an additional consequence of using PrEP: a tremendous sense of guilt. Condoms have historically been the primary tool for safer sex with the binary message that using a condom was safe and not using one was risky. Speaking with my participants, it became clear that gay men's sex education has largely revolved around preventing HIV infection. Because other STIs were framed as less dangerous in comparison, HIV was the main reason why these men used condoms. Consequently, once the threat of HIV is taken away, the purpose of condoms becomes a little uncertain. When my participants engaged in PrEP-ed condomless sex, the underlying fear-based message of 'no condom = HIV' re-emerged as a sense of transgression and being a 'bad' sexual citizen. Gregory (38, AU) felt this guilt quite readily. While PrEP allowed him to engage in condomless sex with greater ease of comfort, there was still a pronounced sense of guilt that he was doing something wrong:

I only really feel guilty if I'm bottoming and the guy cums in me. There's something about having the guy cum in me that freaks me the fuck out even though I know rationally that, you know, I'm taking PrEP, so I'm comfortable that, you know, I'm doing everything in my power... and usually that person says he is either on PrEP or [has an] undetectable viral load. Um, but yeah, I still, I just can't. It was just beaten into me so much as a young kid that you have to wear condoms that when I don't, especially if I bottom... Doesn't bother me as much [if] I top, although I still do feel guilty afterwards...

Ali (28, AU) took a different perspective to this guilt. He spoke about how it was the guilt from risky sex that catalysed his decision to go on PrEP, though it was not without significant consideration:

I was also checking my own behaviour, like do I need it or not? I was concerned... [doctors] might come and say 'Oh no, sorry, all those people who were on PrEP are actually, you know, now HIV-positive or they got this kind of disease or this disorder'. Um, also I was worried that it might affect my general health, like in the long term, kidneys and liver. I just didn't want that. But then I was trying to be a bit more logical about it, balance it for myself personally, not anyone else. And I thought that, yeah I do sometimes get this weakness of, you know, having unsafe sex from time to time and then all this blame, self-blame process and all this guilt and panic of, you know, 'Did I catch something?', and if I feel a cough, if I get a cough or something, then I go and have all these tests. I was like, 'It's going to save me some peace of mind if I don't have unsafe sex', I mean bareback sex. Sydney kinda encourages bareback sex, and if you try to [not engage with] it, then,

you're not going to have [as much] sex [as] you want. So, you kind of compromise that. But also, it's very easy to compromise this part because it's nice, so. I don't easily get a hard on with condoms, I think PrEP has been a blessing for me and lots of other people.

Koester et al. (2017) describe how this sense of guilt may be a common experience among PrEP users because there is a feeling of wilfully exposing oneself to the threat of HIV. However, the authors also highlight that PrEP has created new space for these feelings to be articulated and allowed men to uncover hidden anxieties or emotions around sex and HIV risk. Many of the men in their study used PrEP as a way of getting away from the threat of HIV and did not become a gateway to 'riskier' sexual behaviour so much as allow them to have desirable sex in a less burdened way. This finding has been echoed by others, demonstrating that one of PrEP's major benefits is peace of mind and a sense of relief from the anxiety of HIV (Yang et al., 2019).

Reading Ali and Gregory's statements in relation to the above research, I see a new dynamic emerging. There is a risk analysis involved in deciding to take PrEP. Gregory has balanced the guilt from condomless sex with the peace of mind which accompanies personal responsibility and the knowledge he has greater protection from HIV. He is engaging his process of 'informed risk'. Similarly, Ali is questioning if his past behaviour and exposure to HIV risk outweighs the potential side-effects of PrEP, if it is worth the emotional labour of seeking condom-based sex in a city which does not readily accommodate it, if he is willing to trade the risk of HIV for regular STIs, and if these factors combined make PrEP treatment worthwhile.

There appears to be no research on the decision-making process gay men perform before adopting the PrEP lifestyle, though Hess et al.'s (2019) study on why gay men do *not* go on PrEP does point to this same risk analysis process. Another study on the factors associated with non-use of PrEP demonstrates gay men assess the HIV risks of their lifestyle and decide from there. Within a cohort of gay men eligible for PrEP, those who used less illicit drugs (in general and/or during sex), reported lower social engagement with their surrounding gay community, and did not tend to engage in condomless or group sex were far less likely to go on PrEP (Hammoud et al., 2019).

I argue that this emerging bifurcation of PrEP lifestyles (the 'risky' lifestyle of PrEP, drugs, and adventurous sex versus the 'safe' one of no PrEP, condoms, and sobriety), is connected to the 'Truvada whore' figure in the gay imaginary. Indeed, drug use and condomless sex are the main paths of disease transmission, though to engage in these practices does not necessarily increase the risk of HIV transfer nor are they inherently dangerous. Research into PrEP stigma demonstrates that PrEP users are not often seen as a heterogeneous group who experience different risks. Rather, all PrEP users are seen as proximate to the 'Truvada whore': careless, hedonistic, 'druggy', morally questionable, and a bad sexual citizen (Calabrese & Underhill, 2015; Grimm & Schwartz, 2018; Schwartz & Grimm, 2019; Williamson et al., 2019). Race (2016) has made a similar observation, arguing that PrEP and gay sex is such a politically charged combination that the drug becomes an inherently polarising object. Thus, this comparison of lifestyles based on HIV risk is not simply pragmatic, but is culturally and morally loaded too.

Personal and communal responsibility has remained a theme in this section, though with the place of risk analysis becoming more lucid. In the above quotes, there is the distinct pursuit of

balance. Do the risks of STIs outweigh the risks of PrEP? What are the risks of this trajectory for the community? Is the PrEP lifestyle less burdensome than the non-PrEP lifestyle? For some, PrEP represented a gateway towards a pandemic of treatment-resistant STIs, its simple nature was seen as potentially dangerous through fostering a false sense of security, and there was some concern around how severe the side effects of PrEP might be. It appears that this last point is a fear shared by many gay men, that PrEP's possible impact on bone, kidney, and liver health far outweighs the benefit of HIV protection (Hess et al., 2019). However, research demonstrates that severe or permanent damage is highly unlikely if the drug is taken by individuals who meet the criteria, in the appropriate manner, and under medical supervision (Tetteh et al., 2017; Wright et al., 2017; Zablotska et al., 2019).

It is clear that taking PrEP carries significant social and emotional costs. The acute sense of guilt from having condomless sex and feeling like a bad sexual citizen; the emotional toll of constantly being diagnosed and treated for STIs; the burden of seeking 'safe' sexual partners and dowsing out whether or not they are trustworthy; the knowledge that it may be futile to find a stranger who is disease-free based on a single conversation, yet pursuing this tactic anyway; and the stigmas attached to PrEP, all these costs add up and feed into each other in dynamic ways.

Despite these costs, there are a number of benefits which outweigh these and render PrEP an object of freedom and desire, a 'blessing'. It allows reprieve from HIV anxiety and creates space to talk about how profoundly the fear of this disease has shaped gay men's lives. It creates a sense of personal responsibility, agency, and added security. PrEP opens up the ability to have exciting types of sex and/or not be hindered by condoms, and the increased medical contact allows for faster response to STIs and more thorough engagement with wider sexual

health needs. It encourages someone to think critically about the healthcare and protection they need to support their lifestyle, and most importantly, it has opened up new ways of being and inspired the imagination for what might be possible.

Race (2016) has argued that PrEP is a ‘reluctant object’ for gay men. He defines a reluctant object as: ‘an object that may well make a tangible difference to people’s lives, but whose promise is so threatening or confronting to enduring habits of getting by in this world that it provokes aversion, avoidance — even condemnation and moralism’ (pg. 17). By this he means the hysteria and intense focus of this treatment has over-saturated PrEP with meaning, so much so that its transformative potential has been limited, and engaging with PrEP can be overwhelming for individuals. This idea certainly holds true in relation to my participants’ experiences, and helps to explain why PrEP was often discussed in polarised ways: PrEP was either the downfall of the gay community or it opened up wonderful new ways of being. The decision to take PrEP is a process that cannot be done lightly, not because the drug itself may feel risky, but because the social baggage attached to being a PrEP user must first be reckoned with.

PrEP as a reluctant object fits into Race’s framework of sexual ethics by highlighting how HIV science reduces sex to the fundamental, epidemiological components: these are the routes of disease transfer and these are the factors that influence risk of transfer. However, this approach negates the affective, emotional, and intense nature of sex which is a crucial part of sexual ethics. On the surface, my participants were speaking about the practical relationship between STIs and PrEP, but they were ultimately speaking about their emotional response to a technology that has superseded previous ways of approaching safer sex and the ways PrEP has shifted the affectivity of sex. PrEP was indeed a reluctant object for some. As discussed above,

PrEP felt like a dangerous safer sex method because it threatened previous understandings and ways of being, specifically that condoms were the only ‘good’ and safe way of approaching sex. For others, it opened up a whole new relationship to sex that was not burdened with disease and HIV hyper-vigilance.

This section has added some interesting nuance to how my participants enacted wild self-care and caring-maintenance within the scope of safer sex practices. Wild self-care demonstrates how personal care practices often involve others and are communal in nature. The care we afford ourselves is enabled by our surrounding community in some way. Felix, Trent, Gregory, and Ali all spoke about wanting the best for their community, how they cared for others by being personally responsible, and articulating what they identified as core problems. They are attempting to work with their community to create something better, understand the actions and desires of others, and doing what they can to prevent the community from becoming overwhelmed with disease. These can all be considered expressions of caring-maintenance because these actions and desires are orientated towards continuing what is already present and striving to make it better.

The relationship Ali and Gregory have with guilt and PrEP is grounded heavily in wild self-care. Both these men decided to start PrEP in order to take control of their health and create a sense of agency because they felt the ever-present threat of HIV infection in all of their sexual interactions. Ali’s decision to take PrEP was a response to his tendency/preference for condomless sex and the intense guilt he felt afterwards, which I read as a form of protective self-care because he was actively going to lengths to protect his health. Additionally, because he finds condoms hindering, Ali’s description of PrEP as ‘a blessing’ is evidence for how this treatment can be a type of emancipatory self-care. Gregory, like Ali, was engaging in protective

self-care by going to lengths to safeguard himself from HIV, however the acute guilt that he feels after condomless sex makes this complicated for him. PrEP makes him feel more secure and open, but these benefits are also limited by his guilt. Gregory and Ali's experiences demonstrate how complicated wild self-care can be and the unexpected tensions these practices can create.

The HIV Experience

This chapter has so far focused on the experience of PrEP, so what about experiences outside of this drug which relate to safer sex and HIV? This was a major topic of conversation for all of my participants. My older participants spoke at length about how the AIDS crisis continues to affect them, the tactics they engaged during the crisis, and how separated they feel from younger generations of gay men because of HIV. The emotional risk of sex was another prominent point of discussion here: safer sex tends to be exclusively about physical, biomedical health, but what about emotionally safer sex? What are the social and emotional risks of disease transfer? How do condoms factor into the PrEP era where visual and external forms of safer sex are slowly being replaced by invisible, chemical ones?

The topic of HIV proved to be a sensitive one across my participants, with the issue of status disclosure being the most divisive. Felix and Jacob, who both live with HIV, approached the matter with some internal conflict, describing it as a kind of moral bind. Felix (47, NZ) outlined the tension he felt between only telling those who might be at risk of receiving the virus versus those he feels obligated to tell:

Once you have [disclosed your status], you can't take it back. So, you have to be very selective around who you tell and who you don't tell, you know, and I make

the judgement call on, well, what difference does it make if they do or don't know... You know, unless it is coming down to a sexual partner, other than that do they need to know? You don't have to disclose your status providing you are practicing [safer sex]. You know, I choose to [disclose]. Because at the end of the day, it is a bit of a twofold sword. You know, [if] you disclose your status to [a new sexual partner and they] contract HIV, you're the first person they are going to blame. And, the ramifications that go with that versus you don't disclose your status and something happens, and then you are in a position that you have to, and how do you deal with that person's emotions, because you didn't disclose? So, it is not really a win-win for anyone.

Felix's pre-supposition that any potential sexual partner is at high risk of becoming infected with HIV possibly stems from his current health situation. Due to various complications, he is no longer receiving treatment for his HIV and is therefore carrying an infectious viral load. Jacob (50, AU) articulated three conflicting rules of disclosure which shifted with the context and who was being told:

If you're having casual sex with someone at a sauna, at a sex venue, or anywhere, and it's safe, you don't disclose. No one discloses, otherwise every person you went in a room with would say, 'Oh by the way, I'm positive'. No one's gonna do that. They just look after themselves and make sure that you have safe sex.

I know people that've been together for a while and they didn't tell their partners for like a year. They just kept having safe sex and not telling their partner they were Positive because they were scared of losing their partner. That's

horrendously wrong in my opinion. I've probably waited three weeks sometime, and that's the longest I've ever waited, and that's way too long I think too. But I just really liked somebody once, I didn't want to tell them 'cause I thought they were gonna [leave], like [they] kept talking about things all the time about this Positive guy I know and that Positive person and 'What are your thoughts about that' but I just couldn't say it.

I might blow somebody and I don't tell them [my status]. I sort of just don't fuck unless someone knows I'm... my status. Even with condoms and PrEP and everything else, I still... I'm totally undetectable, but I still don't wanna. I just don't feel as comfortable having anal sex with anybody unless they know that I'm Positive.

In the first scenario, Jacob describes disclosure as unnecessary if safer sex is being practiced, and presents non-disclosure as a form of self-care ('If you're having casual sex... and it's safe, you don't disclose... [You] just look after [yourself]...'). The second scenario focuses on Jacob's more formal relationships rather than casual sexual encounters where he views non-disclosure as 'horrendously wrong'. However, the ability for him to tell an intimate partner is significantly circumscribed by the fear his partner would leave the relationship. The third scenario describes Jacob's preference to only have sex with people who are aware of his status.

There is some research around how PLWH navigate this complicated set of guidelines around who should be disclosed to, who deserves to know, and how risk is conceptualised. This literature speaks directly to Felix and Jacob's experiences. HIV-positive men tend to be less likely to disclose during anonymous casual sex encounters and often only disclose to a very

select few among ongoing sexual partners, family, and friends (Arnold, Rice, Flannery, & Rotheram-Borus, 2008; Carballo-Diéguez et al., 2006). Positive folk can be reticent about disclosing their status to others because they have fears of rejection, stigma, and discrimination, plus the ability to reduce viral loads to undetectable levels through ART has allowed PLWH greater agency in who they tell because they are no longer at risk of transferring the virus (Bird & Voisin, 2010).

Speaking to my participants who were HIV-negative, there was a strong emphasis on the responsibility of asking and whether or not an honest answer could be expected. Gregory (38, AU) and Jason (45, AU) both took the stance that you were personally responsible for your own health, so asking someone's status was simply part of sexual negotiations:

Gregory: You have a responsibility on yourself to take care of your own sexual health, it's not anyone else's job so it's incumbent upon you. It doesn't really matter whatever the other person's status is, it doesn't really matter, you have to take responsibility for yourself. I mean, look to be honest, it doesn't really even matter if that person is Positive with that detectable viral load, alright, it's not his fault if you contract something, you know you have to take responsibility for your own choices in my opinion.

Jason: We ask each other, we disclose, we agree, we just take it on face value.

There is an interesting schism of assumption between Gregory and Jason. Gregory seems to view the answer that someone gives as largely irrelevant, you need to be protecting yourself to an adequate degree rather than depending upon strangers, while Jason is content with 'tak[ing]

it on face value'. Gregory (38, AU) was also aware that the ability to ask someone's status was actually a privilege and that it might be read as discriminatory within some groups:

An attitude that I find a little bit troubling amongst some in the HIV sector is this term of what I'd describe as 'bareback evangelism', the idea that [barebacking is] the only right way to have sex and that anything else, you're just being irrational or discriminating against Positive people or... There is a real undercurrent, you'll see it particularly in a lot of PrEP forums and those sorts of things... Just this assumption that condomless sex is now the way it should be and that anyone who is holding onto this use of condoms is somehow wrong or old fashioned or... I find it a really troubling trend...

There does not appear to be any empirical research on PrEP users and Positive folk opposing condom use because it is seen as a form of HIV discrimination, though this rhetoric does seem to be prevalent within some bareback and raw sex communities. Paul Morris is one figure who makes a similar assertion. Founder of the notorious gay porn studio Treasure Island Media, he stated in an interview that 'simple strategies like PrEP' have 'render[ed] HIV a nonissue' and that the real toxicity of this virus is actually the narratives around the disease: 'Years ago I stated that all gay men are HIV-positive. That is, every gay man alive today is defined as much by the viral load narrative as by any external homophobia. If you wonder at the meaning of a jar filled with poz loads being poured up the ass of a happy, intelligent, and more-than-willing young gay man, the primary meaning is that there is no reason or excuse for continuing to live in fear of a virus' (McCasker & Morris, 2014, para. 9).

This is the extreme end of status disclosure politics: HIV is a ‘nonissue’ and any concern around disease transfer is the product of HIV stigma. There are some strong arguments within Morris’s approach which have been raised by many others, like the massive profits pharmaceutical companies make from HIV treatments, the stigma that burden Positive folk, and the ‘terror’ (Cassese, 2000, pg. 143) that has become so ingrained in modern gay male identity (Rofes, 1998; Vanable, Carey, Blair, & Littlewood, 2006). However, to declare that HIV is no longer an issue is deeply problematic. It erases the unequal levels of access to HIV care and the stark disparities of infection rates that occur across ethnicities, socio-economic strata, and geographic location (Florêncio, 2018). To say that HIV is ‘over’ distances the profound and ongoing impact of the AIDS crisis, erases the death, illness, and stigma which has risen from this disease, and assumes that HIV treatment is simple, easy to access, and universally successful (Butler, P., 2004).

This point around the realities of HIV treatment is a pertinent one in relation to Felix and Jacob. As mentioned, Felix (47, NZ) is no longer treating his HIV and is ‘waiting for the inevitable’:

Felix: I became very unwell a couple of years ago and ended up in hospital in ICU with some nasty random bug and my medication was stopped. It is the same [one] I had been on for years and years, and when it was restarted, I had liver failure and so they have stopped it. Since then, I have tried various different regimes and ended up with [a] horrendous amount of side effects, and throughout that whole process my C4 count had still been going down. So really, all the medication was doing was ensuring that I am undetectable, it is not actually keeping the virus at bay. So, I decided I would rather be well than feeling like crap every day, so I stopped.

Simon: That must’ve been a hard decision.

Felix: Yeah it took a bit of getting my head around, but on the medication, my C4 was still plummeting, so what is the point of vomiting and diarrhea and all sorts of nasties? That is not living life.

It is well-established that the side effects of ART can be significantly difficult and is one of the main reasons why PLWH stop taking these drugs, become lax in adherence, or are reluctant to take them in the first place (Hawkins, 2010; Reust, 2011). Additionally, there is research demonstrating that these side-effects are frequently one of the most troubling parts of living with HIV, requiring substantial psychological support, and is often the reason why all treatment is discontinued (Grierson et al. 2004; Grierson et al., 2008; Johnson, Dilworth, Taylor, & Neilands, 2010). In their work on the experience of gay men living with HIV in New Zealand, Abel & Thompson (2018; Thompson & Abel, 2016) describe the intense emotional labour that goes into managing and coping with these side effects and the impact this has on maintaining a coherent sense of self. It must be said that Felix had been off treatment for two years when we spoke and was feeling quite good, ‘much to [his] specialist’s disgust’, and is living a relatively ‘normal’ life.

Jacob (50, AU) had a very different experience to Felix. For him, HIV was in fact somewhat of a nonissue:

I can't believe I'm saying that, but it's a manageable illness. I take one tablet a day and it makes no difference to my life, absolutely not. I feel great, and I live a really great life, and so far, there's been [no complications]. But back then [in the 1990s], it was a death sentence and you died within six months to two years. Like it... everyone died.

This comparison Jacob makes to ‘back then’ was one several of my participants made. It was frequently in the context of highlighting how good the current state of HIV treatment is, the trauma of the 1980s and 1990s, and how younger generations have not been exposed to the realities of AIDS. There was a strong emphasis on the visual aspect of this, that younger gay men have not seen it and therefore do not fully understand it. Earlier I referenced the presence of community trauma among gay men and these quotes demonstrate why:

Karl (34, NZ): When I was growing up, we had a family friend who died of AIDS... I would have been about ten years old when it happened. So, it's always in the back of my mind now. I know it; it exists. Because I think a lot of gay guys, they've never actually seen someone dying of AIDS. I don't think they've ever seen or even know anyone who has had HIV.

Nishant (49, NZ): My friends died of AIDS in front of me, you know, I went through that era.... We grew up with that fear. When my best friend got AIDS and he was in hospital, my heart and soul wanted to be with him again but we had to wear gloves and it was like, 'Oh fuck oh fuck'.

This experience of seeing an AIDS-related death during a period when successful medical treatment was limited has had a profound impact on Karl and Nishant. It is clear that the concern they hold for the community is more than not wanting to see others suffer a similar fate, but is informed by the trauma of seeing someone die, knowing they are also at risk, and the sense of panic which surrounds the disease. Jason (45, AU) indirectly referenced this communal panic and the impact it had on him (I included this quote earlier but it is worth repeating here to demonstrate the additional meanings):

Everyone your age [late 20s] that I've had sex with, they would never even think about putting on a condom because you guys didn't live through that era where...

We were in the '80s, which was drummed into us about the whole AIDS thing. And we've known nothing since, and have always just put [condoms] on.

In his seminal work on HIV/AIDS, Rofes (1998) describes how AIDS galvanised and traumatised the generation of gay men who lived through that period. Despite effective new treatments for HIV rendering AIDS-related deaths almost a thing of the past in wealthier countries, the memories of death and grief from the height of the pandemic remain very real and present. Though Rofes' work is over 20 years old now, it is evident from my participants' experiences that he is still remarkably current. There has been quite a bit of research on how HIV and the AIDS pandemic has influenced community cohesion among gay men. It appears (unsurprisingly) that HIV has created significant rifts within the community; between generations, classes, and ethnicities; between Positive and Negative folk; and being a survivor of the AIDS pandemic is a fundamental and sizable part of older men's queer identity (Lewis et al., 2015; Owen & Catalan, 2012).

Rofes (1998) writes about how survivors of the AIDS crisis stopped leaving their homes, that a form of protection during the pandemic was to isolate and protect, and this instinct never completely left. This form of self-care was noted by a few of my participants, with varying levels of concern. Andrew (56, NZ) described how 'unsettling' it was to witness the spread of HIV/AIDS during the mid-1980s, and how he 'got really boring', entered into a relationship, and began a domestic life to get through the crisis. Gregory (38, AU) participated in campaigning for the 2017 Australian same-sex marriage plebiscite (see Chapter 7), and described what it was like speaking to older queer people about the AIDS pandemic:

Gregory: I worry a lot in particular about LGBTIQ seniors and I don't think we are necessarily fully equipped either as a community or as a society for that phenomenon [AIDS pandemic], so yeah, it was difficult.

Simon: How do you think they coped with their condition of trauma? Did you speak to anyone about that?

Gregory: I mean, they coped with it the way that they always have, which for some of them is just to isolate, which is how it had historically been dealt with. But for a lot of them, getting back in touch with some of those friends that they had from that period, where they did sort of stand by and support each other, as they lost loved ones through HIV, as they were arrested for being gay in nightclubs in Brisbane in the Bjelke-Petersen era⁴², and those sorts of things. They sort of turned back to some of those old connections, if they had them, but of course, one of the real difficulties for that age group is they'd lost so many friends or lovers in their sort of gay family, which makes it really hard.

There are many salient expressions of sexual ethics above, though one in particular stands out. In his most recent collection of essays, Race (2018) suggests that the role of HIV in the gay community can be better understood through the lens of 'intimate experiments', or the experimental nature of sex, bodies, pleasure, and queer identity coming together. These experiments are 'attempts to change some of the problems that have confronted queer lives historically... [and] have produced transformations in the ways people experience and practice pleasure, the ways we experience our bodily capacities and work on them, the ways we relate to each other and feel the world and more' (pg. 7). The experiences laid out in this chapter all speak to this approach: there is not one way to approach safer sex and/or the experience of

⁴² Queensland State Premier, 1968 – 1987.

HIV, but rather constantly experimenting with others to figure out what feels right, what feels good, what tests personal boundaries, and what your responsibilities might be in this situation.

There is a distinct sense of my participants striving to do the right thing in relation to their community and themselves, and trying to articulate how this has shifted and/or stayed the same over time. The stories of this section centre around finding connections to others in ways that feel safe, desirable, constructive, and supportive. My participants were constantly asking the question: ‘What kind of sex do I want, and how might it impact others?’ or ‘How can I work with my community to reduce the burdens we carry?’ The risk analyses that surround PrEP are explicit types of intimate experiments because they are critically exploring erotic desires, the boundaries of health and the body, the emotional nature of interaction (sexual or otherwise), and evaluating personal values.

There are some complicated expressions of wild self-care in this section. Wild self-care practices can produce unexpected tensions, discomforts, and personal dilemmas. They can be emotionally fraught and blur the boundaries of what feels ‘right’ and ‘wrong’. The internal negotiations around status disclosure Felix and Jacob underwent are distinct forms of protective self-care. They were both grappling with the challenge of trying to avoid abandonment but also being as honest as possible with their partners and loved ones. The emotional labour they invested into deciding who should know, who deserves to know, what might happen when they are told, and if the news will result in the other person leaving or becoming distraught, was a significant point of ongoing tension but ultimately grounded in caring for their own needs. Additionally, the way older gay men self-isolated during the AIDS crisis is a poignant example of this type of self-care. By separating themselves from others, they were able to ensure their own physical safety from the virus but at significant social and emotional cost.

Some expressions of wild self-care can seem deleterious to health and contradictory or counter-intuitive to the pursuit of well-being. I read Felix's decision to discontinue treatment as a controversial and powerful form of emancipatory self-care. While this choice may lead to his HIV becoming AIDS, it has allowed him to lead his life more fully, with more agency, and with much more comfort. Ironically, by refusing the medication which keeps his HIV at bay (keeping him 'healthy'), he has regained a sense of health and well-being. His experience, and Ali's to an extent, demonstrates the complexities that can come with the more extreme ends of self-care and health. Ali's decision to go on PrEP was his way of becoming healthy, but at the cost of ongoing STIs and the accompanying distress. Felix's decision to forgo treatment was his way of becoming healthy, but at the cost of 'waiting for the inevitable'.

On the other hand, Jacob's (50, AU) experience of HIV is more an example of caring-maintenance. He is tending to his body, health, and relationships, ensuring they continue to grow, and pursuing the life he is already living. HIV is not only a manageable condition for him, but has actually given him a new lease on life:

What all my friends say to me is that I live my life incredibly fully, that I embrace every day, and that I appreciate everything, even something very... Like this morning, for me that 45 minutes at the beach was magic. So, you might go to a beach and go, 'That was nice', but to me it's really superb.

Jacob, Nishant, Jason, and Karl's concern about younger generations of the gay community are also an expression of caring-maintenance, with some elements of self-care too. Having seen AIDS-related deaths and/or survived the AIDS pandemic, they are aware of what can happen with this disease and do not want to see it repeated. They have experienced the communal and

personal trauma of HIV, and by speaking about this trauma, are able to articulate and educate those who were not there about the possible severity of the disease. There is also catharsis in telling others these stories and can lighten the personal burden of these memories.

Conclusion

Across his work on sexual ethics, Race tends to come back to a few central tenets: it is essential to articulate and explore the affective and emotional nature of sex; sex is best conceptualised as a convergence of people, sensations, desires, bodies, and politics; community plays a significant role in how gay men approach sex and safer sex practices; and there is the united pursuit of liberation from HIV within the community, though this pursuit can take a variety of paths and liberation has many different faces. The stories my participants told are replete with these tenets as they strove to have ethical sex, be a good person to others in their community, and work towards a brighter future, whatever that may be.

The social impact of HIV on the gay community cannot be understated. While it is a far more manageable condition than it used to be, there is an enduring and deep-seated trauma that haunts the sex lives of gay men. However, this virus has also become a way for gay men to establish stronger forms of kinship, togetherness, and connection. In his seminal essay, *How to Have Promiscuity in an Epidemic*, Crimp (1987) emphasises this point and presents how HIV has produced radical new ways for gay men to approach and experience sex, re-configured how gay eroticism is conceptualised, and galvanized the queer community in profound ways. My participants' experiences demonstrate that Crimp's article is still relevant over 30 years later. PrEP and current HIV treatments have allowed for far greater life expectancy, reduced stigma, and established new community structures and ways for gay and queer men to connect.

The exploration of how HIV/AIDS continues to resonate through the community and across time gives insight to health-as-process. As described earlier, this approach understands health as an ongoing process rather than a state of being that is either present (*‘in good health’*) or not (*‘being unhealthy’*). Health-as-process demonstrates how illness and disease is not the ‘failure’ of health but is part of the human condition and can be embraced (to an extent), and that ‘good’ health can be performed alongside debility. The experiences of my participants articulate health-as-process through the critical way they examined their health-related priorities, habits, or tendencies, questioned how their relationships and connections (of all kinds) influenced their health, and pursued a holistic approach to managing their body and health. They were not simply making individual choices based on their current situation. Instead they were synthesising the myriad of health-related influences around them and working with the body in active and process-based ways. They were approaching health as an ongoing project.

This chapter explores a number of protective and emancipatory forms of wild self-care. These ranged from participants using PrEP to not only shield themselves from HIV, but to protect against HIV-anxiety, guilt, and have a less burdened sex life. Trust and responsibility were a major aspect of my participants’ safer sex practices. Some of these men described how personal responsibility was the only way forward whereas others attempted to develop a sense of mutual trust with their sex partners and protect them from diseases. In each instance, the exercise of trust and responsibility was a way of exercising wild self-care. Caring-maintenance featured prominently in my participants’ experiences as they sought to tend to their physical and emotional health, manage their relationships, and care for their community.

The experiences and self-care practices presented in this chapter are full of wildness. As described earlier, wild self-care demonstrates how less-normative approaches to health and

well-being are just as legitimate as more-normative ways, that embodying health and illness are not mutually exclusive, and the way individuals calculate risk is emotional, personal, and grounded in the pursuit for well-being. By using nuanced social tools over biomedical technologies to practice safer sex, participants were wilding how they cared for their bodies and emotional well-being. Similarly, refusing 'lifesaving' treatment to become health, taking PrEP to stay safe in order to have wild sex, or engaging in PrEP-ed condomless sex as a way of managing HIV-anxiety are all key examples of wild self-care.

Chapter 6

Illicit Drugs Eliciting Care

It's invisible but so touchable,

And I can feel it on my body,

So emotional.

- Aqua

So far, this thesis has focused mostly on sex. What about illicit drugs? In the previous chapter, there was discussion on using pharmaceutical drugs for HIV and in my methodology section I explored the ethical considerations of doing drug research, but there has not yet been an investigation into how my participants approached recreational substances, what different drugs represented for them, or the various ways they experienced and came into contact with drugs. This chapter explores all of these things. It is an overview of how my participants conceptualised drug use in relation to their health and body, their relationships, and what expressions of self-care might be found there.

In the previous chapter I employed Race's sexual ethics to deconstruct my participants' experiences. In this chapter I will be using another type of ethics drawn from Rose's (2007a; 2007b; 2008) work on 'biocapital' and bioethics: somatic ethics. In its simplest form, somatic ethics is the practical, lived, and embodied elements of bioethics (defined below), and describes the way individuals engage with each other and themselves in relation to their health and body. It is the 'sensualisation of ethics' (2007b, pg. 258), and focuses on how individuals make sense of the world, their relationships, and their pursuits using the body and health as a lens.

Rose stresses how inextricably connected somatic ethics are to bioethics and biocapital, so it is important to outline these concepts too. Bioethics for Rose focuses on the technical questions, legalities, and accountancy of biomedical science (e.g. consent, confidentiality, development of and adherence to proper procedures), and is grounded in governance and the generation of biocapital. Biocapital refers to the increasing commodification of health and the human body using biomedical technology (Rose, 2007b, 2008). Rose points to the way genetic material and human tissue have become a highly lucrative market and how discourses of ‘good’ health, which pivot on neuroscience, genomics, molecular-level biology, are becoming increasingly prevalent in popular culture. Somatic ethics is ‘the spirit of biocapital’ (2007b, pg. 258) and the embodiment of bioethics.

While somatic ethics, biocapital, and bioethics are all intimately connected, I will only be using the concept of somatic ethics in this chapter. Rose (2007b, pg. 257) defines ethics as ‘a way of understanding, fashioning, and managing ourselves in the everyday conduct of our lives’, and it is this interactive and relational approach which speaks directly to how my participants managed their bodies, health, and relationships. As such, my approach to somatic ethics explores the way my participants conceptualised drug use and the impact drugs have on the body. I use this concept to understand what it meant for participants to use drugs with others, what ‘good’ and ‘bad’ forms of drug use looked like, and how well-being and sickness are embodied.

My participants tended to be very clear about which drugs they saw as ‘good’ and generally benign and which were ‘bad’ and risky, with well-articulated expressions of wild self-care throughout. When drugs were spoken about in positive terms, wild self-care was used to look after mental health, open up new avenues of sexual pleasure and possibility, and deepen

intimate relationships. When drugs were resisted, there was a greater tendency towards caring-maintenance by caring for the body and relationships in order to maintain them and encourage their growth. Participants spoke about wanting to improve the negative impact of substance use in the community, managing ‘spoiled’ hook-ups, and avoiding drugs because of their ‘toxic’ nature and/or lack of pleasure.

It is easy to guess how drug use can be a form of wild self-care. Drugs are frequently used to become disinhibited, exuberant, transformed, and feel consumed by the senses. These are potent and transformative substances that can enable a state of spiritual transcendence, or a physical dependency. The expressions of wild self-care described in this chapter involve the therapeutic value of methamphetamine (hereafter ‘meth’), marijuana, and ecstasy and how individuals experiencing substance dependency can (counter-intuitively) use substance as a form of self-care. I present the unique and personal risks that individuals associate with each substance and how these are managed in creative ways (e.g. the ‘heat of the moment’ as the main risk rather than the substance itself). I also demonstrate how selling illicit substances can be tied to community and personal care and the way chemsex can be a form of wild self-care.

This chapter is divided into four sections: 1) caring for the mind and body, 2) risky/dangerous drugs in the community, 3) substances and personal connections, and 4) troubling chemsex. The first section examines how my participants used drugs to address mental health issues, re-establish positive ways of being in the world, and the role physical health plays in this. Section two explores perceptions of drugs in the community, what substances were seen as particularly dangerous or ‘toxic’, and analyses the issue of meth use within the gay community. Section three deals with how participants used substances to seek out communities and deepen personal relationships, how drugs featured in intimate relationships, and what are the boundaries of

constructive drug use. The final section analyses and critiques the research on chemsex and explores the intersection of drugs and sex more broadly: how did my participants integrate or resist substance use in their sex lives and what did pleasurable sex on drugs look like?

Getting Healthy by Getting High

One of the first themes that emerged in my interview material on drug use was the therapeutic value substances held for my participants. Ali (28, AU) described marijuana as a ‘safe’ way to alleviate his anxiety and his preference for this drug over others:

I have anxiety, so [marijuana] kind of helps with that sometimes and it's nice, it just chills me and it doesn't give me a headache or, you know, it's not like alcohol or other kinds of drugs where you have to suffer from a downside. So, I have a tendency towards depression, so my downside would be doubled or troubled, so pot is kind of safe for me, so I enjoy it.

Similarly, Trent (57, NZ) spoke about how using ecstasy helped him move through the emotional turmoil of a break-up and using this drug was not only soothing, it reorientated his perspective on life:

That's what happened after [the break-up], just to kind of relax after a period of great stress, ecstasy just kind of helped me to relax and just kind of detach and see myself and relationships, and you know, the whole physical world, it's just been a transient thing.

Gregory (38, AU) frequently uses marijuana to unwind at the end of the day and described how immersive this can be:

I just find it helps me switch off from whatever it is I've been thinking during the day and so yeah, I just find it relaxing in that sense and then sometimes, I find it fun to smoke a bit more and sort of really just sort of lose yourself.

The use of currently illicit or controlled substances for therapeutic purposes has a reasonably long history. Psychedelic therapy in the West formally dates back to the 1950s⁴³ and is currently re-emerging within the psychiatric and psychotherapy community as a legitimate form of treatment (Carhart-Harris & Goodwin, 2017). It entails the use of MDMA⁴⁴, ketamine, LSD⁴⁵, or psilocybin to treat a wide scope of issues (Tupper, Wood, Yensen, & Johnson, 2015) such as mental illness and post-traumatic stress disorder (Bouso, Doblin, Farré, Alcázar, & Gómez-Jarabo, 2008; Krupitsky & Grinenko, 1997), coming to grips with a terminal condition (Griffiths et al., 2016), substance dependency (Eischens & Atherton, 2018), and resolving significant personal crises (Garcia-Romeu & Richards, 2018; Passie, 2018). This is to say that illicit substances have been used extensively in a therapeutic capacity with a wealth of empirical research demonstrating their efficacy.

Marijuana has an even longer therapeutic history compared to psychedelics (in the West). Since the 1840s, it has been used to address chronic pain, reduce nausea and vomiting, stimulate appetite, aid in relaxation and sleep, and treat convulsions (Wilkie, Sakr, & Rizack, 2016). In

⁴³ The use of entheogenic substances for transformative, purifying, spiritual, and medicinal purposes has been present among indigenous cultures across the world for thousands of years (see: Buenaflor, 2018; McKenna, 1993; Metzner, 2013; Schultes, Hofmann, & Rátsch, [1992] 1998).

⁴⁴ 3,4-Methylenedioxymethamphetamine, also sometimes referred to as 'ecstasy'.

⁴⁵ Lysergic acid diethylamide is a derivative of ergot fungus.

their study on the characteristics of patients from a Californian medical marijuana clinic, Reinerman, Nunberg, Lanthier, & Heddleston (2011) found that relief from anxiety and depression was one of the most common reasons why individuals were seeking the drug. There has been work done on the benefits people living with HIV/AIDS gain from using marijuana. The reduction in anxiety, depression, nausea, and increase in appetite helps to address the physical impact of the disease while also having a therapeutic influence on mental health, particular around the effects of HIV stigma (Fogarty et al., 2007; Furler, Einarson, Millson, Walmsley, Bendayan, 2004). This has led to marijuana being promoted by the nursing community as an effective and beneficial 'self-care strategy' (Corless et al., 2009, pg. 172).

Both Gregory and Trent touch on the positive and therapeutic experience of losing themselves and detaching from reality. This is a prominent feature in the literature on clubbing and drug use. Rief (2009) describes how practices of immersive drug use can open up an alternative reality for individuals and this shifting between 'thresholds' can re-affirm a sense of agency and control. Landau (2004) and Malbon (1999) both highlight the way immersive drug use can foster a sense of connectedness with the world and establish new ways of relating to others, and how constructive this can be for individuals. In regards to gay men, Westhaver's (2005) ethnography on circuit parties⁴⁶ demonstrates that drug use may become a way of creating a sense of freedom from a homophobic world, dissolving insecurities, and celebrating personal identity and pride.

Trent (57, NZ) expanded on this therapeutic value of gaining a deeper connectedness with surroundings. He described the transformative potential of ecstasy and how he found new ways of relating to the world through immersive drug use:

⁴⁶ A large gay-orientated dance party that frequently lasts for 24 – 48 hours.

[My] first ecstasy pill [experience] was just amazing. I took it in a rural setting, in a rural landscape and I was with [a friend] who was helping me through [my relationship break-up] at the time... [We took] off shoes and socks and just walked through the fields, and just experienced this heightened reality of nature, everything is just, you know, just an elevated kind of sensual experience... At the time, I thought, 'If everyone in the world would take that pill just once with care, maybe the world would be a better place'.

In this literature on clubbing and drug use, the role of music is emphasised in these transformative experiences. The way drugs and music are combined in club or festival settings has been described as enabling spiritual healing (Hutson, 2000) and producing a 'deeper religious experience than church' (Landau, 2004, pg. 106). Music plays a prominent role in MDMA therapy in order to relax, focus, and guide the patient through the session and enhance the therapeutic potential of the work (Garcia-Romeu & Richards, 2018; Passie, 2018). Gregory (38, AU) described a similar experience in the way music helped to not only deepen the immersive qualities of his marijuana use but to also elicit some emotional catharsis:

Gregory: Between Christmas and New Year's [of 2016], I had a few days where I had nothing on. I wasn't seeing family, my friends were doing something else, and so I knew I had two days there, so I just started smoking in the afternoon. I'm a creature of habit, and so every year I always put together a Spotify playlist based upon the music that I've listened to that year. I go back and listen to all the music that I've listened to throughout the year to work out what's going to go on this Spotify playlist in my top 100 songs of that particular year. So, I basically just do that for

two afternoons and nights, just listening to music, off my face, and it's just so peaceful and relaxing...

Simon: Putting together a playlist of all your music across the year, I love that idea. Do you get different memories when you hear different songs?

Gregory: Yeah, you do... See, the way I organise my Spotify is, I always put together a monthly playlist of what I'm listening to that month... I then have this record of what I was listening to throughout the year, and so it's just part of now my end of year ritual of going back... 'Cause you go back and you listen to your January playlists and memories and moments and people and emotions do come up, some good, some bad, um... but that's, I'm increasingly trying to listen to more music when I get stoned, I find that I really enjoy that.

Smoking marijuana and listening to music was more than a way to unwind for Gregory. It was an opportunity for him to reflect on the year just past and emotionally process all the joys and difficulties he had experienced. However, the positive experience of using substances to address mental health needs was not felt by all participants. Felix (47, NZ) described the way his ex-partner would drink to relieve the intensity of his depression and the various issues this created:

Felix: All relationships are interesting: you have got the honeymoon period where it is all sweet, nice, and roses, and then all of a sudden out come all the dark demons. Arthur was just the depression and the drinking, and the drinking fed the depression.

Simon: Mmm. How did you help Arthur with his depression?

Felix: I couldn't. And that frustrated me also. You know, he needed to do something about it himself, but he wasn't prepared to. He was happiest when he was drunk.

The link between alcohol and depression has been well-established with a wealth of studies demonstrating how increased alcohol consumption contributes to the development and severity of depression (Boden & Fergusson, 2011), though many of the studies in this field only focus on the neurological and epidemiological aspects of this relationship. Over the past 40 years, Khantzian (1985, 1997, 2013; Suh, Ruffins, Robins, Albanese, & Khantzian, 2008) has been promoting a different approach to understanding how and why people become dependent on certain substances. He argues 'self-medication' is a more constructive term than 'addiction' and suggests that it is not accidental what substances people are drawn to and/or become dependent on. Rather, someone's preference of substance is a mixture of personality (introvert, extrovert, empathetic, sensitive, et cetera) and compensating or counteracting intense emotions like depression, anxiety, or aggression in order to make living more tenable and to be present.

On alcohol and depression, Khantzian (1997, pg. 233) says:

[Alcohol] act[s] on those parts of the self that are cut off from self and others by rigid defences that produce feelings of isolation and emptiness and related tense/anxious states and mask fears of closeness and dependency. Although they are not good antidepressants, alcohol and related drugs create the illusion of relief because they temporarily soften rigid defences and ameliorate states of isolation and emptiness that predispose to depression.

This quote helps to unpack the relationship Felix's partner had with alcohol and why those with mental health issues often use substances for relief when these same substances are shown to exacerbate symptoms. While Khantzian's theory has been critiqued by the psychiatric community as inadequate and lacking in empirical evidence (Hall & Queener, 2007; Lembke, 2012), it does speak to the experiences of Trent, Felix, Ali, and Gregory. Wild self-care practices can appear contradictory or counter-intuitive and are often grounded in transformative ways of caring for the body and self. These participants all paired certain substances with their emotional state to improve their well-being and become transformed in some way. This practice is a clear example of therapeutic self-care.

As described earlier, somatic ethics articulate how individuals experience and manage their body, relationships, pursuits, and conduct in relation to their health and other people. The way these four participants exercised therapeutic self-care through drug use has many connections to somatic ethics. Trent's use of ecstasy was grounded in re-evaluating his relationships, the emotional significance they have for him, and how he connects with the world in general. There was an ethical tension in Felix's situation. He acknowledged that Arthur gained reprieve from his depression with alcohol (another expression of therapeutic self-care) but it was also ruining their relationship. This situation was exacerbated by the accompanying sense of frustration and helplessness Felix felt towards the suffering of his partner.

Ali (28, AU) engaged in wild self-care by using marijuana to care for his mental health because it did not have a 'downside'. When I asked him to expand on which drugs are 'safe' for him and why, his response contained some strong elements of somatic ethics:

I'd like to try ecstasy just because everyone says good things about it. But not so keen... I don't know, I did a little search for myself on drugs, and I know what they do to the chemicals to your brain and stuff like that, and it sounds horrific. It's kinda like, your brain heats up and you lose dopamine and, I was like, 'No, I don't want to do this...' I also think of myself being fragile, so I try to take care of that. I get sick quickly, I get tired quickly, so I just don't want to, you know, cause more of that.

Ali is considering a range of issues here which are related to somatic ethics. He is considering how he should treat his body in the short- and long-term and developing an approach to drug use that has a positive effect on his well-being. This adds another layer to the way he uses marijuana as a form of self-care. He is not only using it to alleviate his anxiety or depression, but he is also using it over other substances because it is gentler on his body and neurochemistry. Similarly, Gregory's (38, AU) preference for marijuana is partly because it is a 'safe' drug for him and draws upon the same form of somatic ethics:

I have a really addictive personality and I definitely smoke more weed than I should... You know, I don't smoke during the day and if I go a fortnight without smoking, I'm fine, and I sort of have a relationship with weed where I enjoy it but it's very easy for me [to not use], whereas I couldn't say that about alcohol and I fear I couldn't say that about most other drugs.

Gregory is using somatic ethics to seek out a relationship to substance that improves his well-being and does not negatively impact his body. He is making health-related decisions based on how different drugs affect his body and what good health feels like. Thus, for Ali and Gregory,

using marijuana as a wild self-care practice is about more than addressing poor mental health. It is also about knowing what the body can handle, meeting its needs, and finding creative and embodied ways to care for it.

The ‘Gay Drug Problem’

When I asked my participants about their attitudes or experiences with drugs in the gay community, there was a pronounced sense of concern and worry around how certain drugs were used by gay men and the effect this was having on the wider community. Trent (57, NZ) spoke with disdain about the number of gay men who use amyl at his sauna but how he also relies on selling amyl to make ends meet:

Trent: The only thing [patrons] will buy is ‘aroma products’ which are toxic chemicals to get them aroused or loosen up their assholes or whatever. That’s the only thing they want to buy, and [I] might get the odd enquiry for toys...

Simon: So why do you sell amyl?

Trent: Because it supports the venue here, it actually is important to income here as customer [numbers have] dropped, \$42 [retail for a] bottle of amyl is double the purchase cost for me so it’s almost equivalent to an entry fee... and that’s not insignificant, those bottles sell.

Isaac (55, AU) commented on how the drug culture in Sydney has shifted over the past few decades and the worrying new trends of increased meth use he is seeing within the community:

I never felt it was that bad, and in our community, I just didn’t find it that bad. I didn’t think a lot of our community were that much into drugs. That has certainly

escalated. Um, and people in your generation are taking a lot more drugs, and also, I believe that they're taking drugs and that's going hand in hand with having sex... In the '80s and '90s I never felt it was, it was that much of an issue. I really think it's the worst it's ever been for the last five years, yeah. Because I think ice [meth] is inexpensive and very accessible and crosses over all the social boundaries, like it doesn't matter if you're, you know, in a housing commission apartment or if you're a zillionaire, I still think you can take ice, and actually run your life on it until it crushes down.

Nishant (49, NZ) described how he has seen meth 'destroy people' and Gregory (38, AU) highlighted that 'of all the drugs, [meth] seems to be the most dangerous and damaging' in the community and added that the prevalence of meth held a personal risk: 'I don't ever want to be in a position where I feel pressure to try it.'

It has been established that gay men in Australia use more drugs, particularly meth, than any other demographic (Degenhardt et al., 2016; Lea et al., 2016; Leonard, Dowsett, Slavin, Mitchell, & Pitts, 2008), though there is a lack of consensus around the extent to which these gay men use meth. Hopwood, Cama, & Treloar (2016) and Clackett et al. (2018) argue that rates of meth consumption in this group have remained steady over the past 5-10 years with a few increases. Conversely, Lea et al. (2016) and the recent Gay Community Periodic Surveys⁴⁷ from each of the major cities demonstrate a slow decline. In the New Zealand context, there is a near complete absence of research into gay men and drug use, however, over half the participants from a 2006 Auckland community survey reported some drug use in the previous

⁴⁷ Broady, Lee, Mao et al., 2019; Broady, Mao, Bavinton et al., 2019; Broady, Mao, Lee et al., 2018; Broady, Power, Mao et al., 2019

six months (Saxton, Newcombe, Ahmed, Dickson, & Hughes, 2018), and more alarmingly, a recent unpublished survey report from the New Zealand AIDS Foundation showed 88% of participants had used meth, GHB⁴⁸, and/or Viagra in the past six months (Petousis-Harris & Ludlam, 2018).

Meth's reputation as a dangerous drug is well-deserved, though the way this drug is framed in the media may be complicating this issue. Gay and mainstream media tends to frame meth use in extreme ways and as an individual health issue, focusing on how it is damaging the gay community with the underlying expectation for gay men to solve this problem themselves (Schwartz & Andsager, 2008). This positioning of meth use as a 'gay problem' not only serves to further isolate the gay community from society, it also promotes stigma, exaggerates the severity of the problem, hyper-individualises responsibility, and reifies the assumption that any meth use is extreme and dangerous (Armstrong, 2007; Ayres & Jewkes, 2012; Schwartz & Willis, 2009).

This is not to say that concerns around the number of gay men using meth are unwarranted, but rather, that the attitudes and imagery in the mainstream create an additional set of complicating factors around the reality of this issue. Ethnographic work on the way gay men use meth demonstrates how this drug is strategically consumed in sexual settings at different points to increase libido, sociability, endurance, and emotional intimacy rather than taken haphazardly (Green & Halkitis, 2006; O'Byrne & Holmes, 2011). This work also describes the way many of these men report greater social cohesion, sense of community, and improved resilience (Power et al, 2018), and how homophobia, discrimination, and social isolation influences their

⁴⁸ Gamma-hydroxybutyrate is primarily a CNS depressant and sedative but is popular within the gay community because of its ability to increase sexual desire, lower sexual inhibitions, and euphoric qualities (Lee & Levounis, 2008).

decision to use meth initially and ongoingly (Dowsett, Wain, & Keys, 2005; Leonard et al, 2008). Additionally, there is research showing the various ways gay men minimise risk and engage in harm reduction practices like avoiding certain drug combinations, restricting drug use to particular periods of the week or year, and planning a ‘session’ ahead of time in order to procure safety equipment like sterile needles and alcohol swabs (Gish, Kiepek, & Beagan, 2019).

Research on the unique types of risks that meth users identify and manage tends to indicate three main issues: disease transfer, the impact of addiction on personal health, and becoming ‘messy’ or problematic use which begins to corrode social connections like work, family, and friends (Dowsett, Wain, & Keys, 2005; Fast, Kerr, Wood, & Small, 2014; Keogh et al., 2009). Jason (45, AU) was experiencing a significant dependency to meth and GHB at the time of our interview. When I asked him what risky or dangerous drug use looked like, he said it was the ‘heat of the moment’ and risk of spontaneity that felt most dangerous:

I'd never inject [meth], like blasting, I've never done [that]. Well, I tried to do it once, and [someone] tried to do it [on me] but I don't even remember what they were doing because it didn't work, it didn't get in there, and I'm so glad [it] didn't. In the end [the needle] did touch and try and pierce [the skin], but that would probably be the riskiest thing I've done... And the risk with blasting is that you're potentially exposing yourself to picking up god knows what. I have at times had unsafe sex, and you do just make these stupid decisions because of the heat of the moment, that's risky in itself.

While his concern around disease transfer is in line with the above literature, this risk of ‘the heat of the moment’ adds nuance to this. He also described how losing his job (which he is especially fond of) and the unknown repercussions of disclosing his dependency to friends posed a greater risk than the physical and mental impact of his substance use:

My job in itself, like in the aviation industry, I mean fuck, is a risk in itself. I have a highly sensitive job as far as safety is concerned, and when I go to work every day, I’ve still got the drugs in my system. You can’t even take a codeine... I mean, every day, it’s all I do, it’s just disappointing in itself that I do that... When I first started [at the job], I’d almost put myself into anxiety attacks over it, but I mean, fuck, I’m just very lucky. It’s the risk that I take...

I’m embarrassed and ashamed to let my very dear and close friends know the extent and reality of the situation. It’s highly embarrassing... I’ve talked to my very dear, good friends but they’ve got no idea of the extent to what I’ve got myself into as far as using. They would all be there to help me no matter what, don’t get me wrong, but they would also be shocked and appalled to learn these things about me.

Jason is weighing the risks of his drug use against the risk of losing a job he loves and the shame of his close friends discovering the extent of his dependency. This is evidently a complicated issue for him, one that does not have a simple solution. Jason’s job is in jeopardy because of his drug use, but in order for him to start curbing his drug use, he would need the help of his friends and telling them feels unconscionable. The scholarship on drugs and risk has recently begun to emphasise the importance of understanding how emotion, social environment, and personal relationships enter into perceptions of risk. Rhodes (2009), Lupton

(2013), and Rhodes et al. (2003) all highlight how perceptions of risk are produced through social interaction, which they regard as a dynamic configuration of emotions, bodies, environmental and inter-personal affects, and cultural symbolism. They suggest it is necessary to explore the emotional connection we have to the people around us and our surroundings in order to evaluate risk. This is in contrast to categorising an act or practice as inherently 'dangerous' and assessing the likelihood of it happening. This speaks to Jason's experiences and helps to provide an understanding around why his risks are grounded more in his emotional attachments than the pragmatic or mental/physical impact of his drug use.

The experiences and attitudes of Isaac, Nishant, Gregory, Jason, and Trent all illustrate the concept of caring-maintenance. They are grounded in managing and tending to relationships and community, though Trent and Jason's situations are more complicated. Trent is aware that his sauna space is important for the community and selling amyl enables him to keep the space open, though he is very reluctant to financially support his sauna in this way. Jason is investing a substantial amount of emotional labour into trying to preserve his relationships and stay employed in order to maintain a sense of normalcy and stability. There are elements of wild self-care in Jason's experiences too. Because wild self-care articulates the emotionality of risk and care, his wariness of 'the heat of the moment', the measures he puts in place to manage and contain his drug use, and keeping his dependency hidden from close friends and employers are all forms of protective self-care.

There is an array of somatic ethics in this section. Trent finds himself in an ethical dilemma: he considers amyl a 'bad' and 'toxic' substance that is used in unhealthy ways to enable problematic behaviour, though he feels an obligation to his community to keep his sauna space open. If the sauna closes, the men who cannot use their homes as hook-up venues will go to

more dangerous spaces like parks and beaches. Trent justifies selling amyl at his sauna because the impact of providing this substance to the community is less than the potential damage of not having the sauna available. Isaac, Nishant, and Gregory all voiced their concern about how meth corrodes social relations and community ties, the way it ‘destroys’ people, how the increasing acceptance/norm around meth use is impacting the health of the gay community as a whole, and the wider implications of this.

Jason spoke about somatic ethics in quite explicit ways. He was carefully considering how to manage his drug use and consume these substances in ways which will minimize harm to the body. It was also clear that the concerns he felt around his drug use manifested in very corporeal ways through anxiety and shame, and he contemplated the ethical consequences of his addiction: if he tells his friends, how will this change their relationship? What if they leave him? What would it feel like to tell someone about this drug habit? He was also reflected on his own conduct and asking: ‘How did I get here? How did I manage to let my body become dependent on these chemicals?’

Drugs: Bringing People Together

Despite concerns about drugs eroding social relations, some participants felt substances helped them to establish new communities, deepened connections with others or themselves, or offered a form of affection. Felix (47, NZ) described how alcohol allowed him to find a place in the Wellington gay community:

When I first came to Wellington, I [had] my first immersion into gay culture I suppose, and I lived very close to the old Pound nightclub and I was there every

night. I suppose [drinking] just helped, yeah it did, you know, everyone was drinking so you know it was the thing to do.

The majority of literature around community and personal alcohol consumption explores the damaging effects of alcohol on communities, how community can be mobilised to address alcohol dependency, or the intersection of marginalised communities and alcohol-related issues. However, there is a significant amount of research on the connection between community and drinking cultures more broadly, especially related to younger people. Järvinen & Room (2007), Pavis, Cunningham-Burley, & Amos (1997), and Beccaria & Sande (2003) all demonstrate how alcohol is used as a binding agent for communities of young people and is frequently used as a rite of passage within this group. Wilson (2005) outlines how drinking and ethnic identity are intimately connected, and this can be a source of community cohesion as well as conflict. In their study on drinking practices among young adults in New Zealand, Niland, Lyons, Goodwin, & Hutton (2013) present the social significance alcohol can have in establishing and continuing friendships.

While Nishant (49, NZ) did not drink alcohol and was critical of drug use in general, alcohol did feature sometimes in his relationship with his ex-partner. He spoke with warmth about how drunkenness occasionally became a site of affection between them:

I mean my ex, I used to try and get him drunk [at parties] because he was so funny, he used to get so lovey-dovey, you know. It was just hilarious, like 'Oh go on, have another drink, c'mon have another drink', 'Are you trying to get me drunk?', I'd say 'Yeah'.

Gregory (38, AU) described how alcohol enabled him to explore his sexuality in an emotionally safe way, though this was not without its complications:

It sort of gave me a freedom to explore myself sexually I guess... 'Cause I was so drunk [and] I was obviously uninhibited, I sort of felt free to do whatever. [It] meant that when I was sober, I didn't have the same... the same stigma or the same concern about some of those sorts of things, like... I loved sex on premises venues when I was drunk, [now] I like them when I'm sober, you know? I liked group sex when I was drunk, [now] I like it when I'm sober... I wondered if I'd started sober, I would've always been a little too nervous about perhaps doing some of these things. In many ways, perhaps [alcohol] allowed me to be a little bit more crazy and open and just willing to try stuff.

It has been established that the high rates of heavy alcohol use and dependency within the queer community partially stems from these folks trying to ease the emotional and social difficulty of 'coming out' (Keogh et al., 2009; Parks, Hughes, & Kinnison, 2007). Examining this relationship between alcohol and queer people negotiating new forms of identity, there is evidence to suggest that heavy drinkers have a greater sense of community and connection compared to occasional drinkers, and alcohol-related excuses ('It didn't mean anything, I was drunk...') enable queer youths to display gender non-conforming behaviours with less fear of negative consequences (Baiocco, D'Alessio, & Laghi, 2010; Peralta, 2008).

There are some clear connections to wild self-care here. For Gregory, Felix, and Nishant, alcohol is more than a 'social lubricant'. It is a radical way they can care for themselves and others. Alcohol allowed Gregory to overcome significant internal barriers around his sexuality,

created space to experiment with sex and gayness in ways that felt emotionally safe, and actually engage his queer identity in a period when this was personally uncomfortable, all of which are expressions of emancipatory self-care. Likewise, alcohol became an effective method for Felix to find his place in a new community, develop connections, and begin this next stage of his life. The way Nishant engaged his ex-partner's drinking at parties can also be considered a type of caring-maintenance because he was tending to his relationship, creating new forms of intimacy, and helping their partnership to grow.

In terms of somatic ethics, each of these participants' stories are grounded in using the intoxicated body to establish novel ways of relating to others or themselves. Felix, Nishant, and Gregory all describe how drinking alcohol facilitated a sense of togetherness, intimacy, desire, and self-acceptance. They engaged a set of ethics that harnessed the emotional and affective nature of drinking and drunkenness to seek out positive social interaction. For Felix and Gregory, this was important for abating loneliness, isolation, and enabled a much-needed sense of freedom.

Despite these benefits, many individuals experience heavy drinking as a problematic practice. Gregory (38, AU) explained how this period of self-discovery was tied up with serious alcohol dependency and this had a range of implications:

People say they're an alcoholic [but] they're just often heavy drinkers or binge drinkers. I was a fully-fledged bottle-of-vodka-a-day... The first thing I did when I woke up every morning was kind of drink. I mean look, I was a fully functioning academic holding down a full-time job, I was a functional drunk but I was drunk... I do wonder if there's a risk that if I hadn't developed the drinking problem, I might

never have addressed the underlying homosexuality and could be, you know, happily married to a woman with two kids.

It is interesting that Gregory locates risk primarily in not addressing his ‘underlying homosexuality’ rather than his alcohol dependency. There does not appear to be any literature on how those with alcohol dependency conceptualise personal risk, although it is evident that for Gregory the impact of his dependency was ultimately less damaging than potentially not realising his queer identity. He outlined how unsustainable his drinking was and raised that ‘at some point [he] would’ve developed the courage to come out’, giving further colour to this relationship between alcohol and queer identity:

Gregory: 15 years ago, when I started [therapy], I was not really ‘out’ to many people.

Like, I was ‘out’ to some gay people but not to my family, not the straight people [in my life], it was this thing that I very much kept suppressed... and to be honest, I only really truly ‘came out’ to every part of my life when I stopped drinking and I can tell you that... up until that point, I’d been sexually active for 10 years, I’d never had a sober hook-up with a guy, I mean every single time I was drunk. I could have sex with women sober, but for whatever [reason], I just couldn’t bring myself to do it with men... I mean, [it was] so dysfunctional looking back...

Simon: Why was it dysfunctional?

Gregory: Oh, the reliance on alcohol and the inability to make meaningful personal connections in an ongoing way at those sorts of places, particularly the sex clubs. I mean, I guess it’s possible in a bar, [but] you tend not to... you know, swap numbers and go out for a coffee and a slice of carrot cake with someone you’ve met in a sling in a sex club.

Gregory's story is not unusual. While alcohol and other substances enable many gay and bisexual men to overcome intimacy barriers and engage in positive sexual experimentation, Keogh et al. (2009) describe how these encounters tend to be rife with social ill-ease and are often with anonymous partners or in settings which do not allow for the exchange of contact details, thus preventing the possibility of any ongoing relationship. The authors also present the way that substance dependency can quickly emerge among gay and queer men use who use substance to facilitate sex while they are breaking away from a heteronormative lifestyle.

Jason (45, AU) experienced this slip from positive social-sexual drug use to dependency. He described how he met his ex-partner through drugs and the intertwined euphoria of drugs and romantic love:

[Michael's] an ex of a very good friend of mine, and we had hooked-up maybe in '08, and I would have to say that it was one of the top 5 shags that I had had back then, and um, then he came back into my life in '12 because his ex-boyfriend was staying in Darlington and he came over to deliver drugs. Anyway, we hooked-up from there and that's when it became an intense, drug-fuelled lifestyle...

[When] Michael came into my world, it was very intense, the sex was great in the beginning because it was fuelled with G and all that stuff and it was great, and we had a really good physical relationship the whole time... It took me a lot of time, it's like the same as saying that it's like an arranged marriage. You know how over time you, you become more dear to each other, that's what happened. Just because the amount of time that we spent together, [the relationship] just organically went to that level. I never wanted it to go to that level. But I mean, as much as [the

relationship's] fucked me up, I'm glad it did. Like I said, I experienced something amazing... I did get to experience something that I had never experienced before in my life. It's what they say love is, like I was blown away, I don't know why I never got it before but it was a truly euphoric experience.

There has been a significant amount of research into committed couples who use drugs together, though the vast majority of this work seems to focus on heterosexual relationships with an emphasis on women and intravenous drug use (e.g. Bryant, Brener, Hull, & Treloar, 2010; El-Bassel, Shaw, Dasgupta, & Strathdee, 2014; Simmons & Singer, 2006; Stevenson & Neale, 2012). Trust, care, respect, and affection feature as prominent aspects in how romantic couples procure and administer drugs and navigate substance dependency together, and the drug of choice is often a major part of the relationship's identity (Cavacuiti, 2004; Simmons & Singer, 2006). Rance, Rhodes, Fraser, Bryant, & Treloar (2018) show how individuals in a relationship negotiate drug safety, the way biomedical knowledge is applied to reduce the risk of disease transfer, and the role intimacy plays in these practices. In his study on love and chemsex, Amaro (2016) demonstrates how chemsex parties can be considered 'love experiments' for some gay men where romantic relationships begin and where individuals go to manage the suffering and loneliness after a break-up.

There has been some fascinating work on the neurological, behavioural, and pharmacological similarities between love and substance dependency. Burkett & Young (2012) describe how experiences around romantic attachment (dating, 'honeymoon period' transitioning to contentment, grief/anxiety during separation) mirror the criteria for substance dependency (great deal of time spent in procuring and administering drugs, development of tolerance, withdrawal). The authors also present the similarities between dopamine (pleasure hormone)

produced through social bonding or maternal settings and opioid-induced dopamine production, and likewise with cortisol (stress hormone), drug withdrawal, and social loss. Fisher, Xu, Aron, & Brown (2016) note similar findings and argue this relationship between love and addiction can be used to better understand the nuances of substance dependency.

This research into love, couples, and drug use helps to understand another element of Jason's relationship. He spoke about 'trying to get this toxic person out of my life' while simultaneously working to curb his meth and GHB habit, which was a dynamic and emotionally fraught process:

I've seen [withdrawal] at its worst, like how it affected my ex when he didn't do it. He just really couldn't function; he was always sleeping. That's how it starts, that's how it's like after a few days, you become very, um, just tired, you don't wanna talk, I can barely pick up my phone, I don't wanna talk to people. That's the reality of it. And there's gonna be a period where you... you have to ride that through, I'm going to have to ride that through somehow. And I think that... that the reason I keep allowing myself to continue [using] is that I keep saying to myself that I'm just waiting to... I gotta get this toxic person out of my life first and foremost, which is supposed to be next week now... and until I get myself really mentally in a better place, I can't deal with [starting the withdrawal process].

Jason also described, in conflicting ways, how drugs helped him through this break-up whilst also making it more difficult on an emotional level:

Simon: Has using [drugs] helped you work through some of these emotions [around the break-up]?

Jason: Nope, it's made it worse. Absolutely made it worse. It's made me more paranoid, like... dealing with this break-up has made it worse. But it numbed it as well. I think [meth] affects your mind as well, it increases the paranoia, the way you like interact... the fighting and the communication between [you and others], especially if they're another user as well. Yeah, I mean you should just read all the text messages between us, it's mind-blowing, just mind-blowing.

Simon: How do you see yourself recovering from this relationship and your usage?

Jason: When you say recovery, I'm back at that point now that I was pre-Michael in my life where I would love alone time. I had allowed myself to become so complacent with the co-habitation or having someone to talk to all the time, and I let myself get too comfortable with that. So that when it was gone, that was what I struggled with the most. I was like 'Fuck'... because that's... when you really think about it, [that was] the root cause of most of it because it was such a shock to my system, whereas I was never like that before. Now I've gotten to that point where I'm comfortable, I'm ok just being me in my own world.

Simon: And using [drugs] helped to cushion that?

Jason: Oh yeah! Oh yeah, of course.

Using meth and GHB is clearly a complicated practice for Jason. His dependency on these substances is inextricably bound up in the relationship he has/had with his ex-partner, starting from the early stages of the relationship: the great sex, the 'euphoria' of love, the easy access to a substantial drug supply. In some ways, using drugs has allowed him to find reprieve from

the emotional distress of their break-up, but in other ways it has made the break-up more volatile and destructive. Jason's use of drugs to manage these relationship troubles is a form of wild self-care because he is pursuing well-being and actively caring for himself using 'risky' substances. This type of therapeutic self-care is clearly a fraught process but evidently works on some level.

Substance has the ability to bring people together, foster relationships, create intimacy, and open up new ways of being, though there can be major consequences to this. Felix, Gregory, and Jason all spoke about how using substances helped them to establish meaningful connections, meet new lovers, and feel emotionally safe while doing so. Nishant highlighted the way heavy drinking would on rare occasions become a vehicle of intimacy between he and his partner, and Jason presented how the euphoria of love and drug highs felt the same. The benefits Gregory and Jason gained from their substances of choice, however, gradually became problematic and troublesome in complicated ways.

There is an interesting blend of self-care and caring-maintenance in this section. The way meth and GHB featured in Jason's relationship is an expression of caring-maintenance, similar to Nishant's use of alcohol with his partner, because it was a method of communicating love, desire, affection, and intimacy in order to support the relationship. Both Gregory and Jason shared the same experience of dependency in that a personal-emotional issue needed to be resolved before their substance use could be addressed. For Gregory, it was his sexuality, and for Jason, it was his connection with his ex.

The way Jason and Gregory managed their dependency are expressions of wild self-care: substance was used in protective and therapeutic ways for both of them as they negotiated and

managed their way through highly fraught periods of their life. Substances made this process more feasible in some respects, and therefore became a form of treatment and self-care. Emancipatory self-care features prominently in these stories too. Felix, Jason, and Gregory all used substances to open up new connections, ways of being in the world, and create new possibilities. This worked well for Jason and Gregory until their relationship with substances became less voluntary and more dependent, so their decision to free themselves from this also becomes a form of emancipatory self-care.

Rose (2007b, pg. 8) describes how somatic ethics are ‘orientated to the future yet demanding action in the present’, and this comes through in these participants’ stories. The way these men approached drug use was forward-facing and grounded in the pursuit and management of personal health and well-being. There is attention paid to how their drug use might impact their personal relationships and they are going to lengths to ensure this is positive rather than destructive. Additionally, taking drugs is clearly an emotionally-charged practice and these emotions manifest physically: agitation, shame, and exquisite disinhibition. Jason, Felix, Nishant, and Gregory all approached substance use with consideration for themselves and others, and they used drugs in measured ways that prioritised the health of their body and/or emotional well-being. Sometimes emotional health became prioritised over physical health as Jason and Gregory described, but they were both working actively to protect their body as best they could while they managed their dependencies and sought out a future that was more liveable.

The Trouble with Chemsex

The blending of sex and drugs has already been raised in a few places in this chapter: Trent implicitly spoke about it when he described selling amyl at his sauna, Gregory highlighted the way alcohol enabled a new sexuality, and drugs played a major role in Jason and Michael's sex life. The way gay men incorporate drugs into their sex lives has received a significant amount of attention in the past 5 to 10 years with much of the ethnographic work focusing on how individuals conceptualise risk, engage in harm reduction practices, understand the significance of disease transfer, and the role of social connection, pleasure, desire, and identity in all this.

Academic descriptions of chemsex are often inconsistent and vague. It is viewed as a very recent phenomenon and has a wide variety of definitions attached to it. Hakim (2019, pg. 249) describes chemsex as: 'group sexual encounters between gay and bisexual men in which the recreational drugs GHB/GBL⁴⁹, mephedrone⁵⁰ and crystallized methamphetamine are consumed'. In contrast, Edmundson et al. (2018, pg. 131 - 132) define the practice as 'the use of drugs (particularly methamphetamine, GHB/GBL and mephedrone) before or during planned sexual activity to sustain, enhance, disinhibit or facilitate... engagement in lengthy and condomless sex sessions with multiple partners often of unknown serostatus and unknown HIV treatment status'.

Despite the disparity of detail and meaning in these definitions, the general consensus appears to be that chemsex has emerged in the past 10 years and involves the use of manufactured

⁴⁹ Gamma-butyrolactone is the precursor to GHB. It is sometimes taken instead of GHB (knowingly or otherwise) and is highly concentrated, making it the more dangerous preparation out of the two (Brennan & Van Hout, 2014).

⁵⁰ 4-methylmethcathinone became popular in Europe, especially the UK, in the early 2010s and has an effect similar to amphetamines and cocaine (Schifano et al. 2011).

substances (particularly meth, GHB, phosphodiesterase (PDE5) inhibitors⁵¹, amyl nitrates, mephedrone) to facilitate & enhance sex with other men over an ‘extended period’ (Giorgetti et al., 2017; McCall, Adams, Mason, & Willis, 2015; Race, 2018; Stuart, 2014). Grindr and other hook-up apps are also referenced occasionally as a quintessential feature of chemsex (Hakim, 2019; Stuart, 2019). Intravenous drug use is frequently cited as a key feature of chemsex (Pakianathan, Lee, Kelly, & Hegazi, 2016), though research demonstrates that Australian gay men have been injecting drugs in sexual settings for around 20 years (Dowsett, Wain, & Keys, 2005). The way gay men incorporate meth and GHB into their sex lives has been a popular topic of research since the early-2000s, with evidence to suggest that these practices and subcultures have existed since the mid-1990s (Galloway et al., 1997; Halkitis, Parsons, & Wilton, 2003; Mattison, Ross, Wolfson, & Franklin, 2001). Why has this practice now become labelled as ‘chemsex’ and loaded with high-risk connotations of extreme sex, dangerous drug use, and high rates of disease transfer?

My argument is that ‘chemsex’ is a term over-burdened with images of high-risk intravenous drug use, the development of dependency, rapid spread of HIV and STIs, and extreme types of sex. Yet, despite this, it is used to describe a very wide range of practices and scenarios, and herein lies the problem. The boundaries of chemsex are ambiguous and need to be addressed if meaningful work is to be done in this field. To demonstrate the extent of this ambiguity, I trouble two aspects of chemsex using my participants’ experiences: the substances associated with chemsex and the social connections between individuals in this setting.

⁵¹ Because impotence is a common side-effect of drugs like ecstasy, cocaine, and ketamine, sildenafil (Viagra), vardenafil (Levitra), tadalafil (Cialis) are frequently used in a chemsex setting to counter this and enable sex.

Amyl is very common in the chemsex scene and was a substance many of my participants had used or been in contact with. Some participants described their pronounced dislike for amyl and others presented it as a requirement for sex. While he disliked drugs in general, Karl (34, NZ) spoke about how he found the incorporation of any substance into sex somewhat problematic, uncomfortable, and aversive:

Simon: Do ever use amyl during sex?

Karl: I've used it, [but] it gives me a tremendous headache, [so], no I don't... I'm a horny bastard, I don't need something like that to get me... I mean, like Viagra, it's like no. It's like, you see young people taking Viagra now... My God, it's the last thing I need.

Simon: So, do you prefer to have sober sex?

Karl: Yep. I'm not a big drinker. I mean, I do drink but I find that going up and down motion when you're having sex and you're got a belly full of alcohol, is really nauseating.

In Chapter 4, I presented Damien's (20, NZ) description of his local sauna as a place where he felt safe and comfortable to experiment with adventurous forms of sex and had tried fisting there with an anonymous guy. While the environment provided some of the security needed to go through with this, amyl allowed him to flex and test the limits of his body:

Damien: I've tried [fisting], I was open to it. The thing is, if you're gonna do [it], you have to be into it to be honest but also in the right mindset and actually probably having a crap tonne of amyl.

Simon: And a lot of lube.

Damien: And that too but more of the amyl part because that would get your head clear basically and everything moves.

Building on this way of using amyl to enable certain types of sex, Isaac (55, AU) described the obligation he felt towards the community and older men in particular to sell amyl and why he viewed amyl as such an important substance:

We used to [sell amyl]. We don't anymore... My lawyer asked me for years to stop selling it because it's now on a poisons list so... It is really illegal and I'm considering putting it back on again because it's the one thing that, even though I don't use it, I understand it and most of my partners have always used it. So, I get why they use it but as a business, to sell it, it's a different thing... [Providing amyl is] actually a service, and some people my age and over really can't have sex without amyl anymore, so they really need it... Am I thinking of bringing it back? Yes. Am I aware of the consequences? Yes.

Amyl has been used extensively, and almost exclusively, by gay men since the 1970s due to its easy availability, brief yet powerful high, and ability to aid in relaxation during anal sex, with very few significant long-term side effects (Romanelli, Smith, Thornton, & Pomeroy, 2004). Using the results from the Australian Flux⁵² Study, Vaccher et al.'s (2020) found that almost half of the respondents (45.9%) had used amyl in the past six months with over three quarters (77.4%) having used it during sex. There appears to be no work on the relationship between amyl use and specific types of sex other than 'high-risk sexual practices', nor any

⁵² 'Following Lives Undergoing Change' (Flux) Study. This study ran from 2014 – 2018 and collected data from 3273 gay and bisexual men in Australia on their licit and illicit drug use (Clackett et al., 2018).

qualitative research on what amyl represents for gay men and how they use it in order to achieve certain sexual goals. O’Byrne & Holmes (2011) reference that amyl is used to not only enhance pleasure and extend the duration of sexual connections, but to also enable sex with a greater number of partners at the same time. This finding is correlated in other research which demonstrates that amyl is frequently used in group sex settings alongside other drugs like meth, GHB, and Viagra (Prestage, Down, Grulich, & Zablotska, 2011; Prestage, Grierson, Bradley, Hurley, & Hudson, 2009; Vaccher et al. 2020).

There has also been concern that amyl promotes and exacerbates poor mental health, though Demant & Oviedo-Trespalacios’s (2019) research presents no correlation between amyl use and decreased mental health or psychosocial distress, demonstrating that amyl use is relatively harmless. Recent studies have also demonstrated that gay men who use amyl tend to either be on PrEP or regularly engage in serosorting and strategic positioning practices to avoid HIV transfer, though other STIs tend to be quite high in this same group (Hambrick, Park, Palamar, Estreet, Schneider, & Duncan, 2018; Hambrick, Park, Schneider et al., 2018; Vaccher et al., 2020). Additionally, the relationship between amyl and maculopathy has been attracting more attention over the past few years. Reports of amyl-induced blindness have haunted the party scene, and it does appear that using amyl can cause macular damage resulting in temporary blindness. However, these instances seem to be very rare, and the case studies on this phenomenon tend to describe full recovery after ceasing amyl use (Davies et al., 2012; Pahlitzsch, Mai, Joussem, & Bergholz, 2016; Pece, Patelli, Milani, & Pierro, 2004).

As Isaac mentioned, the legislation around alkyl nitrites⁵³ has recently come under scrutiny in Australia. In 2018, the Therapeutic Goods Administration (TGA) made a move to reclassify alkyl nitrites from Schedule 4 (Prescription Only) to Schedule 9 (Prohibited Substance), which was met with significant resistance and counter-lobbying by the queer community. Described as ‘the war on bottoms’ (Hitch, 2020), the amyl ban was viewed as form of institutional homophobia comparable to Australia’s opium laws in the early 20th century designed to target Chinese migrants (Badge, 2018). The reclassification did not go ahead, however amyl is now only legally available from a pharmacy which has been criticised as feeding into stigma around queer sex and placing queer people under additional government surveillance (Badge, 2019).

Based on the literature and my participants’ experiences, it is clear that amyl use is associated with ‘risky’ practices like condomless sex, multiple partners, and poly-drug use, but is not overly risky in itself. The term ‘sexualised drug-use’ has recently gained popularity and is used synonymously with ‘chemsex’. Sexualised drug-use is seen as inherently high-risk as it entails ‘sex with a large number of casual partners and needle sharing’ while being under the influence of certain drugs (Tomkins, George, & Kliner, 2019, pg. 23). Amyl fits into this category as it is commonly used in a group sex setting alongside other drugs to enable, prolong, and intensify sexual encounters. Damien and Isaac both highlight the benefits and pleasures of using amyl to enable sex in a setting associated with high rates of disease transfer and group sex. This scenario could arguably be classified as chemsex, yet is demonstratively not. This is one of the major problems with the way chemsex and sexualised drug use is currently being discussed: the use of any drug in a sexual setting is conflated as an extreme scenario with severe consequences like HIV infection, addiction, et cetera.

⁵³ This is the chemical group amyl nitrite belongs to. Commercially available bottles of amyl are often a slightly different compound like isopropyl nitrite or butyl nitrite (Romanelli, Smith, Thornton, & Pomeroy, 2004).

Amyl, meth, and GHB are quintessential chemsex drugs, but what if ‘natural’ drugs (e.g. marijuana, psilocybin) or synthetic ones not associated with chemsex (e.g. MDMA, LSD) are used in ways that are similar to the chemsex experience? Gregory (38, AU) described how he sometimes integrates immersive drug use into his sex life with close and trusted friends, positioning the abdication of control as the seat of pleasure in these scenarios:

There are some guys who I have ongoing relationships with, like one of my really good fuck buddies, he will, you know, he'll quite regularly do drugs of all sort of different types and it can be quite fun to fuck him while he's under the influence of whatever it is that he's on, acid or mushrooms or MDMA or whatever it is 'cause it seems to give him this sort of heightened experience that I also get off on... What makes it hot is they're so out of it, they don't know what's going on... but I only do that with him or other people that I know and trust, I guess. I wouldn't sort of do that with a random... if a stranger did that to me, that would fucking freak me out... [but] we trust each other...

Every now and then it's fun to get really stoned and to be just really used basically. That's always fun as well, that's like a special occasion thing where you just get really stoned and get a couple of guys to come over and do whatever the fuck they want. That's pretty fun.

Gregory's experience fits into the chemsex rubric – multiple partners, intense drug use designed to extend and heighten sexual pleasure – but it could not be considered high-risk and the drugs used are not associated with chemsex. There is also an emphasis on needing to have a strong relationship with those who are going to be participating in these group sex sessions

which involve drugs. Jason had a similar experience. As described earlier, drugs were at the heart of Jason and Michael's relationship: 'the sex was great in the beginning because it was fuelled with G[HB] and all that stuff and it was great, and we had a really good physical relationship the whole time.' Jason (45, AU) also explained how the thrill from sex on drugs is comparable to that of public sex:

Simon: Have you found that your usage has made [your fear of rejection] that worse?

Jason: Nah, it makes it better... the meth and the G, it gives you the confidence, it does. I would do a lot more things after I've smoked a pipe that I would not have [normally done] ... Throw yourself into a glory hole... I've always found it more erotic to have hook-ups whether in sex-on-premise venues or in the old days where we'd cruise people in toilets where it'd be that random animalistic sex. That, I crave that feeling...

The ways Jason and Gregory incorporated drugs into their sex life meets the criteria for chemsex. These experiences occurred in the home, focused on adventurous sex, featured multiple partners, and employed an array of substances to disinhibit and intensify their sexual pleasure. However, these participants also described how these interactions only occurred among people they trusted deeply and had an ongoing intimate relationship with. The literature on chemsex either does not detail how participants know each other or presents these scenarios as populated by strangers. In three systematic reviews of chemsex literature (Edmundson et al., 2018; Maxwell, Shahmanesh, & Gafos, 2019; Tomkins, George, & Kliner, 2018), there is little to no discussion on the social networks of chemsex practitioners. In the research that does explore how social connection and sense of community are enabled through chemsex, the social connection between individuals in this setting is spoken about in unspecified and general

terms (Frederick & Perrone, 2014; Hakim, 2019; Power et al., 2018). As my participants' experiences show, the way drugs are consumed and the sexual practices that occur in a chemsex session are strongly mediated by the relationship between individuals.

There has been some work done on love and chemsex which suggests that romantic attachments can often form in this setting but tends to be followed by a departure from chemsex culture in some way (Amaro, 2016). Additionally, Milhet, Shah, Madesclaire, & Gaissad (2019) found that couples who meet at chemsex parties sometimes incorporate the practice into their relationship and continue as a couple in private rather than with others, just as Jason and Michael did. It is evident that the thrill of transgression and heady intoxication is what intensifies the pleasures of Gregory and Jason's encounters rather than the drugs themselves or the particular type of sex (e.g. raw). Jason's comparison of sex on drugs and sex in public as a similar high and the way Gregory uses marijuana 'on special occasions' begins to demonstrate that chemsex is an approach to sex rather than a descriptor of sex involving certain drugs.

Irrespective of how individuals in a chemsex setting know each other, what role does the level of intoxication have? Both Ali (28, AU) and Gregory (38, AU) stressed the need to be 'on the same level' as the other person and the impact this has on personal safety, the pleasure of the encounter, and the difficulty of having to manage a 'wired' person:

Ali: I prefer to be in the same state of mind as the other person. I don't want to be in a different place than he is. Because, you know, it's all about connection, and that kind of takes away this connection, you know? You feel like you're with his buddy and not with him... So yeah, mainly it comes from a contact perspective, connection, and then the rest is, you know, [wired people] jump around so much

and do other things and I can't handle that. I have a tiny build, so I can't control a whole body, you know, being wired and jumping around actively. It's too much.

Gregory: To be honest, the sex when they're wired is not that good, it's not good for them, it's not good for you. They're in their own little world, they usually have difficulty staying hard, they're not gonna cum for fucking ten hours, [and] it's actually not good sex for the sober person in that situation. Maybe it is for two wired people going off, but for a sober person and a wired person, it's not good for the sober person.

There is an assumption in the literature on chemsex that level of intoxication is irrelevant to the risks involved and that all individuals are taking drugs with no attention paid to level of intoxication, other than overdoses (Hammoud et al., 2018). Additionally, personal safety makes no appearance outside of concerns around physical trauma to genitals and rectum which can arise from having sex over long periods of time (Giorgetti et al., 2017). 'Wired' appears to be a predominately Australian term and is presented in the literature as the state of being high on meth in a chemsex setting (Leonard et al, 2008; Race, 2015a, 2018; Stardust, Kolstee, Joksic, Gray, & Hannan, 2018). Ali and Gregory add nuance to this with their description of 'wired' guys being difficult to control, heavily intoxicated, and overwhelming to be around, rather than just someone high on meth. This demonstrates the importance of acknowledging the affective role of drugs in these settings, the gradations of intoxications, and how personal experiences of drugs influence social dynamics in sexual contexts.

Chemsex research raises some critical issues around how gay men take drugs, engage in sex, and the cultural dynamics which produce these practices, though the indistinct and broad ways

the chemsex label is being applied is problematic. In the previous chapter, I included an analysis of PrEP as a ‘reluctant object’ (Race, 2016) which described how this treatment has become so over-saturated and over-burdened with meaning that its potential has become limited. It is clear that the same can be said for chemsex. This term appears to have been coined in the late 1990s as ‘chemsex club’ to describe the sense of community shared among gay men in the UK who enjoyed meth. It was a term of solidarity and provided a home for gay men who ‘felt alone and freakish for their behaviour’ (Stuart, 2019, pg. 6). There are remnants of this original meaning in the way chemsex is currently applied, but it has been overwhelmed by public health interventions, abject descriptions from the media, and having been applied to any type of sex involving an illicit synthetic substance.

Can sex on drugs be a form of wild self-care? Yes. Gregory and Jason’s immersive use of drugs during sex was emancipatory in nature. The way they approached these experiences and situations was grounded in finding new ways of being, new forms of erotic pleasure, and new configurations of desire. Damien’s use of amyl to explore the limits of his sexual desires and the capacity of his erotic body was also emancipatory by seeking to find new boundaries and explore the possibilities of sex in an environment which felt safe. Karl, Ali, and Gregory’s experiences of resisting drug use were a blend of self-care and caring-maintenance. There was an emphasis on protecting the body and self from dangers (chemical and inter-personal), but these participants were mainly describing how they go about navigating and pursuing desirable sex. Finally, the obligation Isaac felt towards his community to sell amyl is an expression of caring-maintenance as this ‘service’ was his way of caring for others and promoting the health of his patrons and wider community.

The experiences in this section contain a lot of ongoing questions related to somatic ethics. My participants asked: What are the ways I can use drugs which are safe for my body and for others? Who do I feel comfortable having sex on drugs with? What do I want to achieve from these substances? What sensations and experiences am I after? What does dangerous drug use feel like in a sexual setting and how can I manage and/or minimise this? What do I owe my community and intimate others when it comes to drug use?

Conclusion

Drug use is a very diverse practice. For some, drugs are purely recreational and are used to ‘spice up’ their party experience, whereas for others, substances make life more liveable and can open up new ways of understanding and experiencing the world. This chapter has described how complicated and emotionally-charged drug use is, the wide variety of risks and concerns associated with different substances, and the nuanced way my participants approached and experienced substances. In Chapter 1, I described Race’s (2017) call for drug researchers to ‘think with pleasure’ and the need to include pleasure into discussions of drug use. Pleasure features prominently in the experiences presented in this chapter, but interestingly it appeared to be a secondary benefit. For the majority of my participants, drug use was a method to attain a sense of agency or feel at home in their bodies rather than just feeling good and having fun (though this was a prominent aspect).

As an approach, somatic ethics describes the connections between our conduct, body, and health. It provides an understanding into the way we navigate relationships, pursue desires, construct futures, and manage our health. Somatic ethics ultimately poses three questions: ‘What can I know? What must I do? What may I hope?’ (Rose, 2007b, pg. 21). It is clear that these questions and key features of somatic ethics are central to how my participants navigated

their drug use and conceptualised drugs more broadly. In each instance, these men were prioritising their mental and/or physical health, their personal relationships, and their community when approaching drugs, and using these as sensitising tools to guide their own use. This prioritisation of health, relationships, and community partly stems from the connection these practices and attitudes have to wild self-care and caring-maintenance. Oftentimes, participants used drugs in a therapeutic or emancipatory capacity to move through emotional turmoil, find new ways of living which inspired hope, and to make an untenable existence bearable for a period. The expressions of caring-maintenance were grounded in nurturing relationships, caring for others and the community, and being an ethical member of the community.

The use of illicit drugs to care for the body, nourish relationships, manage poor mental health, or create new ways of existing is a wild way of approaching well-being. My participants enacted forms of wild self-care by using meth, GHB, marijuana, or ecstasy in a therapeutic capacity; getting an intimate partner drunk; using alcohol or other substances to explore personal identity and enable exciting forms of adventurous sex; and practicing chemsex. To use drugs as a way of enacting good health goes against normative ideals of how to care for the body and is antithetical to the construction of well-being that the biomedical model of health encourages (deeming certain lifestyles and practices as ‘healthy’ to the exclusion of others, positioning one embodiment of ‘good health’ as the only way to ‘be healthy’). However, the experiences of my participants demonstrate otherwise. This chapter has described how drug use can be a legitimate way of pursuing well-being, enacting good health, and improving relationships, though these forms of self-care were sometimes circumscribed or limited by issues like substance dependency or the erosion of social relations.

Chapter 7

Communities of Care

*No matter how old, how young, how sick,
I mean something, I mean something.*

- Peaches

The theme of community has emerged a number of times in this thesis. In Chapters 2 and 3, sexual pleasure and who my participants wanted to ‘play’ with were heavily tied to community connections; Chapter 4 examined how different communities emerged and interacted in various spaces; Chapter 5 described the personal responsibilities my participants felt towards their community in terms of disease; and Chapter 6 explored how drug use, community membership, and responsibility overlapped. This chapter is dedicated to more closely examining community identity, the way my participants related to different gay communities and how being a community member has shaped their identity. I present the generational divide that exists across gay communities and how it can affect members as well as how my participants navigated community in relation to their gender and sexual identity. I also describe what positive community relations felt like for my participants and the role political activism played in their lives. This chapter explores the questions my participants asked, like what *is* the ‘gay community’? Who can be said to belong to it and who ought to belong? How has my relationship to this community changed over time?

Over the past 50 years, the concept of community has received a substantial amount of attention within sociology. Blackshaw (2010) outlines the many ways community can be used. It can refer to the structure and social ties of a group (family and kinship), a political collective

(feminist community), or something more ephemeral like a sense of belonging and togetherness based on a unifying trait (nationality, sexuality). ‘Community’ is also used to describe the general public (community services), inhabitants of a specific place (the Dunedin community), or individuals who engage in the same practice (online gamer communities). My conceptualisation of ‘gay community’ draws from Cohen (1991) and describes the myriad politically-charged organisations of individuals who identify as gay or are assigned this identity in some way.

When my participants spoke about their community, the work they did to improve it, or how they pursued a sense of belonging, they did so with a pronounced sense of care. In terms of wild self-care, this was often emancipatory and took the form of searching for a community they felt at home in, engaging in political activism to create a brighter future, or trying to improve or free their community from various issues. There were also many instances of protective and therapeutic self-care. These included seeking out an inclusive group in order to address a sense of loneliness and isolation or leaving an oppressive group and protecting oneself against further harm and distress. My participants practiced caring-maintenance by tending to their community and their own well-being, and engaging their duty of care towards others in the community. There was also a striving to create social environments that felt positive and uplifting. My participants sought to improve themselves and others through activism.

The expressions of wild self-care presented so far have mostly focused on how participants managed their own bodies and personal well-being. This chapter uses my participants’ experiences to demonstrate the communal and social nature of wild self-care. It might sound counter-intuitive to argue that self-care is something done with others, particularly as

normative and neoliberal approaches to self-care construct this practice as solitary, internal, and grounded in managing emotions and disciplining the body (Cairns & Johnston, 2015; Thompson & Hirschman, 1995). Wild self-care describes alternative approaches to health-related practices that create unexpected connections or caring for oneself by actively working to undo systems of oppression and marginalisation. My participants enacted wild self-care by helping others in their community, engaging in political activism by attending pride marches or hiring sex workers, and managing their relationship with the gay community more broadly.

There are five sections in this chapter: 1) an outline of Bourdieu's theory of the *habitus*, 2) the troubling of community boundaries and feeling a lack of community, 3) questioning community politics, and a discussion of the ways my participants engaged in political activism 4) generally and 5) through the sex industry. In the first section, I describe how the *habitus* can be understood and used to unpick my participants' experiences. The second section presents how a few of my participants no longer felt connected to, nor recognised by, their community while others questioned the boundaries of the gay community (Who may be a member? Does it even exist?). In the third section, I explore some participants' critiques of the gay community's current politics, exclusionary social dynamics, and/or the development of 'neo-sexualities' like demiromantic, non-binary, and genderqueer. These participants also described that they did not feel welcome or have the desire to be a community member, and the various issues this raised for them. Finally, I outline the numerous forms of political activism my participants engaged in. These range from marching in pride parades to helping sex workers and the relationship this kind of work had to other aspects of their life.

Feeling into the *habitus*

Bourdieu's ([1972] 2013, [1980] 1990a, 1990b, [1994] 1998) concept of the *habitus* helps to explore and articulate how community and individual experiences come together. This concept broadly describes the way social structures become internalised by individuals as '*dispositions*' or ways of being, and how the actions and pursuits of individuals help to build these same social structures. Bourdieu was fascinated with the ways people adopt certain ways of acting, speaking, feeling, and the connections these have to abstract social structures and cultural ideals⁵⁴. How does our social environment shape the way we experience the world? How do we reproduce and moderate social structures in our daily life?

The *habitus* was an attempt to bridge the gap between objectivism and subjectivism in sociology. Bourdieu wanted to create a way of understanding society that did not assume individuals were self-possessed agents who personally manifested their destinies nor merely the product of surrounding social systems. Instead he saw a 'dialectic' relationship between the way society shapes us and how we actively make the social world around us. Bourdieu also wanted to create an approach that was highly pragmatic and spoke directly to the 'real world' as a critique of sociology's tendency to be overly theoretical. In short, the *habitus* describes the way individuals shape society as well as being shaped by social structures, and how our mannerisms and ways of moving through the world are a product of our cultural surroundings.

The *habitus* has received a significant amount of critique over the years. Probyn (2004) troubles the way emotions and the feeling body are minimized or erased in the *habitus*, and argues that the body can be a place of active learning rather than a 'memory pad' of experiences that

⁵⁴ Butler (1999) has commented on the connection between this aspect of the *habitus* and her theory of gender performativity. She argues that Bourdieu's theory, by itself, is an inadequate explanation of how social norms, language, subjectivities, and identity categories are embodied and perpetuated over time.

regurgitates the past, as Bourdieu ([1980] 1990a) suggests. Lau (2004, pg. 374) describes the concept as ‘stricken with inconsistencies and ambiguities’, resulting in a wide-spread lack of understanding around what the *habitus* really represents. Reay (2004, pg. 432) notes how over-utilised the concept is and the ‘increasing tendency for *habitus* to be sprayed throughout academic texts... bestowing gravitas without doing any theoretical work’. A few have argued that Bourdieu was not successful in bridging the gap between objectivism and subjectivism, and the *habitus* remains an objective view of society that positions individuals as isolated and a product of social structures (Jenkins, 1982, 1992; King, 2000; Lau, 2004).

Despite these critiques, the *habitus* is a constructive tool for this chapter. The experiences of my participants centre on the ways community relations and social structures develop personal identity and self-care practices, and how navigating community membership can be a conduit for larger structural change. Fundamentally, the *habitus* is a corporeal approach to understanding society; it focuses on how abstract norms and cultural ideals are reproduced through the body (Bourdieu, 2004). Probyn (2004) argues that this can be a highly emotional process. Emotion and affect are some of a community’s main binding agents (Ahmed, 2005), something that all of my participants spoke about. They did not simply embody aspects of their community in terms of identity, but the way they conceptualised and engaged with their community was also emotionally charged.

The Dissolution and Illusion of Community

How did my participants relate to their community? What did it mean to be part of ‘the gay community’? Did they even identify as a member? Some of my participants were critical of the gay community, the current values associated with it, and troubled the boundaries and structures of the gay community. Nishant (49, NZ) described the huge political and social

advances the gay community has made since the 1980s and 1990s, but at the expense of cohesion and a sense of togetherness:

I think something's lost... the community has lost something. Back to the old days, there was a sense of community because we were oppressed. There was a sense of identity. Now it's like, I mean gay bars, well they don't really exist because you could go to any bar, you know? I mean yesterday, [I was] watching [the] news and Sam Smith, the singer, [was] being interviewed... and I sat there going, 'Fuck we've moved far.'

There is a paucity of research into how older gay men conceptualise who/what the gay community is, how the community and their relationship to it has changed over time, or the ways older gay men engage with their surrounding community. In his literature review on older gay men, Fenkl (2012) presents how there is conflicting research on whether older gay men gradually withdraw from their community or become excluded, however the literature he draws upon is somewhat dated with the most recent article cited from 2001. It appears Nishant is positioning social marginalisation as the main binding agent of the gay community he knew. As such, the gradual liberalisation of legislation and social norms over the past 30 years has transformed this community into something unrecognisable. This has left Nishant feeling like the community he used to know has assimilated into mainstream society and disappeared (literally) almost entirely: 'gay bars... don't really exist because you could go to any bar'.

There has been some empirical work on the gentrification and assimilation of queer neighbourhoods and how this has impacted the local queer community. Much of this work demonstrates that the decline of physical queer spaces elicits concern, anxiety, and emotional

unrest, and queer residents of metropolitan areas populated most by queer people ('gaybourhoods') experience higher rates of discrimination when 'outsiders' begin to move in (Doan & Higgins, 2011; Reynolds, 2009). Conversely, some have also argued that this sense of loss is less about queer assimilation and homonormativity⁵⁵ than it is a shifting in the appearance and structure of the queer community (Brown, 2014; Nash & Gorman-Murray, 2014).

There is a clear yet complicated generational divide around the way sexual communities are approached and understood. Karl (34, NZ) spoke about growing older and seeing the community around him become more tenuous and separated, as well as problematising the notion of 'the gay community' as a whole:

Karl: I remember when I first came to Wellington, maybe ten years ago, there was sort of like a community [that helped me in] discovering that I was gay, even with other people. And so, there was a sense of community. But I think the older you get...

Simon: It stratifies a bit more?

Karl: Yeah. So, we're not as close.

Simon: Do you feel included in the [Wellington] gay community?

Karl: Um...

Simon: Do you think there is a gay community here?

Karl: It's hard to define... I think [if] there's five billion people in world, [there are] five billion different sexualities.

⁵⁵ This concept broadly refers to the translation and reinforcement of heteronormative ideals and ways of being within the gay community, such as the pursuit of marriage and reproductive rights, praising of monogamy, certain consumer practices, membership in the military, cisgenderism, and other forms of heteronormative assimilation (Ng, 2013; Robinson, 2016; Stryker, 2008). There has also been considerable work demonstrating the connection between homonormativity, neoliberalism, nationalism, and white supremacy (See: Brown, 2009; Drucker, 2015; Duggan, 2003; Schotten, 2016).

Since the early-1990s, many have demonstrated that ‘*the gay community*’ is a misnomer, and a problematic one at that. Cohen (1991), Escoffier (1998), and Stychin (2005) all argue that the gay community does not exist *per se*, but rather, is a political and emotional category constituted by a deeply heterogeneous group. Some have argued that the very impetus for fixed identity categories is the foundation of oppressive power dynamics and must be resisted (Gamson, 1995), while others have pointed out that this mass migration towards ‘queer’ as a superior approach to identity ultimately becomes a type of liberalism which disposes of the important historical work of gay liberationists and lesbian feminists (Phelan, 1997).

Tui also troubled community boundaries. Where Karl questions the category of ‘gay’ as a homogeneous identity, Tui (24, AU) was grappling with the implications of identifying as non-binary in their gay community:

Tui: That’s the other thing about it too, like [having sex with] straight men and whether you identify as gay? Like, if you’re non-binary or genderfluid... Does that still make you gay? Because gay is men having sex with men... but if you’re non-binary...

Simon: So, do you still see yourself as a gay person? Do you still see yourself as part of the gay community?

Tui: Yeah, yeah I do... [But] that’s the confusing thing about it too, I don’t how that part works [being non-binary in the gay community] or where I sit with that.

The literature on non-binary people is scant but burgeoning. The majority of this work appears to be cursory and focuses on giving a presentation and description of non-binary as part of the trans cannon, analysing the health of non-binary people, and engaging in theoretical analyses

of the identity (e.g. Goldberg & Kuvalanka, 2018; Matsuno & Budge, 2017; Richards et al., 2016). The lacuna Tui described has been raised by some. Stewart (2017) raises how non-binary and genderqueer identities represent a ‘demilitarized zone’ in the gender continuum: these identities disrupt and break social structures which rely on gender like biological essentialism, heteronormative and patriarchal family structures, and capitalist-imperialism among others. This break creates a void for all people to explore in varying degrees, like engaging in drag, embracing trans identities, or simply experimenting with alternative expressions of gender. Because non-binary identities rupture traditional understandings of how gender and sexuality are constructed, they also have significant implications for how community relations are built, which I discuss further below.

Non-binary as a gender identity appears to have gained traction on social media platforms like Tumblr and Reddit and has become an idiosyncratic trait of the present generation. This trend of creating ‘hyper-specific labels’ has produced some tensions between older and younger queer folk, and many who utilise these labels have found them both liberating and confusing (Persson et al., 2020). Tui’s confusion over their position in the gay community speaks directly to this. As someone assigned male at birth who has sex with men, Tui ostensibly fits into the gay community. However, because they do not identify as a man, can they still be part of this community? What does it mean to identify with a community associated with men when you are not a man? How can this be reconciled?

Sam (20, NZ) had a similar struggle. As a queer trans-man, trying to find an accepting community in Dunedin proved to be especially difficult, and this had a number of personal consequences:

Sam: The way the Dunedin queer scene works, it's real hard to get into if you don't know anyone already. So like, I didn't really link up with [this queer support group] until the middle of last year, and [I've] only actually linked up with a trans-specific group a few months ago 'cause it's just real hard to find stuff... There's no kind of... centralisation or management, so you have to rely on loose networking to get a sense of who's doing stuff and that's just really tough.

Simon: And it becomes emotionally draining as well.

Sam: Yeah, I mean, even though it's a liberal town, it's still just hard to go out sometimes because you're very, very aware of the fact that other people don't see you right or make assumptions about you that aren't true... I'm a relatively homely person anyway, so... I'm not like heading out to clubs or bars or anything like that. It's partly just not really an interest, but it's also that I don't have any kind of interaction with that set of culture and it makes me a little bit sad because I would like to be able to, but because it wasn't a social area that I ever got used to and also being trans... Like, I have a friend who got punched in the middle of town for looking gay, like that's not a fuckin' safe area for me to be in. So yeah, it's kind of isolating. I'm really grateful I've got flatmates like this, and there's this queer support group, and now that I'm linked up with everyone it's like better, but you still do feel pretty alone.

In the wealth of literature on trans-masculine folk (e.g. Edelman & Zimman, 2014; Hansbury, 2005; Williams, Weinberg, & Rosenberger, 2013; Zitz, Burns, & Tacconelli, 2014), there is a glaring dearth of empirical research on how these individuals go about finding and establishing communities. In his ethnography of transgender communities in New York, Valentine (2007) observed a distinct absence of 'FTM and female-bodied masculine people' in the range of queer

spaces he visited. There is some tangential work on specific types of communities which are heavily populated by trans-masculine people like the BDSM and kink scene or lesbian/feminist communities (e.g. Bauer, 2008, 2014, 2018; Herbert, 2010; Nash, 2011; Weiss, 2007). This scarcity of research into trans-men's experiences of community may possibly stem from the fact that these communities may themselves be scarce and difficult to find, even for those in the know, as Sam describes.

In contrast to the lack of discussion around community, the sense of loneliness, isolation, and lack of safety in public Sam articulated has been well documented by others. Feinberg (1993) beautifully presents this experience in hir⁵⁶ classic semi-autobiographical novel, *Stone Butch Blues*, and how becoming a trans-man was so intimately bound up with pain and separation. A number of researchers have noted the sense of loneliness and isolation many trans-men feel growing up and/or when they begin the transition process (Atnas, Milton, & Archer, 2015; Hansbury, 2005; Rubin, 2003). Loneliness has even been identified as a quintessential part of the queer experience, being symptomatic of living in the margins and not fitting into heteronormative, neoliberal models of existing in the world (Carroll, 2013). It is evident that Sam's loneliness exists on a few levels: living in a city with a very hidden trans and queer population, being unable to feel safe in public spaces, and the ongoing emotional labour and personal responsibility of having to search for other trans and queer folk in Dunedin.

The way Sam, Tui, Karl, and Nishant pursued and troubled the boundaries and structure of their communities speaks directly to the *habitus* and the way personal identity is constructed through engaging with external social structures to create an internal sense of being (Bourdieu,

⁵⁶ One of many gender-neutral pronouns which were coined in the early-1990s to create space for gender non-conforming and trans identities (Wayne, 2005).

1993). There is a direct relationship to how these participants identified themselves, understood their own identity, and conceptualised their relationship to other queer and heteronormative people, which is a key aspect of the *habitus*. Bourdieu ([1972] 2013) describes how community membership not only has a determining influence on our personal style, the way we move through and experience the world, and how we interact with other people, it also sensitises us to how we understand the social structures around us. When my participants spoke about their relationship to the gay community, they described how this relationship informed the way they experienced their identity and the world, the values they placed on sexual identity, and the meanings associated with various social structures such as heteronormativity (as will be further demonstrated below).

These experiences from my participants are also emotional. Sam described the loneliness he felt not being able to find a community of transmasculine folk; Tui was confused and unsure about the implications of being non-binary and identifying with the gay community; Nishant and Karl both felt a sense of loss from seeing the disappearance of the gay community they had known and was being replaced by something more diffuse and ephemeral. Each of these people were asking: How do I make sense of the community around me? What is the community I want to be a part of? How does my relationship to these communities influence my experience of the world?

There are a range of different expressions of wild self-care and caring-maintenance here. Karl, Tui, and Nishant all exercised caring-maintenance by finding ways to live alongside their surrounding community, develop positive ways of existing in relation to others, understand themselves more deeply, and tend to their social surroundings. Sam's experiences are more complicated and are informed by emancipatory and protective self-care. In terms of

emancipatory self-care, Sam's search for a community is grounded in feeling connected to others, being freed from the isolation and loneliness which often comes with queer identities, and having close friends to engage with. The happiness he described in finally having some accepting and caring flatmates as well as a good support group is evidence of this emancipatory potential because this support makes his life tenable again. However, the emotional and personal labour involved in seeking out these communities is significant and cumulative. The way Sam avoided going out at night, self-isolated, and stayed at home to avoid physical violence has elements of protective self-care, though this is complicated and circumscribed by the intense isolation and loneliness he is managing. This is another example of the tensions and unexpected troubles that wild self-care practices can create.

Problematic Identity Politics

In addition to troubling community boundaries and responding to a lack of community, some participants spoke about how they viewed the politics and dynamics of the gay community as oppressive and problematic. James (60, NZ) and Nishant (49, NZ) both described how they had seen a proliferation of what they considered excessive and meaningless sexualities:

James: Like, in my day it was just gay guys and there would be a few lesbians. Now, bloody hell, you've got transgender, lesbian, gay, well you know who they all are... LGBT. I mean we just had gays.

Simon: Do you still see yourself as part of the same community as you did in the old days?

James: When we're talking about the gay community, yes... but if you're looking at the whole community... I mean, there was a guy I was talking to a few weeks ago and he then said to me that, 'Oh I was actually born a girl' and I said 'Well you're cute

looking now!' (Both laugh) But yes, we never had that. You were a guy and you were gay and that was that. Now you've got all these other additional things.

Nishant: All these new terms are fuckin' coming up and I'm like you know... In my day it was gay, straight and bi and we always used to laugh at the bi's, it's just bullshit because you're really gay, just accept it.

While there is literature demonstrating the growing generational divide between younger and older gay men and the negative impact this is having on older folks, there appears to be no literature on how these older men understand and experience the recent growth of new sexual identity labels. The literature on this emerging practice of adopting niche identities demonstrates that these identities are most prevalent among people under 30, are intimately linked with online communities, and appear to be part of young people's identity development process (Cover, 2019; Galupo, Davis, Gryniewicz, & Mitchell, 2014; Galupo, Mitchell, & Davis, 2015; Greaves et al., 2017; Paasonen & Spišák, 2018). Some have suggested that many contemporary teenagers could be considered 'post-gay' because they are using a system of identity which moves past the previous spectrum of straight, gay, lesbian, and bisexual (Russell, Clarke, & Clary, 2009). It appears that this drive towards highly-specific neo-identities is grounded in the pursuit of free personal expression and the desire to articulate a more nuanced understanding of how sexuality and gender is experienced in the world (Belous & Bauman, 2017; Lapointe, 2017; Morandini, Blaszczyński, & Dar-Nimro, 2017).

Trent (57, NZ) was also critical of the identity politics and prevalent values of younger gay men and the current dynamics his surrounding community. He described how the gay

community is ‘going back into the closet’ and the political gains from the past 40–50 years are beginning to come undone:

Trent: I haven't been able to engage with the 'out' gay community [where I live] at all, apart from, you know, just a handful of guys.

Simon: Mmm. You mentioned a lot of closeted men come [to the sauna]...

Trent: Most of them are married guys... and the vast majority of them are pretty deep in the closet.

Simon: Has that changed the way that you see yourself in the community?

Trent: It's frustrated me and, you know, I'm at the point of divorcing myself from the whole thing to be honest... I'm just really disappointed. I grew up in the '70s, at the time of law reform in Australia. I've never been closeted; it's never been an issue for me at all and I expect by this time in the early 21st century that people would be over [queer shame and homophobia]. You know? It's [been] 30 years and the young ones that I see here [at the sauna] are no better than the old ones and I don't think the internet's going to improve that. If anything, I see [the community] going back into the closet.

In her seminal text on ‘the closet’, Sedgwick (1990) describes how the false binaries of homo/hetero or in/out of the closet are the product of a complex set of historically-situated power structures related to gender, the state, medico-legal institutions, knowledge systems, and religion. Alongside Butler (1993b), Sedgwick suggests that ‘closeted-ness’ is just as performative as ‘coming out’, with one being enacted through strategic silence and the other through speech. Additionally, she argues that coming out is an ongoing process rather than a

singular event because of heteronormative society's need to re-inscribe the normativity and naturalness of heterosexuality.

There are many parallels between Sedgwick's theory and the *habitus*. Both of these approaches emphasise how social structures construct identity and influence the way they are embodied. In this case, it is heteronormativity's enforced categorisation of different identities as 'normal' or 'Other' and the way individuals embody and negotiate 'the closet'. The *habitus* also describes how individuals interact with the values and meanings associated with different identities. Sedgwick picks up on this by articulating the way queer individuals are forced to grapple with the shame and continual announcement or silencing of their identity because of these heteronormative power structures.

It is clear that Trent does view closeted-ness as a somewhat fluid process, though it is framed in binary terms. For him, the closet is a site of shame and queer people are personally responsible for overcoming this shame. To not 'come out' is seemingly an act of cowardice, and part of being a 'good' gay man for Trent is helping others to come out. He described the sense of beleaguered frustration when he fails to do this:

Trent: I'd like to intervene very much but the best intervention I can do is to just be out and proud. Be visible... Especially with the young ones... 30 odd years after bill reform⁵⁷, it shouldn't still be so difficult. They have to have the courage in themselves... I don't know how you generate that courage or [if] it's something you're born with, I've always had it... We all have our weaknesses but this

⁵⁷ In 1986, New Zealand passed the Homosexual Law Reform Bill which decriminalised sexual relations between men 16 years and older.

particular one is my strength and I get frustrated seeing the lack of strength in other people, I don't know how I could encourage it in them. That's a challenge.

Simon: Yeah and I think it's something that as a community, we need to be quite vocal about it and quite supportive about because coming out [can be] really hard.

Trent: Yeah, it shouldn't be.

Simon: Yeah it shouldn't be but it [often] is.

Trent: For some of us it never was... I suspect [the strength to come out is] something you're born with, you're a natural rebel and perhaps it's just coincidental that you're also gay.

This essentialised view of gay pride is grounded in the discourses of the closet which Sedgwick problematises (in/out, homo/hetero, passive and shameful/active and proud) and demonstrates why Trent is 'at the point of divorcing [him]self' from the community he sees around him. Evidently, this is an emotionally charged area for Trent and a source of tension. He is seeking to help his community as best he can but feels limited in what he can do and constrained by the politics and social dynamics which surround him. Sam (20, NZ) also had some political issues with the gay community:

I definitely see myself as a queer man, but in terms of the gay community broadly, it really just doesn't feel like the [right] space because there's like so much like physically-based misogyny that comes into play. It's just like, 'Ew, vaginas' and it's like, 'Stop! Some of us can't help it!' There's a lot of stuff within the gay community about, like cis-masculinity I guess, about being able to be a part of hegemony by being masculine... So, when you're a trans-man, that just becomes really hard to relate to because it's just like 'Ok, is this masculinity based in

misogyny and violence and domination? Because that's not a form of masculinity that I can relate to', and I know that there's a lot of troubling within the gay community of that form of masculinity, but it still exists and it's still accepted. So, it's like, even if I was seen as a man, I would still be expecting to perform this particular kind of masculinity in order to be accepted and I'm not comfortable doing that.

While there has been considerable research into how trans-men embody masculinity, this work tends to focus on context-specific types of masculinity like rural/metropolitan masculinities (Abelson, 2016, 2019), masculinity in the workplace (Schilt, 2006), BDSM masculinity (Bauer, 2016), or the theoretical implications trans-masculinity has for understandings of gender (Aboim, 2016; Gottzén & Straube, 2016; Noble, 2004; Peetoom, 2009; Wickman, 2003). The issue Sam is contending with here is how to adopt and negotiate a form of masculinity that feels attractive and politically sound as well as socially acceptable. Sam is pursuing an ethical masculinity:

I try and sit within a really counter-hegemonic masculinity based on like trying to love myself and love other people and lift them up and support them, and I feel like there's a lot of kind of feminine-coded aspects to that... I think it's a really common queer trans-masculine experience that you have to find a workable form of counter-hegemonic masculinity or die. Like, because if you're straight and trans, you've got that straightness to hang on to. Like, it makes you more socially acceptable... [Adopting] hegemonic masculinity is just completely off the table, [but leaves the question of] how do I make [masculinity] into an identity that I can embody and not be a villain, not be evil?

It's like, a lot of the assumptions around being a man is being sexist to get by or to be accepted. There are transmen who do that, they just fall into like the absolute like cis-bro-shit-head stereotype because they're so scared... Because it's like, 'Ok, what is the easiest way for me to be safe?' [It's] to fall into this kind of violent masculinity. I think it should be possible to be a man without having [a masculinity] based in violence and dominance and control. But again, that requires active theorisation in order to achieve because [hegemonic masculinity] is just like, 'No, you must not have feelings, and like contact sports, and get drunk and angry'.

In his study on the trans-masculine experience, Rubin (2003) describes how his participants emphatically sought out a masculinity divorced from male privilege. This is to say that they desired to be recognized as a man without pursuing the social and political power that masculinity and maleness can bring. This finding is echoed by Green (2005) who outlines the awareness trans-men have around the power and privilege that masculinity confers as well as the risks of masculinity, including the violence men inflict upon other men that Sam refers to. This accrual of social power from adopting masculinity is most clearly presented in Kłonkowska's (2018, pg. 215) exploration of trans-men in Poland: 'with the privileged position of masculinity in a patriarchal Polish society... transitioning from female to male is perceived as a social elevation, akin to aspiring to a better social position'. Stone & Shapiro (2017) demonstrate how queer trans-men sometimes rely on the gay community for validation in their self-exploration and performance of masculinity, and this transition into the gay community can often feel daunting as a result (Rowniak, Chesla, Rose, & Holzemer, 2011).

Sam is negotiating a few issues: how to adopt a form of masculinity which is not based on misogyny, dominance, or the ostracising of others, combating gynophobia and body-based

misogyny in gay male spaces, and finding a section of the gay community which welcomes him as a queer trans-man. He is navigating the balance between social structures and personal expression or agency, something which speaks directly to Bourdieu's *habitus*. The way individuals adopt certain behaviours, style their body, embody social roles, and exist in the world is a major aspect of the *habitus*; it is a theory that articulates how people negotiate, balance, and embody the social structures around them (Bourdieu, 2002). Trent, Nishant, and James all described how their relationships with the gay community have created significant shifts in the ways they related to other people and understood their own identity. Additionally, Sam's pursuit of an ethical masculinity, one that does not depend upon aggression or the oppression of others, is in line with Bourdieu's ([1998] 2001) theorisation of male/masculine domination as a type of violence that seeks to have control over social life.

Wild self-care practices are not only about the communal nature of self-care, these practices can also be acts of resistance and caring for oneself by undoing systems of oppression. I suggest that Trent's rejection of the gay community can be considered an expression of protective and emancipatory self-care. For him, the gay community is predominantly comprised of unhealthy individuals who engage in problematic forms of drug use (as seen in Chapter 6) and dangerous sex practices (as seen in Chapter 4), so the act of distancing himself from these people is arguably a form of protective self-care. Despite his critiques, Trent evidently feels a strong connection to his surrounding gay community because of the duty of care he feels towards other gay men and his ongoing attempts to 'intervene' and inspire younger gay men to have the 'strength' and 'courage' to come out 'visibly'. This pursuit is essentially grounded in improving his community to a state where he feels proud to be a member, which can be read as an expression of emancipatory self-care: he is emancipating himself by emancipating his community.

Trent's description, alongside James and Nishant's, is an explicit form of caring-maintenance. These men were asking questions like: How do I care for myself and my community? What does it mean to be part of a community I no longer recognise? How does my relationship with my community change the way I see myself and the way I tend to my own needs? While they may have been critical of the current identity politics in the gay community, James, Trent, and Nishant evidently felt some sense of community and connection to other gay men, but these relationships were unclear and a point of tension. Sam's experience in this section was also an expression of caring-maintenance. He was negotiating how to have an ethical masculinity and find a place in his local gay community, both of which were grounded in finding a desirable and manageable way of living as a trans-man. Like Trent, Sam's rejection and critiquing of the gay community has elements of protective self-care because it was based around protecting his emotional well-being and shielding himself from misogynistic, gynophobic, and/or transphobic social dynamics. This was quite a limited form of self-care though.

Activism and Care

Protest, activism, and the pursuit for social change are significant aspects of the gay community and its history. Many of my participants spoke about how they attended pride marches, engaged in various forms of activism, and pursued and enacted social change in a number of personal ways. In late 2017, the Australian government held a postal vote to decide on the legal recognition of same-sex marriage. While it was a 'win' for queer people, the vitriol, discrimination, violence, re-enforced stigma, and pervasive anti-queer sentiments which arose from the debate caused significant harm to this group (Ecker, Rostosky, Riggle, Riley, & Byrnes, 2019). Tui and Gregory both spoke about their experience of the same-sex marriage debate. Gregory (38, AU) described his role as an organiser for the 'Yes' campaign, what it

was like working on the ground in that capacity, and how team members looked after each other:

A lot of people that volunteered for our campaign [who] came along to do phone calling, it was really quite traumatic for some of them, not expecting that they would get that level of abuse directed at them. I know a number of people who came along to do phone banking, who made like a few phone calls [and] just went 'I just can't do this anymore', and that's fine, you know, we're not wanting anyone to do anything that makes them feel shit...

In terms of the support that the campaign provided, we encouraged people to always have phone calling parties so you were never just sitting alone in your home making phone calls, you were always with other people around you, and we had connections to support services that we refer people to if need be. But I actually think that what was really lovely about us, and what came out of some of the nastiness, was that people really did support one another throughout the process. People were checking in with one another and I think, overall as a community, as shitty as it was, we came together.

Research on the same-sex marriage debate demonstrates how deeply the queer community was affected by this plebiscite. All the empirical work on queer people's experience of the debate describe the dramatic increase in reports of poor mental health, suicidality, intense psychological distress, fractures with personal relationships, and a prevalent sense of distrust and betrayal by the church and state (Copland, 2018; Ecker, Riggle, Rostosky, & Byrnes, 2019; Ecker, Rostosky et al., 2019; Verrelli, White, Harvey, & Pulciani, 2019). There has been some

exploration of how active participation in the campaign and campaign marketing affected individuals, such as the impact of constantly seeing ‘No’ campaign material in public spaces. This research demonstrates that this group reported an increase in psychological distress, experiences of discrimination, feelings of isolation and ostracization, and the dissolution of relationships (Bartos, Noon, & Frost, 2020; Chonody, Mattiske, Godinez, Webb, & Jensen, 2020).

Gregory described how campaign volunteers and the queer community as a whole came together during the debate. The research on the same-sex marriage debate does not reference similar experiences in much detail, if at all, suggesting that it could be a novel finding. There are a few references to the way community cohesion, personal support, togetherness, and the creation of new queer allies seemed to increase for some people during this period, but this appears to be the extent of it (Chonody et al, 2020; Verrelli et al., 2019). In addition to the emotional stress of the debate itself, Gregory also articulated the burnout that comes with doing political activism:

On one level, it's almost [a] sort of exhaustion that we've reached [at] this particular point, and the thought now of having to keep on going is... Like, this had been the end goal for so many people for the last ten years, and so it is now hard to have reached this [and] to go 'Ok, what's next?' You know, just psychologically, that's hard.

Gregory is not alone. Burnout among human rights and social justice activists has been well-documented. The highly emotional nature of attending protests, constantly responding to expressions of discrimination and oppression, committing significant portions of time outside

of income-related work to activism-related work, and the prevalent ‘culture of martyrdom’ (Chen & Gorski, 2015; Gorski & Chen, 2015) in activist communities can quickly become exhausting and overwhelming for individuals (Brown & Pickerill, 2009; Gorski, 2019a; Pines, 1994). Furthermore, because individuals from marginalised communities tend to be more involved in political activism (Gray & Desmarais, 2014; Swank & Fahs, 2017), the emotional toll of this work can intersect with and exacerbate other issues prevalent in these groups like poor mental health, effects of systemic oppression, violence, and social isolation (Gorski, 2019a, 2019b; Vaccaro & Mena, 2011).

While activism can lead to burnout, it can also be an energising and exciting pursuit. Tui (24, AU) spoke about the joy and inspiration that came from celebrating the decision of the same-sex marriage debate and recalled that political activism, especially participating in Pride or Invasion Day⁵⁸ marches, was a means to explore what it means to be queer and Māori in Australia:

Tui: Because I have quite a lot of queer friends and we're really uplifting and... we wanna be out and celebrate and do anything we can together, so it was like very powerful for us actually [to be part of the same-sex marriage celebrations]. It just felt overwhelming and it was great to be all together and celebrating, so we really enjoyed it, yeah. We do a rally for Invasion Day and stuff like that. We've been doing that for the last 3 years... I sort of want to join the Sisters of Perpetual

⁵⁸ Also called ‘Amnesia Day’ and ‘Survival Day’, Invasion Day protests take place on January 26 (‘Australia Day’) to mark the violence and denial of rights Indigenous Australians have suffered and continue to suffer due to colonisation. The protest originated in 1938 as ‘Day of Mourning’ and has been carried out annually since (Calma, 2015; Liddle, 2017, 2020; Rowse, 2000).

*Indulgence*⁵⁹... They're more, I think visually... out there? Expressing self-esteem and stuff like that, that's what I like about it.

Simon: What do you march for in the Invasion Day march?

Tui: I march for... I wanna show pride, a sense of pride, and that from another land, I have a lot of pride in myself and I want younger or Aboriginal people to understand that they should have so much pride and be out here just as much as me. That's what I want to be out there for. [Indigenous people] should be proud to be who they are and have such a rich culture.

Pride marches have become symbolic of queer liberation, social change, freedom of expression, resistance to systemic oppression and social exclusion, and the validation of alternative sexualities (Peterson, Wahlström, & Wennerhag, 2018a). They have also been critiqued as having become normalised, exploited by corporations for financial gain, dominated by young, white, middle-class, educated, gay men, and a space where the police and military are aligned as queer-friendly (Blum, 2019; Peterson, Wahlström, & Wennerhag, 2018a, 2018b). Research into why people attend pride marches and what they desire from the experience tends to show that using queer visibility to enact social change, celebrating identity and community, boosting self-worth, and engaging with other queer people are the primary reasons, all of which can be seen in Tui's description above (Browne, 2007; Bruce, 2013; Irvine & Irvine, 2017; McClendon, 2014; Peterson, Wahlström, & Wennerhag, 2018a). Some queer folk describe how they feel an obligation to go to pride parades or engage in activist work (Peterson, Wahlström, & Wennerhag, 2018b). Andrew (56, NZ) demonstrates this below:

⁵⁹ The Sisters of Perpetual Indulgence are a queer activist group based in San Francisco who are known for their drag-style nuns' habits and performances at Pride parades. Established in 1979, this group raises awareness and money for various human rights issues, protection of free expression of identity, and HIV/AIDS prevention (Glenn, 2007).

Simon: What do you get out of [doing activist work]?

Andrew: The word that immediately comes to mind is 'obligation'. My mother who is [also an] activist always said to me from a very early age, 'Don't moan about it if you're not prepared to do something about it.' So, I do a lot of moaning and acting about it.

Simon: Did [it feel like] an [emotional] outlet when you were [younger and] doing your activism [work]?

Andrew: Probably yeah, yeah. The collectives, and working out individual strengths, weaknesses, and responsibilities, and so forth, yeah.

Simon: Has [the sense of community with other activists] continued on as you've grown older?

Andrew: Probably not in the same way. I think to some degree, that strength and resilience [from doing activist work] becomes a quality of yourself... It just gives you more self-reliance... I don't know how to describe it, but it is a really wonderful feeling when you sit down and think [about how long you've known people from that community] and it is in the decades.

Andrew's experience is in line with the research looking into the intersection of activism and resilience among queer people. This literature demonstrates that engaging in activism increases community cohesion and connectivity, instills a greater sense of agency, improves quality of life, creates a sense of personal pride, and fosters a sense of empowerment and hope for the future (Grundy & Smith, 2007; Meyer, 2012; Nynäs & Lassander, 2015; Russell & Bohan, 2016; Singh, Hays, & Watson, 2011). Some researchers have even identified activism's therapeutic potential to aid struggling queer folk to find ways of managing mental health and create viable ways of living in an inhospitable world (Breslow et al., 2015; Raj, 2007; Singh,

Hays, & Watson, 2011). There is obviously a tension between Andrew's experience and Gregory's, suggesting there is a tipping point between activism as constructive, therapeutic, and connecting, and activism as a source of exhaustion and injury.

Erotic Political Action

Andrew and Tui both engaged in very visible and public forms of activism including marches, demonstrations, and street-based action. James and Isaac, on the other hand, took a more private approach to their activist work. Both men described how they sought to improve the well-being of the wider community by offering assistance to individuals and helping people in more intimate ways. James (60, NZ) spoke about his time living in Sydney during the 1980s where he took care of the local sex workers:

James: Over the years, I've had sex with more straight guys than I've had with gay guys.

Even up [in Kings Cross, Sydney], those boys, most of them are straight but they needed money... So they knew that they were good looking, they knew that the gay community would love to take them on and take them away, and one of the things was we might meet at the park and we'd go and have... sandwiches and coffee, and then we'd go back to my place and we'd have a joint and they'd be happy.

Simon: What did you like about [paying for sex]? Was it easier or...

James: Yes. They knew what they were getting if they did this... and that was fine, you know, it was a contract. I was happy... And the thing is, Henry, one of the prostitutes up there said, he said, 'You've got a good reputation because you always look after others first, you don't just brush us off to the churchyard like a lot of guys do.'

Simon: Did you become quite close with some of the workers?

James: Yeah, especially Henry and his girlfriend, and she knew he was going off with me but as she said, 'I'd rather him go off with you than with some of the people I've seen him going off with' and she said, 'I've really been worried about some of the guys that he's been going off with... from a security point of view'. A couple of times, [clients would] have sex with him and then they'll bash him up.

In this description, James appears to be suggesting that the care and generosity he offered to street-based sex workers is proximate to how any other openly gay man would treat a sex worker, and that the gay community in general readily welcomes outsiders and those struggling with hardship. It is also apparent he had a substantial relationship with these sex workers which went beyond financial exchange. James was not just caring for them; he was caring for their partners and welcoming them into his community.

There is a paucity of recent literature on gay sex work, particularly in relation to offline forms of sex work and gay men's experience or motivations for hiring a sex worker. The research that has been done demonstrates that male sex workers are unique in that they tend to provide services to women, gay men, and heterosexual men (Minichiello, Scott, & Callander, 2013). It also shows that paying for and/or being paid for sex is quite common among gay and bisexual men (Koken, Parsons, Severino, & Bimbi, 2005; Prestage, Jin, Bavinton, & Hurley, 2014). However, the sex work James is describing here is more accurately known as 'survival sex' or 'gay for pay' (Minichiello, Scott, & Callander, 2013).

There is a substantial literature on homeless youth (queer or otherwise) who engage in survival sex, the unique issues and dangers they face, the range of factors which produce the need for youth to begin survival sex, and the ways they navigate this experience (Dank et al., 2015;

Lankenau, Clatts, Welle, Goldsamt, & Gwadz, 2005). While the existing literature offers some references to client demographics, there is very little written about individuals who pay people engaging in survival sex. Leary & Minichiello's (2007) Sydney-based study on the interpersonal relationships between male street-based sex workers and their clients demonstrates the lack of empathy and care shown to these men, the physical violence they are at constant risk of, and the extreme conditions they have to manage. This literature speaks directly to James's experience and underscores the exceptional way he approached the sex workers he hired: he provided them with an income, a safe space, food, and kindness.

Bourdieu discusses how expressions of social inequality are naturalised and embodied by individuals in mundane ways through a process he calls 'symbolic violence'. This system describes the fields of power associated with different social groups and 'the political struggle... for the right to say what is right, true, good, and to define all so-called universal values, where a reference to what is universally just can be the most important weapon' (Bourdieu, [1994] 1998, pg. 143). Symbolic violence is more than the dynamics of social domination and subordination, it is a system of pedagogy where individuals are 'taught' they have a certain authority over specific others (Bourdieu & Passeron, [1977] 1990). The cultural connotations surrounding this authority presents it as 'natural' and legitimate despite being arbitrary and imaginary (Bourdieu, 1991).

This system of symbolic violence can be seen in James's experience with sex workers. These individuals are treated by some as lesser-beings because of their work and are constantly dealing with the violence of others who believe themselves to be 'better' people. James is going to lengths to support these (survival) sex workers and mitigate some of the symbolic violence they experience by welcoming them into the gay community. By creating a sense of equality

and equity, James is not only preventing further symbolic violence from occurring, he is helping to repair the damage this violence has inflicted.

Building on this, James (60, NZ) also spoke about how he tries to be a role model for younger gay men, teach them the importance of condoms/safer sex practices, and offer pieces of wisdom as someone who had lived through the AIDS crisis and a time when homosexuality was criminalised:

James: Somebody's got to teach the young kids what's right and what's wrong and they're not getting that. When I was younger, we were told by our elders what was right and what was wrong and you knew. Why isn't that happening now? The reason why it's not happening now is because people are too busy. They can see the young people not doing [safer sex] right but they don't do anything to [correct] it. Whereas I'll just go up to them and say 'Excuse me, condoms.'

Simon: By giving people advice and being that role model, does it help to solidify your place in the community?

James: Yeah. You know, everybody's got a role in the community whether you like it or not. I mean, some people look at me and they just see ogre, stay away. But what they aren't seeing is the information I can give them so they can better their lives.

In the literature on the generational gap within the gay community, there does not appear to be any reference to older gay men teaching safer sex practices to younger men in a hook-up context. However, there are numerous descriptions of older gay men trying to support younger men by handing down knowledge and experiences, providing advice on relationships, and offering guidance on how to lead a positive gay life (Fox, 2007; Goltz, 2014; Russell & Bohan,

2016). Like James described, many older gay men sometimes feel invisible, overlooked, and worthless when they interact with younger men, and this can often be a major point of tension between these two groups (Tester & Wright, 2017). Putting the experiences of James, Trent, and Nishant's together alongside this literature, it is clear that some older gay men have the desire to help their community but feel unable to. For James, this was because he felt rejected by younger men, and for Trent and Nishant it was because they no longer recognised or related to the community around them.

Conversely, Isaac spoke about the deep connection he has with his community, how this has developed over the years, and the way he turned his sauna into a community centre (which is also touched upon in Chapter 4):

I had some [money] and I thought, 'Instead of sitting in my house, I'm gonna sell everything I've got and open up a sauna', and I wanted one that was super friendly for everybody, didn't matter how old they were or how fat they were or what nationality they were. I wanted everyone to be welcome, and I didn't want people feeling bad about going to a sex venue. And that was why I did it...

I love the fact that it's a lot more than a sex venue. I love it that we have people, [who] people live [at the sauna because] they don't feel safe outside and they feel safe inside the sauna. They leave at 6 o'clock in the morning, they come back at 10 in the morning, they don't have an address. I love that they have somewhere to go. I love the people that have mentally health issues [who] can safely feel comfortable in [the sauna] without getting harassed, and I love that people aren't judged... I like that we don't have any attitude. I like that everybody from every nationality

feels that they can come in and meet someone who's like-minded. I'm really happy that we have a safe place for [young people] to meet so that people [don't] get hurt and stuff when they bring people back to their house... If you meet at a sauna, it's a really safe place to meet, and if you don't like each other, it's so easy just to [leave].

There does not appear to be any literature on gay saunas that approaches these places as community centres or spaces for helping others. The research on Australian gay men's experience of gay saunas tends to focus exclusively on the types of behaviours which occur in these places, how men interact with each other, or the sorts of people who attend saunas. Additionally, the multifaceted nature of these spaces and the various ways individuals engage the affordances of saunas has been acknowledged by a few (Bérubé, 2003; Hammers, 2008, 2009; Prior & Cusack, 2008, 2009). Gay saunas are more than spaces to have sex: they are spaces for people to connect with their community, feel safe, and freely express themselves without fear of violence. Isaac has extended this and created a radically inclusive sauna that provides shelter to those who might otherwise be homeless and offer support to all marginalised folk. How might this relate to the *habitus*?

Bourdieu ([1980] 1990a, pg. 54) emphasises the cyclical and relational nature of the *habitus*: 'the structures characterizing a determinate class of conditions of existence produce the structures of the *habitus*, which in their turn are the basis of the perception and appreciation of all subsequent experiences. The *habitus*, a product of history, produces individual and collective practices – more history – in accordance with the schemes generated by history.' This is to say that the *habitus* is more than a theory about how we shape and are shaped by society. It also describes the temporality of culture, the way society shifts over time, and how

experiences continue to affect us for years and years. The *habitus* explores how history is produced, the way social progress is measured, and how historically situated structures create certain forms of understanding.

These aspects of *habitus* can be seen in Isaac, James, Tui, Andrew, and Gregory's experiences. Each of these participants described the relationship between the current political climate, unacceptable and discriminatory social structures, and the desire to change them. They also emphasised the way their own experiences informed how they went about undoing these systems of oppression. These men were questioning how they could shift their surrounding social structures by moving differently in the world, addressing certain issues directly, and embodying change as a way of effecting it.

Gregory's experience provides a good example of the tensions and conflicts that enacting social change produces and the personal impact this can have. It also demonstrates the exhaustion which some individuals face when looking at the progress queer people have made and the progress that still needs to be achieved. By attending Invasion Day and Pride Parade marches, Tui engaged in the political history and social significance of these demonstrations, contributed their own experiences, and made themselves visible to utilise these meanings to create change. James demonstrates how sense of community and community relations shift over time and the impact this can have on personal identity, the way social and political priorities are organised, and how personal approaches to activism evolve. Like Tui and Gregory, Isaac was seeking to create positive social change by developing and providing a space for emancipated ways of living to occur. All these expressions of wild self-care demonstrate how the *habitus* functions in this setting: the attempt to change large, systemic issues by engaging in personal forms of

activism shows how chasing these political goals has an influence on the way identity is experienced and presented.

As described earlier, wild self-care can be practiced by actively working to dismantle structures of oppression and resisting forces of marginalisation. This was a feature of this section through the emancipatory self-care my participants exercised alongside a range of caring-maintenance practices. I read Tui and Andrew's experiences as expressions of emancipatory self-care. By going to these demonstrations, Tui was pursuing Indigenous sovereignty, the right to self-determination (Land, 2007; Ardill, 2013), and a freer expression of queer identity. Andrew's approach to political activism was a form of self-improvement grounded in becoming more self-reliant and developing a stronger and more nourishing community. There are also some aspects of therapeutic self-care in Andrew's pursuit to become a more resilient person who is able to better manage life's difficulties. The way James, Gregory, and Isaac enacted political activism are closer to the concept of caring-maintenance. While they all desired an emancipated future and were going to various lengths to achieve this, they also tended to their surrounding community, offered care to those who needed it, and tried to create a better future by being a good person to others.

Conclusion

What does it mean to be part of a community? How does one go about caring for other members of the community? What are the boundaries of a community and who governs these boundaries? These were some of the questions my participants faced. These people were exploring how their own identity related to their surrounding community and how this relationship influenced the way they experienced their identity. They were seeking to care for themselves by caring for others and dismantling systems of marginalisation.

The majority of experiences in this chapter are not overly positive. Indeed, for many of my participants, being part of a gay community was not a straightforward or easy process. Some no longer felt welcome or accepted, others were critical of the community's prevailing politics, and some participants troubled the entire concept of '*the gay community*'. These participants spoke about how this fraught relationship created a host of other tensions, like feeling unable to engage with other gay men or experiencing further forms of marginalisation and stigma. Despite this, these participants among others also spoke about the efforts they made to improve their community and care for other members because they felt some kind of obligation or duty.

Exploring community relations and identity involves articulating the tensions between individuals and groups and describing the way individuals shape and resist social structures. It is about how social structures contribute to the way we see ourselves and move through the world. The *habitus* offers an excellent framework to achieve this, and my participants' experiences demonstrate how this sometimes obscure and vague theory works in 'the real world'. Their stories show how their identity is shaped by community ideals and social systems, how they sought to change problematic structures in order to create a better world, and how the dynamic influences their work on their own identity.

There is a lot of care in the experiences presented here. Even when my participants disliked or disagreed with their community, there were elements of care for others and/or descriptions of self-care. Sometimes this was more veiled, like in Trent's case, and other times it was quite explicit, like Isaac's sauna project or Gregory's time in the 'Yes' campaign. In each of these instances, these participants were striving to care for other members of their community and themselves. This chapter has demonstrated how caring for others, rejecting a community, and creating social change can all be forms of wild self-care.

As described earlier, wild self-care is not just about caring for the body in transgressive, alternative, or creative ways. It is about pulling apart forms of social injustice, working to eliminate systematic marginalisation, and acknowledging how other people populate our self-care practices. These wild expressions of self-care explore how caring for others can be a way of caring for ourselves and focus on the emotional nature of self-care. Wild self-care resists neoliberal definitions of self-care which individualise these practices and insist on overcoming adversity to the detriment of others. My participants enacted this type of wild self-care by engaging in political activism, offering meaningful support to survival sex workers, and creating a gay sauna that functions as a radically inclusive community centre. Wild self-care can be enacted by developing a strong and nurturing community around you and helping others to embrace their sexuality and gender identity. It is an act of wild self-care to remove yourself from a community and create distance from people you view as problematic.

Conclusion

All things are delicately interconnected.

- Jenny Holzer

Self-care is a complicated practice. It is loaded with values, can be emotionally fraught, sometimes involves wounded bodies and minds, and lacks any specific form. Scholars are also acknowledging how vital and increasingly important this practice is (Edelman, 2020; Hobart & Kneese, 2020; Puig de la Bellacasa, 2017). Self-care has been a major topic of discussion in recent months (as of June, 2020) regarding COVID-19, Black Lives Matter protests, and what might be the best ways to care for ourselves and others in periods of intense social upheaval. Care in the time of coronavirus has often taken the form of self-isolation, social distancing, avoiding touch, retreating to the home away from others, and covering the face and body in protective wear. Conversely, the self-care of the current Black Lives Matter movement looks like fighting for social equality on the street, coming together to develop community-based solutions for systemic problems, and calling for the dissolution of state-based violence. Both of these approaches can be considered forms of wild self-care because they enact care in potentially fraught, unexpected, radical, or counter-intuitive ways.

I developed the concept of wild self-care to describe how my participants pursued well-being by engaging in 'risky' or 'unhealthy' practices. Wild self-care resists any one particular shape or form and is grounded in the pursuit of well-being and agency. These practices can centre on dismantling norms and systemic injustices, and can blur boundaries of identity and the social

structures of our lives. This approach demonstrates how health and risk are personal constructions and articulates the dynamic and emotional nature of self-care. Wild self-care also outlines how these practices respond to, and work with, the feeling body. To exercise wild self-care is to care for the mind and body in ways that may appear irrational or dangerous to others.

My participants enacted a wide variety of wild self-care practices, often in complicated and/or unsettling ways. Damien visited gay saunas to seek out new and adventurous types of sex with anonymous partners and used amyl to help ‘clear his head’ so he could try fisting. Justin attended orgies across Europe and embraced a sex-intense lifestyle in order to manage the trauma of being rejected from his religious community because he was queer. He also became a sex worker to address his high sex drive and financially support his student lifestyle. Ali and Jason spoke about their desire for sex in public and the emancipatory potential of these erotic encounters. Gregory, Jason, and Ali all described the therapeutic potential of immersive drug use, how emancipatory and therapeutic chemsex can be, and the way drug use during a period of dependency can be a form of care. James hired street-based sex workers as a form of political activism.

Troubling Health Problems

This thesis presents an alternative way of examining the adverse health outcomes many gay and queer men experience. Rather than merely exploring how and why some of these men engage in ‘risky’ practices that can negatively impact personal health, I suggest that gay and queer men often use these practices to pursue well-being and improve their health. In addition to troubling how public health constructs certain health-related practices like drug use or condomless sex, I want to critique conventional ideas of health using my concept of wild self-

care and health-as-process. My approach also seeks to problematise the biomedical model of health and conceptualise health in some new ways.

Health-as-process defines good health as something that is managed rather than achieved. It is embodied differently as we age, as our priorities in life shift, as we move into different kinds of work, and as our commitments increase and decrease. Health-as-process explores the way health is constructed in relation to others: How does my behaviour and being in the world influence others? How do they influence me? How does this relationship contribute to my experience of health? A processual approach to health acknowledges the way embodiments of good health shift as our bodies change and as we come to know our bodies more intimately. It also demonstrates how health can exist alongside chronic illness, disability, and debility. Felix's decision to forgo HIV treatment is an example of this.

The existing scholarly literature makes it clear that 'good' health and 'healthy' lifestyles align with specific bodies, identities, socio-economic groups, and ways of experiencing the world. Wild self-care focuses on personal experience, the significance of emotion, promotes an intersectional approach to identity and social reality, and describes health as a personally constructed, ongoing process. In contrast, public health stances often take a quantitative approach that tend to focus on single categories of identity and seek to engineer the health of a population in order to 'fix' health-related issues (e.g. targeted efforts to reduce the prevalence of tobacco use among Indigenous Australians (Bonevski et al., 2017; Harvey et al., 2002)). How might this disparity be resolved?

Wild self-care describes some of the limitations and tensions of public health, and articulates the ways health-related issues are more complicated than the public health literature suggests.

It is not enough to encourage gay and queer men to use condoms, take PrEP, and assume HIV-related issues will become a non-issue over time. A more comprehensive approach to gay and queer men's health is necessary. Borrowing from Gagnon ([2000] 2004), a wild self-care approach to public health suggests researchers might critically examine five aspects of a public health 'problem': 1) which conditions and practices are identified as health issues, 2) how these issues have been identified and why, 3) what are the proposed solutions, 4) what outcomes are they designed to achieve, and 5) who is identifying these 'problems' and developing this research. This critical method troubles how health problems are constructed, enables a deeper understanding of which demographics are being identified and why, and helps to expose the assumptions and values buried in proposed solutions. Adopting a wild self-care approach to researching gay and queer men's health will help prevent the further pathologisation of this group and create effective support strategies that address the core issues gay and queer men face.

Salient Themes

Along with health-as-process, the other main themes of this thesis are the emotional and personal nature of risk, the generational gap within gay communities, the significance of emotion, and the importance of social relations. Health-as-process manifested through the way my participants made health-related decisions and pursued well-being based on their personal relationships. It describes the dynamic way my participants experienced their body, the social meanings embedded in their health-related practices, and the surrounding emotional landscape. Using health-as-process to understand my participants' experiences also articulates the way they managed their health based on particular intimate relationships, and the values they associated with their body and health. Some good examples of health-as-process can be seen

in the way Ali used marijuana over other substances to manage his mental health or his decision to take PrEP and accept recurring STIs over HIV anxiety.

When my participants engaged in ‘risky’ health-related practices, they approached these complicated situations with understanding and knowing rather than entering into them with little regard to their well-being. When Jason spoke about the way he used trust as a safer sex method, he outlined the importance of using condoms and/or PrEP and why trust became his most common safer sex practice. Furthermore, my participants’ descriptions of these ‘risky’ practices demonstrate how risk is personally constructed and emotional in nature. As described above, it is problematic to assume that a certain practice is inherently risky, and my participants’ experiences explain why. Risk is grounded in our reflexive relationship to ourselves, our body, and how we experience the world in general. It is constructed in relation to the people who populate our life, the emotional landscape of a setting, and the social values associated with ‘risky’ practices. For Jason, the riskiest part of his substance use was not the physical effects of dependency, but the potential for him to lose his job and the ‘heat of the moment’. Similarly, when Jonathan went cruising in public toilets, the greatest risk he felt was being arrested and/or being ‘outed’ to his family and co-workers rather than becoming infected with a disease.

The generational gap within gay communities is salient throughout the entire thesis. For example, my older participants had greater difficulty using and relating to Grindr compared to younger participants. Many of these younger men described saunas in abject terms and associated them with ‘creeps and weirdos’ and older men who ‘go there because they can’t get anything else’. This generational divide can also be seen in the fraught differences between older and younger participants when it comes to PrEP and the move towards condomless sex

among younger men. It is clear this generational divide is significant, and while it has been noted by scholars in a variety of fields, the extent to which this schism affects members of the community has not been explored thoroughly enough. The findings of this thesis demonstrate that researchers need to investigate the impact of age-related attitudes upon the health outcomes of gay and queer men and the ways these attitudes influence social dynamics and community relations.

The role of emotion in self-care practices cannot be understated. When my participants described how they approached and enacted wild self-care, they did so by articulating the feelings which surrounded these practices, the emotionality of carrying out self-care, and how their self-care practices were motivated primarily by emotion. Often, self-care was enacted in response to certain emotions (e.g. feeling unwell, distraught, uncomfortable) in order to elicit other emotions (e.g. relief, well-being, agency, contentment). To argue that self-care is fundamentally emotional in nature is to argue that an individual's health-related decisions are based on feelings. It allows for an understanding of how our choices and actions are informed by the emotional body and acknowledging the role emotions play in constructing social reality.

As my participants' experiences demonstrate, wild self-care is a social and communal practice: it involves others, is produced in relation to others, and draws from the communities around us. In this way, wild self-care can look like exercising self-care with an intimate partner or working with the surrounding community to tear down forms of social marginalisation. Jonathan described how he prioritised the well-being of his wife when seeking out anonymous encounters with men, and Gregory, Nishant, and Justin all presented the way intimate others were bound up in their sexual self-care practices. Isaac practiced self-care by opening a

radically inclusive sauna that not only functioned as a refuge for those in need, it was also a political statement and a way of reducing the impact of systemic oppression on his community.

The Matrix of Care

There are three types of wild self-care described in this thesis: protective, therapeutic, and emancipatory. Protective self-care practices seek to protect the mind, body, emotions, and relationships from harm and/or to reduce further harm from occurring. Forms of therapeutic self-care aim to restore well-being by soothing and nurturing, and emancipatory self-care is grounded in creating new ways of living that feel vital and exciting. I also posit a separation between self-care and caring-maintenance. Self-care practices respond to something that has a negative impact upon our well-being and caring-maintenance signifies the work we must do in order to continue living a desirable life.

In the Introduction, I referenced a Matrix of Care that consists of two axes: Epistemologies of Care and Praxes of Care. The Epistemologies of Care (therapeutic, protective, emancipatory) describes the purpose of a self-care practice and the Praxes of Care outline the approach and methods used to achieve this. There are three Praxes of Care:

- Immersive
- Altruistic
- Emotional Management

Immersive self-care practices describe how we seek out intense, immersive, or consuming experiences in order to place distance between ourselves and a stress or trauma. Instead of denying its existence, immersive self-care articulates how we are actively monitoring this stress

and gradually addressing it over a longer period of time. Psychiatrists have described this approach as ‘cognitive escapism’ and frequently portray it as a maladaptive coping mechanism (Beasley, Thompson, & Davidson, 2003). The cognitive escape model suggests that individuals deny the existence of an overwhelming issue, and by ignoring it, the concern festers and becomes worse. Immersive self-care differs from the cognitive escape model by emphasising how individuals are actively engaging with the issue at hand and tending to it in abstract ways. It demonstrates how the issue is actually scrutinised rather than abandoned because they are going to lengths to create emotional distance and manage it over an extended period.

The ways Gregory, Trent, and Jason used substance are clear expressions of immersive self-care. Each of these participants sought to remove themselves from reality (in varying degrees) in order to gain a sense of respite and re-orientate themselves. Gregory and Trent described the therapeutic nature of using drugs to disengage from the world around them for a period of time, and Jason harnessed the immersive potential of meth and GHB to create some emotional reprieve from his difficult separation with Michael. Justin’s use of sex can also be understood as a form of immersive self-care. He used sex to create emotional distance from the trauma of being rejected by his church and losing his religious beliefs and identity.

Many of my participants spoke about the various ways they incorporated altruism into their life and the way helping others was a form of wild self-care. Some described a perceived obligation to help members of their community while others simply had the desire for a better world and pursued this through their political activism. In each instance, it was clear that engaging in altruism yielded many personal benefits that included feeling a sense of importance, respect, community connection, usefulness, and the satisfaction of improving the

lives of others and society⁶⁰. Practicing altruistic self-care and helping others were often ways that my participants gained insight into themselves, assessed their own values, and developed a deeper sense of meaning and worth in the world.

In Chapter 7 I showed that Isaac, James, and Gregory all practiced altruistic self-care by engaging in political activism and helping members of their community. Isaac created a gay sauna that also functioned as a radically inclusive community centre. He was enacting altruistic self-care by having a space that welcomed everyone, provided shelter to those in need, and offered unique and necessary services to the community. Similarly, the ways Gregory and James supported members of their community during difficult periods were directly linked to personal self-care practices.

Managing and processing emotions is one of the most commonly referenced forms of self-care in the literature. Foucault (1988) emphasises how the monitoring and tempering of emotions was considered fundamental to caring for the self, and neoliberal approaches to self-care privilege the ‘conquering’ of emotions in order to discipline the body and self (Cairns & Johnston, 2015; Thompson & Hirschman, 1995). When my participants spoke about emotional management, they described the various ways they stayed with their emotions to process and understand them. This was performed in a range of ways like going for long walks, taking drugs, exercising, having sex, talking about their problems, creating art, meditating, and singing or listening to music.

⁶⁰I acknowledge this is a contestable approach to altruism because my participants were not performing extraordinary acts of kindness (i.e. they were helping others in accordance with normative ideas of how to be a ‘good’ community member) and there were personal interests and gains involved in helping others (Batson, 2011; Scott & Seglow, 2007). Despite this, I argue that helping people for the sake of it is a form of altruism.

It could be argued that immersive self-care sits within this third category; however, emotional management differs from immersive self-care through its emphasis on directly working with emotions rather than engaging in practices designed to create emotional distance from a difficult or traumatic situation. For example, Nishant used Grindr to confront and manage his feelings of loneliness and Sam sought out an accepting community in order to abate his sense of isolation. Damien described how he would listen to music when he was feeling depressed and lean into these troubling emotions to feel less overwhelmed. Felix's decision to cease HIV treatment can also be considered a form of emotional management because he was confronting this difficult situation in order to reclaim a sense of agency.

This Matrix of Care begins to demonstrate the multilayered and complex nature of self-care. An act of emancipatory self-care can be performed in altruistic or immersive ways, and therapeutic self-care might be exercised through emotional management. There is an intrinsic indeterminacy to (wild) self-care; it tends to elude any rigid definition or structure and has a chimeric quality. My interpretations of my participants' wild self-care constitute one way of understanding these experiences. Just as there is no 'right' way to practice self-care, neither is there a 'right' way to interpret these practices.

Questions Answered and Questions Raised

This thesis set out to explore the relationship between self-care and the 'risky' health-related practices involving condomless sex and/or drug use that gay and queer men engage in and whether or not these 'risky' practices could be considered forms of self-care. Based on my participants' experiences, gay and queer men evidently have a complicated relationship to these 'risky' practices, one that is inextricably bound to self-care. Rather than viewing these practices as antithetical to the pursuit of well-being and 'good' health, and therefore outside the realms

of self-care, this thesis has demonstrated how gay and queer men actually practice self-care using these 'risky' forms of sex and substance use. The experiences presented here describe how risk can be emotional in nature, highly contextual, and constructed by individuals based on their environment and surrounding community. Risk is also informed by a person's life history, and their personal relationship to their body, identity, and certain health-related practices. As such, to even label drug use or condomless sex as 'risky' presupposes a wide variety of factors and is ultimately grounded in the enforcement of normative ideals around health, bodies, identities, and ways of living.

My approach defines self-care as the pursuit for well-being, agency, and personal health, whatever that may look like. In contrast to the biomedical model, health can be understood to be a personally constructed and ongoing process that shifts and changes as we move through life. Conceptualising self-care in this way raises two questions: what if someone's self-care practice is actually doing more harm than good, and what are the limits of self-care or at what point does self-care become self-destruction?

When a particular self-care practice is critiqued as doing more harm than good, or someone's self-care is viewed as self-destructive, it is often the case that normative ideas of health, the body, and 'good' conduct have been invoked to moralise these ways of being. In Chapter 6 I explored experiences of substance dependency and looked at the ways my participants used substance as a form of wild self-care whilst managing their dependency. To many outsiders, any kind of substance use is damaging to the body and health, and therefore cannot be a form of self-care, let alone using substance during a period of active dependency. However, the way these participants approached and used substance was a clear yet complicated expression of

wild self-care grounded in trying to improve their health, well-being, and maintain their personal relationships and support networks.

‘Self-destructive’ behaviours are often contextual and unique to individuals. When a person, lifestyle, or behaviour is labelled as ‘self-destructive’, the person’s values, relationship to their body and health, and vision of the future tend to be erased. If someone feels their body is abject, deviant, or broken, they may care for it in ways that appear violent or careless to others. If they gaze into the future and see very little, they may care for themselves in ways that do not accommodate a long future. ‘Destruction’ is a charged and subjective term, but sometimes destruction can feel like a form of care. Felix’s decision to stop his treatment for HIV is an effective example of this. He was torn between having his life destroyed by HIV treatments or letting the virus take its course, and decided upon the latter so he could regain a functioning and liveable body. He did not come to this decision easily nor quickly, but this choice was ultimately about pursuing well-being and thus an act of wild self-care. His health and well-being have improved markedly after ceasing treatment.

Conclusion

This is a provocative thesis. I have argued that using meth, having sex in public bathrooms with anonymous men, condomless sex, and getting fisted in a sauna are all legitimate forms of wild self-care. The core aim of this research is to refocus conversations around gay men’s health and present a new approach to understanding the health issues this group disproportionately face. At one point in 2018, I was overcome by the fear that my project would have a deleterious impact on the community I was aiming to help. For a group already experiencing high levels of substance dependency and drug-related complications, what are the implications of arguing that using drugs can be a form of self-care? Could my research be read

as encouraging certain behaviours that facilitate disease transfer and other health-related issues? Am I creating an ‘excuse’ for people to engage in practices that may prove to be harmful?

With a sigh of relief, I realised that I was not affirming these questions so much as actively engaging with them and offering a counter-argument. Wild self-care exposes the true messiness of these ‘risky’ practices and articulates how and why someone might engage in them. To describe someone’s self-care practice as ‘wild’ validates the issues they are contending with, establishes a deeper understanding of how that person functions, and enables the development of more effective ways to care for them. While this thesis has focused exclusively on gay and queer men, wild self-care is relevant for all groups, and it could even be argued that everyone has practiced or experienced wild self-care at some point. It traverses demographics and communities, and refuses any particular form. Self-care truly is a wild thing.

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Appendix 1: Qualtrics Survey



Self-care and Health in the Gay Community

- 1) Thank you for your interest in this project! Please download and carefully read the below information sheet before continuing. If you have any trouble accessing it, email me at simon.clay@postgrad.otago.ac.nz.

- 2) The interview/s for this project may touch on some sensitive topics or bring up some discomfort in discussing particular areas. If you would like to reach out for support around alcohol, drug use, or mental health, select your country below. Keep the link to this survey saved so that you can access this list of services after the interview process.

Aotearoa

Australia

Australian Support Services

Life-line: 13 11 14

Directline (Alcohol & drug counselling/referral service): 1800 888 236

National Drug and Alcohol Services Directory: <http://www.ndasd.com.au/>

Qlife (LGBTQIA Support): 1800 184 527

Eating Disorders Helpline: 1300 550 236

Healthdirect (Information on STI/HIV transmission and infection): 1800 022 222

Kids Helpline (Counselling service for young people aged 5 - 25): 1800 55 1800

Aotearoa/New Zealand Support Services

Lifeline: 0800 543 354

Depression Helpline: 0800 111 757

OUTLine NZ (LGBTQIA Support): 0800 688 5463

Youthline: 0800 376 633

Alcohol & Drug Helpline: 0800 787 797

HIV Support: <https://www.bodypositive.org.nz/>

3) I have read the Information Sheet concerning this project and understand what it is about.
All of my questions have been answered to my satisfaction. I understand that I am free to request further information at any stage.

4) Please select each of the following to acknowledge that you understand that:

My participation in the project is entirely voluntary.

I am free to withdraw from the project at any time without any disadvantage.

Personal identifying information [audio recordings] will be destroyed at the conclusion of the project but interview transcripts will be retained in secure storage for at least five years.

Interviews may touch on potentially sensitive topics which could cause discomfort; however, I am under no obligation to answer any questions.

The results of the project may be published and will be available in the University of Otago Library (Dunedin, New Zealand) but every attempt will be made to preserve my anonymity through the use of pseudonyms.

By selecting this, I agree to take part in this project.

5) Full Name: _____

6) Email Address: _____

7) City of residence: _____

8) Age: _____

9) Ethnicity: _____

10) Gender identity (Male, Queer, Trans, etc.): _____

11) Select your highest attained level of education

- High School or equivalent
- Tertiary Level (undergraduate, technical college)
- Postgraduate Level

12) Select any of the below regarding future contact

- I would like an offer to see my transcript
- I would like to hear about the results
- I may be contacted in the future for follow-up research

Appendix 2: Participant Information Sheet



Self-care and Health in the Gay Community

INFORMATION SHEET FOR PARTICIPANTS

Thank you for showing an interest in this project. Please read this information sheet carefully before deciding whether or not to participate. If you decide to participate, we thank you. If you decide not to take part there will be no disadvantage to you and we thank you for considering our request.

Project Aim

Since the 1980s, there have been international efforts to try and improve the health of the gay community and address issues like HIV/STI prevalence and drug use. This project will add a new perspective to past research by looking at what men in the gay community actually see as a risk to their health and how they develop self-care tactics around this. This research is being conducted by Simon Clay as part of the work for a PhD under supervision of Chris Brickell.

What Type of Participants are being sought?

This project is recruiting participants from apps and social networking websites directed at gay men and men who have sex with men. Any male-identifying users over 18 are eligible to take part in the study. This open recruitment will continue until 20 – 30 interviews have been completed. By being part of this project and sharing your experiences, you will be helping to

promote awareness around issues in the gay community to create positive change and improve the lives of those within it.

What will Participants be Asked to Do?

If you agree to take part in this project, you will be invited to an interview to talk about your life experiences and opinions around how you create a sense of wellbeing and what risk means to you. Interviews should take between 1 – 2 hours, though this may vary. Your interview would be conducted either in-person at a convenient and comfortable location or over a video-conferencing software. The interview may ask about some sensitive topics, but you are under no obligation to answer any questions you are uncomfortable with and may request to end the interview at any point.

What Data or Information will be Collected and What Use will be Made of it?

Your interview(s) will be recorded for later transcription, which will be stored on a password-protected computer in a secured and encrypted data cloud account. The audio from interviews will be destroyed once the data analysis stage is completed, and upon request, you may have a copy of your transcript. Only I will have access to the complete transcripts and any potentially identifying information that accompanies them, and will be retained indefinitely for use in my own academic research. You will be asked to provide some basic demographic information (age, ethnicity, level of education, and gender) so that we can use these to indicate the range of people who have taken part.

The results of the project may be published and will be available in the University of Otago Library (Dunedin, New Zealand) in the PhD thesis that will be written by me (Simon). Every attempt will be made to preserve your anonymity. All transcripts will be de-identified by removing any information that may disclose who you are, and for any direct quotes pulled from your interview, a pseudonym will be used.

Can Participants Change their Mind and Withdraw from the Project?

You may withdraw from participation in the project at any time and without any disadvantage to yourself of any kind.

What if Participants have any Questions?

If you have any questions about our project, either now or in the future, please feel free to contact either:

Simon Clay and
Gender, Sociology, & Social Work Dep.
University Telephone Number:
021 552 628
Email Address:
Simon.clay@postgrad.otago.ac.nz

Chris Brickell
Gender, Sociology, & Social Work Dep.
University Telephone Number:
03 479 8184
Email Address:
Chris.brickell@otago.ac.nz

This study has been approved by the University of Otago Human Ethics Committee. If you have any concerns about the ethical conduct of the research you may contact the Committee through the Human Ethics Committee Administrator (+64 3479 8256 or email gary.witte@otago.ac.nz). Any issues you raise will be treated in confidence and investigated and you will be informed of the outcome.

Appendix 3: Interview Schedules

Preliminary Schedule, drafted October 2017

This was the full range of topics and questions I had originally planned on drawing from when developing an interview schedule for individual participants.

Community

- Where do you see yourself in the community?
- Do you have a tribal identity?
- Do you go to particular club nights?
- Do you enjoy the gay community around you? Have you been to other places with a different community?
- How would you describe your surrounding community?
 - Any significant divisions?
- What kinds of issues do you see for the gay community at present? Do you have any personal experience with these issues?
- As you've grown older, how have you seen your place in the community change? Have you become more/less involved? How has this influenced the way you see yourself?

Apps & Hook-up Culture

- What are your thoughts on apps?
- Do you use Grindr/others? If so, how/for what purpose?
- Past experiences using it – positive, negative?
- What do you think about the people who do use it – describe the general user.
- How has app usage influenced your identity?
- When did you first use it? General gratifications/usages? How has this changed?
- What do you think about the general hook-up culture in the gay community?
- What does an unhealthy approach to hook-ups look like?

- Where would you personally draw limitations around what you do in hook-ups and how often they have them?

Substance Use

- What do you think about the level of drug use in the gay community?
- Have you ever used drugs?
- If so, what was it like, how did you approach it, general circumstances. Still using regularly – why/why not.
- What has your drug use patterns looked like over time? What have you previously used it for?
- What does dangerous drug-use look like?
- What are your personal boundaries around drugs?
- What about alcohol use in the community?
- What are your current drinking level look like? How has this changed over the years?
 - How have the aims/situations of your drinking shifted over time?
- What does dangerous drinking look like to them?
- How frequently combine sex and alcohol/drugs?
- Do you have limitations here? What kinds of safety measures do you like to have in place?
- What would a worst-case scenario look like?

Sexual Health

- What is your approach to sexual health?
- How frequently do you use condoms? Do you rely on themselves or others to have them? Who do you use condoms with?
- Are you on PrEP? Why/Why not?
- Have you ever taken PEP? Thoughts on those that have taken it multiple times?
- Do you know anyone on either of these?
- What sexual behaviours do you see as risky/increase likelihood of disease?
- What types of sexual encounters do you seek out?

- Do you have a fuck buddy? If so, how often do you meet & what do you use particular kinds of protection?
- Any other sexual practices?
- What does safe sex look like?
- What do you personally look out for when meeting for sex? What do you try and mitigate/protect themselves from?
- Why do you think that STI/HIV infection rates have been increasing over the past few years?
- What can be done to address this?

Body Image & Masc/Femme Dynamics

- What is your personal ideal body type?
- What do you find attractive in others?
- What do you see as ideal for themselves?
 - How do you go about managing this?
 - What body type do you try and avoid the most?
 - Has this changed over time?
- How have the body image ideals of the gay community influenced them?
- What are your thoughts on these ideals?
- How have you changed your image over time?
- Salient tribal identity earlier/later in life that wasn't present prior?
- What was your approach to drinking/drugs/sex during these periods? What prompted the change, if any? Why did you stay steadfast?
- Are there particular body image ideals for guys who are more masculine or feminine?
- Where do you see themselves in here? Has this shifted over time?
- What is an example of an ideal representation of the gay community in the media?
- What do you think is a harmful image/ideal?
- Have these influenced the way that you interact with others?
 - Do you hold yourself/interact with various social circles differently? Are there any behaviours/personas/body languages that you avoid or lean into?

Revised Schedule, drafted November 2017

After refining the set of issues I wished to address in the thesis and evaluating which were most pertinent, I compiled this list of questions.

- I got in contact with you through (website/app), what has been your experience of using that?
- Do you like to have hook-ups? When does hooking-up feel uncomfortable to you?
- What kinds of things are off-limits?
- How does the way you see yourself help you choose sexual partners?
- What does safe sex mean to you?
- Do you feel included in the gay community?
- Over time, how have you seen your place in the community change?
- How has this influenced the way that you see yourself?
- Do you use drugs/what is your drug of choice? Why do you avoid drugs?
- What does dangerous drinking mean to you?
- How frequently do you combine sex with drugs/alcohol?

Interview Schedule for Gregory, drafted January 2018

This is the set of questions I had planned on asking Gregory. While I did not consult the interview schedule during our conversation, the course of topics stayed close to these questions.

- What was your experience of the Same-Sex plebiscite?
 - What did you notice was happening in the community?
 - Did you experience any personal violence/aggression?
 - How did you cope with this?
- We met through Grindr, what's been your experience of the app?
 - When do you usually use it? (What situations – late at night for hooking up, intermittently during the day to keep connected, etc)

- Has Grindr influenced the way that you see your own sexual identity or the gay community in general?
- When does hooking-up feel uncomfortable for you?
- What does safe-sex look like to you?
 - What things are off-limits?
- Do you have a regular GP that you see?
 - What's your experience with them?
 - What stand out experiences (positive or negative) have you had with health professionals? How did this impact you/how did you respond?

Interview Schedule for Trent, drafted January 2018

Similar to Gregory, this list of questions was compiled for my interview with Trent and was not used, though our conversation touched on all these points in some way.

- What's business been like recently? Any noteworthy clients?
 - Get the impression that you struggle a bit working here – how do you manage that? What do you find difficult about working here?
 - Worked here for a substantial amount of time, how has that changed the way you see yourself?
 - You've got a lot of posters and awareness around STIs & HIV, why is this such an important issue to you? What does safe sex look like to you?
- You mentioned that you're wary about people who've been drinking entering the club as well as a ban on serving alcohol, why is that? Do you drink? What's your approach to drug use?
- Do you ever hook-up at the club?
- I got in contact with you through (website/app), what has been your experience of using that?
- Do you like to have hook-ups? When does hooking-up feel uncomfortable to you?
 - What kinds of things are off-limits?
 - How does the way you see yourself help you choose sexual partners?
- What does safe sex mean to you?

- Do you feel included in the gay community?
- Over time, how have you seen your place in the community change?
 - How has this influenced the way that you see yourself?
- Do you use drugs/what is your drug of choice? Why do you avoid drugs?
- What does dangerous drinking mean to you?
- How frequently do you combine sex with drugs/alcohol?