

**AN ETHNOGRAPHIC CROSS-CULTURAL EXPLORATION OF THE  
TRANSLATIONS BETWEEN THE OFFICIAL SAFE SEX DISCOURSE AND  
LIVED EXPERIENCES OF MEN WHO HAVE SEX WITH MEN**

by

**J. Francisco Ibañez-Carrasco**

B.Ed., Universidad de Santiago de Chile, 1984

B.A., Simon Fraser University, 1990.

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APPROVAL

Name: Jose Francisco Ibañez-Carrasco  
Degree: Master of Arts  
Title of Thesis: An Ethnographic Cross-Cultural Exploration  
of the Translations Between the Official Safe  
Sex Discourse and Lived Experiences of Men  
Who Have Sex With Men  
Examining Committee:  
Chair: Janny Thompson

---

Suzanne deCastell  
Senior Supervisor

---

Celia Haig-Brown  
Assistant Professor

---

Sharon Manson Singer  
Assistant Professor  
School of Social Work,  
Faculty Research Associate,  
Centre for Human Settlements  
University of British Columbia  
External Examiner

Date Approved March 31 1993



## **Abstract**

This thesis studies the translations made by gay men from safer sex discourse to sexual and social practices. The open ended narratives of a socially and ethnically diverse group of participants explore an uncharted territory and mark it with concepts of identity, body, pleasure, desire, illness, health and death. The thesis orchestrates the understandings of the participants in dialogues. Exploration and border-crossing emerge as the most provocative and intriguing themes and concepts in these dialogues. The participants name these conceptual categories in ways as distinctive as promiscuity, coming out, and being HIV positive. A hybrid discourse of resistance and complicity that runs parallel to the official discourse on and about HIV/AIDS and safer sex surfaces in these pages.

The exploration of translations from official safer sex discourse to practices is assisted by cultural studies, feminism, lesbian/gay studies, and ethnographic methods. An extensive literature review has been followed by participant observation, ethnographic interviewing, and analysis of interviews and fieldnotes. Chapter I titled "AIDS: Unpacking the metaphor" offers an alternative cultural reading of the discourses on and about HIV/AIDS and in particular of a smaller area that has been separated for research purposes: the official safer sex discourse. Chapter II - "Mapping out the field" - offers a historical and cultural description of the sites where HIV/AIDS and safer sex discourses are coined, stored and circulated. This chapter describes the material found by means of participatory observation in AIDS Vancouver society and Corporaciòn Chilena de Prevenciòn del SIDA (Santiago, Chile). Chapter III - "From Confession to Dialogue" - builds on feminist and lesbian/gay research to describe methods utilized to gather ethnographic material. Special attention has been paid to ethical and epistemological issues of HIV/AIDS

related research. The possibilities for awareness raising and education found in these ethnographic procedures, such as "interviewing as dialogue", are emphasized. The final chapter - "Safer sex: translations, explorations and intrusions" - helped by the voices of the participants offers testimony and illustrates the themes found during the ethnographic enquiry. Supported by the previous sections the central argument of this thesis is offered in this chapter: that the official safer sex discourse obscures significant cultural aspects of the sexuality of men who have sex with men. Therefore, gay men, in word and deed, are caught in a cultural conundrum of complicity and resistance toward the official safer sex discourse.

To Philip Barden Jr.

"Si te quiero es porque sos  
mi amor, mi complice y todo  
y en la calle codo a codo  
somos mucho mas que dos" (Benedetti).

## Acknowledgments

Although I am profoundly grateful to those I have met along the way, I wish I had never met them. I wish AIDS did not exist and we had met in a different light/*pero, al mal tiempo buena cara*. Thanks Philip for your unconditional love, Suzanne de Castell for your *humanidad*, Celia Haig-Brown for your no-nonsense guidance, Jenny Alexander for your guardian angel help in the Faculty of Education, Michael Hoeschmann for your support, Pilar Riaño *por su amistad inmensa, su trabajo lindo y su talento*, and Adriana Tweedlie for putting up with me all these years at home and out there in the community. My appreciation also goes to Rick Marchand and all those who work and volunteer at AIDS Vancouver. When I went to Chile I met many people who helped me disinterestedly. I am deeply indebted to all those at the Corporación Chilena de Prevención del SIDA (CChPS), *gracias por todo y mucho éxito por siempre*.

And thanks forever to all my sisters/*a las compañeras y amigas de loquerio*. *Magaly, Polly la Puta, La Vengadora, la Coca*, many others and I are a family, extended throughout the Americas, a true sodomite invasion!! Thanks to those who answered my call and spoke to me about their lives. Blessed all of you, in heaven or hell. Please, *Juana*, reserve a good spot for me. I need not pronounce all your names here. I am extremely fortunate. I love you.

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## Introduction: the voices

### One voice: a participant speaks

When the specter of prison no longer appears as a threat to the confession of perverse inclinations, such cases will certainly come to the attention of doctors -- in whose area they belong -- in great numbers (Psychiatrist Carl von Westphal, 1869, quoted in Plant, The Pink Triangle, 1986).

Homosexual men in the last decade have had to walk a fine line in the search for alliances with a straight society largely reacting, notwithstanding the occasional expressions of pity or glee, with indifference to "our" disease. We need not bemoan this phenomenon any more than the complacency which greets the sufferings of any unhappy group or nation not yet discovered or already forgotten by CNN. Homosexuals are profoundly "other" for most people, and if human beings (homosexuals included) cannot imagine you sharing their breakfast table, it is not likely they will be moved to any genuine concern for your fate.

"AIDS is everyone's problem," bleat the government posters, meaning that since homosexuals are not its exclusive target, you, reader, should sit up and take notice. The unstated corollary, of course, is that if they **were**, you could ignore it. Chile's chief AIDS medical officer announced in 1990 that the government's main priority in treating an 85-percent homosexual epidemic was "heterosexual youth".

This approach is peddled back to us as a favour; in some ways, it is. Given our tenuous grip on a place in society, we must become guardians of

public health, sounding the alarm to breezy teens who chuckle at us and training their worried parents in how to discuss fellatio and sodomy. As we “de-homosexualize” AIDS, we gain standing and affection, we humanize ourselves, and smooth the way for future gay generations. Our pain, grief, resilience, cleverness, and rebellion win us a place at least at some breakfast tables. We are also capable of fighting back, and can be unpleasant enemies.

But, as the present text cogently argues, our needs as homosexuals, as opposed to patients or educators or public health statistics, are left out of the official formulas, which at best will suspend judgement on us for the higher good of disease control. Though Dr. von Westphal’s reformist views cited above were more enlightened than the draconian anti-homosexual laws of Prussia of the day (not to mention the refinements that followed), they are hardly cause for celebration. The World Health Organization warns that much HIV infection is linked to behaviours that are “hidden, private, and sometimes illegal” and that repressive relations will drive subjects away from the doctors -- and we modern sans-white-apron stand-ins -- who can convince them not to infect others. **Who** is right, but does not address our behaviours per se. We must make use of the official tolerance linked to HIV/AIDS prevention education, but not confuse it with our own agenda.

Chilean homosexual men have increasingly begun to call themselves “gay,” yet another English word which had no previous meaning for them, and also “homosexual: when in a clinical mood. My personal favourite is *entendido*, which means “one who understands,” and reflects the clandestinity, clubbiness, and subtle wisdom of survivors. Probably, none of them will ever read this text, though they would certainly love to, being as self-absorbed as any homosexual on earth, not out of hedonism or egotism, but rather from the habit of concentration of those who must knit together their own identities out of

myriad contradictory strands. Those who fail to pay attention run the risk of dropping a stitch.

Their, our, agenda is to find a *pareja*, earn a decent income, have fun with our friends, and figure out how to face old age, and we fully expect to fail as often as we succeed, especially on the last point. Most will not cross their own cultural borders but will welcome those who cross to join them. Many will die of AIDS negligence, some miserably; the wealthier ones will hide, while their families talk of leukemia and bone cancer. Throughout, they will add their peculiar flavour to the factories, offices, butcher shops, and beauty salons of Santiago, set fashions, seduce construction workers, confide in straight women, and weep to romantic tunes on the radio. They will soften the rough edges of their siblings' straight marriages, educate their kid brothers and sisters about HIV/AIDS, and demolish one another with wicked barbs. Their northern brothers, and sisters, have much to teach them, and to learn.

## Another Voice

Todas ibamos a ser reinas  
de cuatro reinos sobre el mar:  
Rosalía con Efigenia  
y Lucila con Soledad  
[ . . . ]  
Lo decíamos embriagadas  
y lo tuvimos por verdad  
que seríamos todas reinas  
y llegaríamos al mar.  
(Gabriela Mistral)

I began the process of “mastering” this topic tentatively and feeling like a toddler. Slowly, I grew into an academic persona, some sort of cloak I invest

myself with to speak with authority. Behind this pompous facade still lurks the insecure immigrant, the non-English speaker, the queer little animal always wondering: "Am I allowed to do this? Is it Okay for me to do this? Will they get angry? Will I make a fool of myself? Am I stepping out of line? Will I be punished? I grew up in a world of good taste, rich houses, and cultured people that did not belong to me. I was the son of the maid and I was reminded to keep my place. My situation in Canada seems very different, but some days I am also reminded to keep my place. I am asked: "Where are you from? How come your English is so good? Do you teach Spanish? Are you going back to your country?" I reply "I'm Canadian, can't you tell?" After three years I have only become more hesitant, less tolerant, more numb, more cynical/*solo se que nada se*. However, my shield is harder and much of this does not show/*la procesiòn va por dentro*.

I began the process of mastering this topic struggling to put together intellect and soul. Understanding that mind and soul have never been separated is simple, yet improper in this academic world. I discovered feminism, lesbian/gay studies and SM and whatever was personal became political in a dangerous way. I began this process by slowly accepting my knowing body, I can say that I have inhabited it and that it has been through rain, fire, pain, pleasure, and politics. It has its share of existence/*lo comido y lo bailado*. . . I accept, not without anger, that this - not bad - vessel of ideas, pride, lust, and love is slowly deteriorating and there is nothing I can do about it/*polvo eres y en polvo te convertirás*.

A Latino friend of mine, a participant of this ethnography, told me in a restaurant one day in 1992, long time after our recorded interviews for this project, that he had gone to a local gay bathhouse and had had unsafe sex. He worried about it. He and I discussed the fact that he had apparently "lost



control” of the situation because he felt alone. He had been unemployed for a long time and probably exhausted of the lifelong task of being an immigrant, in brief, just one of those days. It was left at that, *ces't la vie*, there was little we could do about it, just hope for the best. One day in October when I was writing this text, always ruminating possible ideas to piece together for an introduction, another close friend and participant, an Anglo man I love dearly, told me that he was very happy because he had had sex without a condom with his lover of many years. This had happened the night of his lover's birthday. Until then, they had not had sex without a condom in over a year. When I saw his genuine joy I spontaneously congratulated him. A moment later I was taken aback, almost ashamed by my own reaction. I had broken an unspoken code, I had not adopted the expected attitude while reciting the line prescribed by safer sex discourse. This made me think about the main themes of the interviews and how they were in subtle (sometimes cynical) defiance of the political correctness of safer sex discourse. In conversations I have had along the research path we have rarely uttered how much we abhorred safe sex, but the protest has lingered in the air like a specter. It is not the smell, size, or texture of the rubber. What is it then that bothers, turns off, frustrates or simply represses us gay men? Why is HIV disclosure still the most dreaded point when cruising, so stressful that we create complex spoken and unspoken ways of dealing with it? Why would some individuals prefer to die without ever calling it AIDS? Why would gay men in their private encounters leave to the unsaid/unspoken the issues of HIV and sexual safety? Is it all denial and only denial?

The blissful - and earnest - vision presented by most AIDS educators of having a future of absolute safe sex for gay men (in particular) conjures up worlds like the ones described in Orwell's 1984, Atwood's The Handmaid's

Tale, and Huxley's Brave New World. In gay jargon we speak of the "clone type" - short hair, moustache, tight jeans and made-by-Nautilus muscles bound by a minimalistic T-shirt. We also speak of "clonable" safer sex programmes. When viewed from this assembly-line perspective safer sex reveals an eerie dimension. Safer sex jargon still erects at its centre a phallogentric and ethnocentric view of sexuality and its sexual actors. Painful attempts are made to discuss lesbian sex, adolescent anal penetration to avoid pregnancy, masturbation, cross-dressing, and more obscure - albeit alluring and intriguing - practices of sexuality such as sadism, masochism, bondage, and domination<sup>1</sup>.

To many gay men the promised land of sexual safety inscribed in the safer sex commandments seems to be the desirable option, yet they agree that it contains a disguised threat of risk (read contamination). Someone was brave enough to ask "Is the rectum a grave?" (Bersani 1989). To many gay men the future will be bleak because their safety - the illusion of long life and safety - has disappeared. The body, sometimes their only vehicle of communication in a society in which respect for the individual and her privacy is often mistaken with selfishness and aloofness, is not safe anymore. Fears that would have only come with old age (because being gay and old is supposedly a disgrace suddenly knock at our doors. Gay men are dying everywhere. I can always hear death flipping coins in the adjacent room.

True, gay men are encouraged to use "safe" words and story lines when talking about our sexual lives. We are no longer to behave like boisterous

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<sup>1</sup>Practice is defined as the subjective account of individuals of their "interactions that occur on the practical level"(Patton 1985: 109). For example "having sex"; I am not a direct witness of the participants' sexual practices but I rely on their accounts of such interactions. Sexuality is understood as the myriad of experiences that are socially and historically constructed (Weeks 1985, Kinsman 1987). Sexuality is said to "unite the real and imaginary worlds, the lived practicality and the subjective experience" (Patton 1985: 105).

adolescents about our sexual deeds. Tales of seduction, pleasure and conquest are told *sotto voce* as if filtered through layers of rubber and latex. Gay men have alternative stories to tell, but we might not always dare to tell them because these stories are not entirely politically correct or they do not fit the unspoken codes (and the explicit safer sex guidelines) set out for stories about sex. Even when watching pornography, which is ultimately a visual fantasy, we have been compelled by AIDS educators to "think safe". Is imagination safe or unsafe? Should we fantasize a world of sex without precautions?

In this study some men expressed with deterministic pessimism that sooner or later they would *agarrarse el SIDA/catch AIDS*. Is this what is ultimately going to happen? Where are these perceptions and expectations stored? How are these perceptions formed, carried and circulated? What has contributed to shape these perceptions about illness, sexuality and death? In this thesis I make a qualitative enquiry of what I consider one of the preferred loci to design, develop, store and circulate understanding that might ultimately shape the practices of gay men: the safer sex discourse, a smaller area of the HIV/AIDS discourse. This thesis specifically sets out to find the narrative links - the translations - between the understandings of gay men of safer sex discourse and their practices.

This study maps out the relationship between individuals and discourses on and about HIV/AIDS prevention education (AIDS discourses) by means of an exploration aided by ethnographic tools and procedures. The relationship between gay men's voices and "official" AIDS discourses emerges as one of the primary tensions in the ethnographic dialogues. Gay men clearly acknowledge "safe sex" as vital information, but we do not necessarily carry out what "we ought to do" to the letter. This reflects a specific historical conflict where cultural

resistance and complicity co-exist. Educational aspects of the HIV/AIDS epidemic have been appropriated by highly bureaucratized AIDS service Organizations - ASOs - and they in turn have increasingly caved in to governmental pressures as funding influences the decision-making process. Education delivered by ASOs can also be restricted by political requirements such as multiculturalism.

At the cultural level this research explores complicities and resistances to the imposing moral(istic) values of most HIV/AIDS prevention education programmes. Such resistance does not necessarily come from the last bastions of the seventies Disco frenzy, *kamikaze* fuckers, or other "marginalized" gay men. There appears to be a host of motives: lack of recognition (e.g. of lesbians/gays in the military and church), lack of representation (e.g. of ethnic diversity), inability to educate young gays (and lesbians) about the "scene" and about HIV/AIDS, ethnocentrism within the so-called "gay community", lack of ethnocultural understanding, ethnocentric discursive practices (brochures, posters, workshops that "preach to the converted"), pretense of neutrality and objectivity, "subjugation" of local and specific knowledges, and de-legitimization and undermining of collective and individual authorities (expertise/experiences).

This research unveils instances in which gay men are being stripped of (or abdicate) a high degree of autonomy by restricting the circulation of certain knowledges. It also shows that cultural forms of resistance to the prescriptions embedded in the official AIDS discourse and to the "safe" practices proposed by it are not necessarily acts of "aggression" to other gay men or the "population at large", suicidal tendencies, or irresponsible behaviour, but can actually be life-affirming acts of dignity and autonomy.

To carry out this ethnographic enquiry I have preferred a ethnographic methodology concerned with, critical of, and sensitive to the many ethical and epistemological aspects of research on human issues, for people, and by people themselves. The recognition of some important gay collective needs, wants, and interests has ultimately influenced the shape and tone of this thesis. Thus, my choice of speaking of myself, of "us" instead of "them". The fieldwork strives for dialogues between participants rather than simulated conversations (confessions) obtained from subjects. The selection of a methodology that provides a safe space to all of us, participants and readers, and inquires into the validity of statements about gay men's sexuality in the times of AIDS put forth as factual by theorists.

I appreciate the naturalistic approach of ethnographic procedures and understandings that draws from academic and community knowledges and experiences, that looks at academic work as collective effort rather than ivory tower endeavour, that sets out to discover, expand, correct, and give testimony to what others have written in stone as purely theoretical views, and that promotes a respectful, dynamic and integral view of what human beings are (Guba & Lincoln 1981).

The text you have in your hands at times might feel like an uneven terrain because it is a topography of the experiences of fieldwork and deskwork. In these pages you will find metaphors of AIDS, metaphors that plague textual representation. You will find the metaphor of the body as a text plagued by HIV and AIDS. When closely examined this body reveals scars, tissues, layers, and colours. This topography is not for tourists, it is for travellers who, much like gay men, cross borders and explore. Ethnography is not an enlightened act, a sitting down after fieldwork to write a thesis. It is a series of practices and

understandings that are carefully planned and implemented. Ethnography comes alive within the field and it is there, in the community, where it renders its best service to others. The lives of most of those I write about have not stopped. They were alive before I ever met them and their lives will extend beyond the last page of this thesis. Simple, yet easy to forget.

I wrote these pages over three years, stored many others and discarded (sometimes censored, sometimes fear) many others with disgust, laughter or pain because they were not worthy of you, of us, they would have not contributed to this orchestration/representation, to what it was needed to be said, to what we decided through the conversations that it was important to tell or write about. The following pages present variations in tone and style that range from a formal academic voice to a intimate and private voice. All of them are equally important to the final form and tone of the thesis, none of them are too serious or important that I cannot live without them.

The constant interplay between situations - the university researcher, the activist, the sexual gay man, the HIV positive (in) patient - and the search of dialogicality even within the textual representation that is in a dialogue with **you** give this text a strong voice that might seem to take over at times, abrasive and overpowering. It is at times the sum of the many experiences struggling to come out and tell their stories through one single mouth that is not always able to reproduce the chorus. My voice is not the voice of a representative but the voice of a member of a specific group. In a way, this voice in this text is a victory, the voice of a immigrant, gay man living with HIV who has drawn his authority from the collective authority of the group and has learnt to represent it in the academic style.

The first chapters were written during 1990 and 1991. In 1990 I did an intensive and extensive literature review, created files by themes or issues (AIDS and women, HIV in Latin America, etc.), and figured out the themes that were being reviewed in most literature that tackled the socio-cultural aspects of HIV/AIDS. Much of the retrieved material has contributed to Chapter I: "AIDS: Unpacking the Metaphor". The first section to Chapter II: "Mapping out the Field" retrieves my community experiences in AIDS Vancouver and more recently as a PWA and member of VIDA: the Latin American Committee for HIV/AIDS Prevention. The report I wrote for the Canadian International Development Agency (CIDA), AIDS Vancouver, and Simon Fraser University and was presented at a Latin American Studies conference in Ottawa in 1992 was modified to become the second section of this chapter. I was fortunate to have been invited to present most of the contents of this thesis at various conferences. In those occasions it was interesting to notice how few people would approach me to sheepishly discuss these topics, exchange ideas, or disagree in a constructive manner. The analysis chapter was presented at a Lesbian/Gay conference in Montreal. It was the most difficult section to write. The phrases "crisis of representation" applied to social sciences and "crisis of signification" applied to cultural aspects of the HIV/AIDS pandemic acquired a real dimension when I struggled to describe something coherent about HIV/AIDS. People living with HIV labels (both positive and negative) are caught at the centre of these crises. It is hard for all of us to re-name our world and to remain critical when we are mercilessly described and prescribed to the point of exhaustion by the official safer sex discourse long before we even get to tell our own stories.

## II

**AIDS: unpacking the metaphor**

It soon was said that AIDS is a public health problem, a political problem, a psychological problem, an educational problem, and a litmus paper for other problems in our society. AIDS was called a problem that must be understood in a historical context, a problem in public attitudes, and a moral problem (at least as construed by certain segments of the American population). AIDS was also seen as a 'disease of civilization' and a problem of relationship between the developed and the less developed world, between whites and non-whites, and between straight population and the gay population (Keniston, 1989: ix).

AIDS (Acquired Immune Deficiency Syndrome) is a seemingly neutral term that is employed to refer to a biomedical, epidemiological phenomenon.

Strictly speaking, AIDS [. . .] is not the name of an illness at all. It is the name of a medical condition, whose consequences are a spectrum of illnesses. In contrast to syphilis and cancer, which provide prototypes for most of the images and metaphors attached to AIDS, the very definition of AIDS requires the presence of other illnesses, so-called opportunistic infections and malignancies (Sontag 1988: 16).

However, when circulated across different social contexts and segments of society the term acquires a myriad of meanings. To those who are living in the continuum HIV/AIDS<sup>2</sup> it might signify and represent a series of domestic concerns such as "coming out" to their families, drafting a will, and finding appropriate housing. To physicians and other health professionals HIV/AIDS might mean a series of concerns about health care such as integrated health

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<sup>2</sup> Also called "seropositive," "HIV+," "HIV positive," "PWA," and "PLWA" (if institutionalized) in this text.



care systems and community support. And to an activist it might mean social and political concerns such as civil rights, equitable access to health care, and ethics of clinical trials (Dixon 1990). AIDS, HIV, ARC, KS, STDs, CMV, CMI, TB, DDi, DDc and other acronyms, words and phrases such as "safe sex," "high risk," "body positive," "the virus," "T-cell count," "better safe than sorry," and "slip-up" belong to various discourses<sup>3</sup> on and about AIDS that have emerged in the past ten years. The polysemic and metaphorical character of the terms that form these discourses on and about AIDS has been extensively theorized (Sontag 1988, Treichler 1989, Patton 1990, Watney 1987, 1989, 1990)<sup>4</sup>. It is clear in most analyses that the discourses on and about AIDS can only be understood through careful geographical, economic, political and historical contextualization. The discourses on and about AIDS and AIDS prevention-education have been partially supplied by medical, scientific and popular discourses on and about sex, sexuality, and illness that have been historically constructed (see Foucault in The Care of the Self, 1984) and are in constant reformulation. Besides, in North America various interest groups,

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<sup>3</sup> Freire & Macedo (1987) recognize the existence of multiple discourses that are not always in fair competition with each other. For example, the popular discourse about sexuality in North America is bounded and sanctioned by social classes, theological background, gender and ethnic background; in many sections of society it is not appropriate to use the word "Fuck" to mean "intercourse". In other discourses it would only be appropriate to use the metaphor "to sleep with someone". The use of such terms is sanctioned in mass media, professional and religious circles and other groups. It is important to bear in mind that "There may be similarities (or articulations) between discourses of different topics at any one time . . . and [that] although discourses may overlap or reinforce each other, they may also conflict" (Foucault explained by Abercrombie et al. 1988).

<sup>4</sup> Also acknowledged here is the "polyvalence" of the discourses about AIDS prevention-education. Foucault (1976) states that "we must conceive discourse as a series of discontinuous segments whose tactical function is neither uniform nor stable" (100). The discourses on and about AIDS prevention-education can be compared to the discourses about sodomy. Foucault (1976) explains "The extreme discretion of the texts dealing with sodomy [in the eighteenth and nineteenth centuries] - that utterly confused category - and the nearly universal reticence in talking about it made possible a twofold operation: on the one hand, there was an extreme severity (. . .), and on the other hand, a tolerance that must have been widespread" (Foucault 1976: 101).

such as the various gay communities, have actively contributed to the formation and circulation of discourses that entail highly contested assumptions and views of sexuality, politics, and education. For example, ACT UP (AIDS Coalition to Unleash Power) has centered its struggle around carefully structured slogans such as "Silence = Death," "Time isn't the only thing the FDA [U.S. Food and drug administration] is killing," "Sexism rears its unprotected head - Men: use condoms or beat it," and "For many blacks and Latinos [Latinas] unable to afford AIDS care the cost of living is too high" (in AIDSEMOGRAPHICS 1990). Undoubtedly, race, class and gender are three key elements of the discourses on and about AIDS, its formation and circulation. The interplay of these and other cultural elements and their interrelationship with these discourses constantly brings up questions and debates around important topics such as ethics, morality, racism, ethnocentrism, androcentrism, and heterosexism.

AIDS prevention-education gradually became a necessary aspect of public health education in the second half of the 1980's. In the public sphere the "official" AIDS prevention-education discourse<sup>5</sup> has been the object of both praise and criticism. It has been proclaimed as the "magic bullet" that curbs the incidence of seroconversion, and it has been condemned as an invitation to sexual permissiveness.

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<sup>5</sup> This is by no means the only discourse on and about HIV/AIDS. Here it is singled out due to its high degree of institutionalization through the medical, scientific and NGO establishment. In Canada the official HIV/AIDS prevention education discourse has been defined in documents such as Safer Sex Guidelines: A Resource Document for Educators and Counsellors: Report from the Canadian AIDS Society consultation on safer sex, March 1988. (Ottawa, 1989). In the U.S. a similar publication illustrates this point. The public report of the Surgeon General - Understanding AIDS - widely distributed in 1988 in both Spanish and English. In Chile a similar document entitled Manual de Educación para la Prevención del SIDA was released by the Health Ministry's AIDS commission (CONASIDA) in January 1992. The existence of these documents by no means "normalizes" the discourses on and about HIV/AIDS. The social construction (see *The Care of the Self*, 1984) and "polyvalence" (Foucault 1978: 100) of any discourse has to be kept in mind at all times in order to avoid accepting this official discourse as the only legitimate one.

AIDS prevention-education and the AIDS discourses have been discussed by cultural activists, social scientists, and feminists frequently from a theoretical perspective. In this study a major aspect of this broad problematic is singled out: the relationship between discourse and "lived experience". I propose an approach that explores relevant issues around the production and circulation of specific HIV/AIDS prevention-education discourses. In particular, I propose to explore what relationship the "official" safe sex discourse has to the lived experiences of a group of men who have sex with men<sup>6</sup>. Lived experience is defined as the subjective understandings of individuals and their accounts of how those understandings have been translated into social practices. Sexuality is understood as the myriad of experiences that are socially and historically constructed. Weeks (1985) states that "Sexuality is as much about words, images, ritual and fantasy as it is about the body: the way we think about sex fashions the way we live it" (3). Kinsman (1987) adds "Contrary to 'common sense,' sexuality is not natural or innate. Cross-cultural and historical studies have unearthed the different ways in which it has been organized in various social settings. Sexuality is not biologically defined; it is socially created building on biological potentialities" (24). Among other elements sexuality entails experiences and understandings of sex, sexual preferences, and gender.

I build on the notion held by these authors that the body is the locus of the experiences of sexuality. The body is the point of intersection between subjective experiences of the world, socially constructed experiences such as ethnicity and sexuality, and the discourse with which these experiences are

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<sup>6</sup> " . . . a distinction must be made between gay-identified individuals and those who are homosexually active; the latter, a far larger group, deliberately [sic] chooses not to identify openly as gay, in part to avoid the social, legal, and economic penalties society can impose" (Levi 1987: 181).

represented. The need to reconceptualize the relation between individual, subjective experiences and scientific enquiry has been suggested in feminist theory. Seidler (1989) states "Feminist theory has brought into focus the importance of establishing a different kind of relationship to our experience which our established traditions of social theory have had difficulty in grasping or illuminating" (2). In educational theory it has also been suggested that pedagogy should incorporate not only critical thought in the Freirian sense but also the inherent pleasure of the popular culture. Giroux (1992) states that "it is important to recognize that a discourse of the body is needed that recognizes a sensibility and set of social practices that both define and exhibit a possibility for extending unrealized and progressive moments in the production of corporeality" (191). An ethnographic study that relies on the narrative accounts of those people whose bodies and experiences are under scientific scrutiny is a sensible way of approaching the topic of sexuality and AIDS. By exploring relationships between culture, illness and sexuality I am confronting questions concerning the implications of the official AIDS prevention-education discourse in the understandings and practices of sexuality, and in preventing, changing and sustaining specific behaviours.

Our experiences as women and men living within the HIV/AIDS continuum<sup>7</sup> are constantly reformulated in the discursive representations of AIDS (e.g. magazines, educational brochures and fliers, documentary videos and films, government policy documents). For example, the phrase "safe sex" has come to be seen as universal and unproblematic. However, it is

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<sup>7</sup> This statement is all-inclusive. I suggest that we are socially integrated and responsible for our collective experiences. Sexuality is one of those experiences; it is not an individual and isolated phenomenon. I contend that we are all living in a continuum HIV/AIDS. This is not a biological but a cultural distinction. Two of the educational premises are that everyone is at risk and that HIV/AIDS is, albeit in various degrees, everyone's concern.

necessary to explore how this phrase is translated into practice and how it is reinterpreted and circulated through various contexts. It is also necessary to explore the relationship between the source and the intended audience and the role that cultural elements such as gender and sexual orientation play in these processes (Patton 1990: 45). There is a lack of sufficient exploratory social science research on the understandings and experiences of men who have sex with men; "From research based on AIDS, very little has been learned about same-gender sexual desire and the psychological complexity of the lives of gay men. Narrow disease-focused epidemiological studies have not contributed to a basic understanding of men who have sex with men" (Gagnon 1989: 55). Fitzpatrick et al. (1989) state " . . . it is clear that other than objective factors enter into individuals' subjective appraisal of risk [in sexual intercourse]. This situation is, of course, little different from that pertaining to areas of health behaviour and risk perception such as, for example, smoking. At present, little is known about what factors might be that influence subjective perceptions of risk in relation to AIDS" (129). These concerns are shared by many other researchers (Davies 1989, Ostrow 1989, Richwald et al. 1988, and Pincu 1989) and the need for social science research that can contribute to AIDS prevention-education has been clearly stated. According to Fitzpatrick et al. (1989) "An understanding of the beliefs, attitudes and other social factors that influence the sexual behaviour of gay men in response to AIDS is an essential prerequisite for the development of appropriate kinds of health education" (127). So far research has focussed on some salient factors at play in the various issues arising from the AIDS crisis (e.g. risk, knowledge, locus of control, social support, costs/benefits, age, and testing). In this study a critical look at how these issues are represented in the AIDS discourses and, most

important, an exploration of how gay men understand and translate these theoretical points into social practices is offered.

In North American scientific and scholarly AIDS discourses, many statements that implicitly or explicitly connect illness, sexuality and culture have been made from a perspective of privilege. Ostrow's (1989) statement that "In more advantaged populations (e.g., gay white adult men and higher socioeconomic segments of the general population) one can consistently demonstrate positive relationships between knowledge and beliefs about personal vulnerability and behavioral change" (233) implies that individuals from lower socioeconomic segments of the population do not demonstrate positive relationships between knowledge and beliefs. Ostrow offers little by way of analysis of the cultural context in which any of these groups carry on their practices of sexuality. People from lower socio-economic segments of the population are at greater risk of facing AIDS because they are disenfranchised, isolated, and lacking basic resources. Pincu (1989) states "In a society such as ours, where homosexuality itself is perceived as a threat, it is easy to understand why general courting behaviour can become difficult and sexuality can become for some a major focus. It may be indeed that the more sexually repressed and/or homophobic a culture is, the stronger is the tendency for persons to engage in anonymous sex as a substitute for denied intimacy" (63). The implication seems to be that "anonymous sex" cannot be "intimate," the latter term is invested with a moral connotation that resembles Catholic arguments against sexual experiences before heterosexual marriage. Statements such as these require further clarification. It may be the case that they exert a strong influence on educational policy and on those who write about AIDS prevention-education; Dannemeyer & Franc (1989) state "The response to the burgeoning AIDS epidemic to date has been confined to what

we will call education-only approach. This approach focuses exclusively on education to convince homosexuals and intravenous drug users to change their behaviour in ways that will eliminate the risk of HIV transmission. Unfortunately, the education-only approach has failed miserably with respect to the urban underclass, the locus of the second wave of the AIDS epidemic" (49). Later they add "Those who accept the education-only approach assume that even the most desperate heroin or cocaine addicts can be taught the self-control required to use clean needles and engage only in 'safe' sexual practices" (49). A tone of classism and racism prevails throughout the entire article. Dannemeyer & Franc equate IV users with ignorance, poverty, and inner city life; this may not necessarily be the case. I suggest that educational slogans such as "High = High Risk" may be negatively blemished by such views, an ignorance of the drug culture in North America and a moralizing and censoring attitude with respect to drugs<sup>8</sup>. Perrow & Guillèn (1990) state, "The education failure rests upon the gay community, the medical community, and above all upon public officials. The gay community was initially reluctant to recognize the problems with disseminating sources [HIV carriers] and risky behaviour, but within a couple of years it was conducting educational efforts, and for several years these efforts were the only meaningful ones" (33). Thus, many of the issues around AIDS prevention-education, such as its success or failure, are defined by theorists, government bureaucrats, education policy makers, health educators, physicians and other "accredited" members of society who do not necessarily have an immediate knowledge of the concerns and experiences of the communities they study. Looking at visible and

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<sup>8</sup> It is interesting to note that as of February 25, 1991, poppers (amyl nitrates) have been declared illegal in the United States. Obviously, this does nothing but push their manufacturing and selling underground. The relationship between poppers and debilitation of the immune system has never been firmly established.

invisible minorities and oppressed groups in society as the "Other" presupposes widely held assumptions that people from ethnic minorities, lower socio-economic class and alternative sexualities are less responsible and less moral (Treichler 1989, Patton 1990). Murray & Aumann (1987) present a story that illustrates this contention

Concerns about 'irresponsible' behaviour by AIDS-diagnosed persons have led to actions and policy that put personal freedom in great jeopardy, actions that have included police surveillance of individuals such as Fabian Bridges. Bridges, a male prostitute, traveled from Ohio, to Houston, Texas, where the city health director placed him under twenty-four-hour police surveillance, supposedly because Bridges planned to continue plying his trade. When Bridges did not do so, police convinced him to seek psychiatric or physical treatment at a hospital. Because he was not acutely ill, either mentally or with AIDS, Bridges was released and again placed under police surveillance. More than a week after his arrival in Houston . . . a representative of the Gay Rights Coalition . . . provided room and board for Bridges until his death two months later. Further investigation revealed that Bridges had a subnormal IQ (in the seventies) and apparently no idea of the implications of his disease (147-8).

Besides the relevance of the facts narrated here it is important to notice the references to Bridges' IQ status: he was "subnormal" and "had no idea". It is significant that Bridges was an African-American man and fits the traditional stereotype of the oversexed, unintelligent black creature. Many such assumptions have been translated into scientific and scholarly language; this in turn has permeated other levels of discourse. The official AIDS prevention-education discourse clearly influences the popular readings of the educational messages<sup>9</sup>. An illustration of the circulation and reinterpretation of the

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<sup>9</sup> Not in the sense that one blindly obeys and follows an authoritative discourse, but in the sense that one reads and employs the information using the authoritative discourse as a standard and norm. (see Leiss et al. 1986). In the case of safer sex the hidden agenda of containment embedded in this discourse has supported the moral backlash of the 1980's in North America. At the same time it has promoted ambivalent attitudes with regard to a responsible and mature sexuality. The containment approach of safer sex does not permit individuals to make better decisions about their sexual activities because those decisions have already been made for them and many of their sexual activities are likely to have been listed as dangerous, risky, irresponsible, irrational or threatening to others.



authoritative discourse of the medical institution is the deployment of the infamous HIV+/HIV- dichotomy in the popular mind. This is a scientific distinction that is ultimately defined by counsellors and physicians in the testing and diagnosis sites (Patton 1990). The HIV binomy has been perceived differently in different contexts and at different times, for example, "when the so-called 'AIDS test' arrived on the scene in 1985, it was widely interpreted to be a means of determining whether one needed to practice safe sex" (Patton 1990: 48). The phrase "safe sex" is itself a significant example that also indicates a need to explore the AIDS prevention-education discourses in their locus: the body.

The discourse of safe sex has become involved in constructing identities around infection or presumption of infection, instead of focusing - as in the early years - on the biology of transmission and on the technology and practice of safe sex. For those confronted with the possibility of testing, safe sex becomes a symbol of danger, with ELISA [enzyme-linked immunosorbent assay, a.k.a. HIV antibody test] as an indicator of safe versus dangerous persons. Safe sex ceases to be a practice of sexual pleasure, and becomes an avoidance of sexual danger (Patton 1990: 48).

Although there has been a growing concern for retrieving local understandings and "translations" of phrases such as safe sex, testing, and high risk the affected members of specific groups are not necessarily the ones consulted to do so. A substantial wealth of knowledge and experience held by specific groups (considered to be disadvantaged in society and therefore confronting HIV more frequently) is still systematically silenced and subjugated by the hierarchical (i.e. top-down, center-periphery) flow and formulation of what is perceived as a unified and legitimate AIDS prevention-education discourse. Much of the information about alternative treatment and health care circulates in "alternative" networks, it is seen as less legitimate, and reaches only a part of the population that could benefit from it. Hence, the relevance of

social science research that speaks to and from those who have been systematically ignored. The circulation of subjugated knowledges may help women and men who are living within the HIV/AIDS continuum access a collective repertoire of cultural possibilities. It may also help increase the awareness and understanding about HIV/AIDS in those who do not see themselves at risk or touched by the epidemic.

AIDS, the monumental metaphor, misrepresented by the sensationalist media, avoided by teachers and parents, silenced by bureaucrats, frowned upon by the clergy, brandished by activists may be a metaphor of the times, a biomedical, organizational, bureaucratic, economic and educational failure (Perrow & Gillèn 1990) but most of all it is an "epidemic of signification" (Treichler 1989). It is at this point where I begin my enquiry. I begin to build upon some basic theoretical premises that indicate that expressions such as "safe sex," "risk activity," "levels of risk," "HIV transmission," "informed risks," "co-factors," "multiple exposures," "insertive-receptive," "slip-up," and "relapse" (1) are part of a dominant, seemingly neutral discourse, (2) have been coined by those who have positions of privilege in North American society; (3) do not reflect the actual experience of the subjects; and (4) are not neutral in that they harbour a myriad of social, cultural, ethical and political meanings that should be redefined by the subjects of the discourse to make any AIDS education program effective.

### **Fieldwork and Deskwork: ethnographic tools and data analysis:**

I have presented here various instances of why it is essential for those involved in AIDS prevention-education to understand the cultural issues that

surround sexuality with the direct intervention of the social actors involved. A critical, interpretative and participatory method seems to be the most suitable means of exploring the understandings and practices of sexuality and their roles in shaping attitudes and behaviours. I have also explained why it is important for gay men, those who historically were the ones to coin words and phrases about HIV/AIDS and safer sex, to look critically at what has become of this discourse over the last decade and to revitalize the process of discourse production that seems to be the exclusive dominion of "experts". The significance of this focus on production is highlighted by Marcus & Fischer (1986):

The point (. . .) seems to be that the production of cultural meaning and symbols, as a central practice and process in social action, deserves more emphasis at the moment than the systematic exegesis of symbols and meanings alone. In part, this is merely a counterweight to a perceived imbalance of interpretive approaches toward concerns with content over form, and the effort is thus to recenter interpretative anthropology at a point where it squarely focuses on both form and content, on meaning in action (84).

This study places similar emphasis on the production of an alternative reading to the official discourse on and about HIV/AIDS. It does so by emphasizing praxis, community activism, and the retrieving of the voices of the participants. The choice of ethnographic tools and ways of doing research such as open-ended, unstructured interviews, field notes, personal letters, and triangular interpretation has been informed by an extensive and diverse body of North American and Latin American feminist literature, cultural studies, and educational theory. Ethnography and its procedures and understandings have the possibility of becoming a form of praxis, that is to say, it is grounded in academic theory and in community practice. Praxis has been defined as reflection and action. Lather defines the term (1986) by stating

For praxis to be possible, not only must theory illuminate the lived experience of progressive social groups; it must also be illuminated by their struggles. Theory adequate to the task of changing the world must be open-ended, non-dogmatic, informing, and grounded in the circumstances of everyday life; and, moreover, it must be premised on a deep respect for the intellectual and political capacities of the dispossessed. This position has profound substantive and methodological implications for postpositivist, change-enhancing inquiry in the human sciences (262).

Thus, ethnography offers another possibility: a moment of reflection that may become a consciousness-raising process. It has been argued that the knowledge retrieved by means of an ethnography should "provide for subjects [participants] the means of grasping the social relations organizing the world of their experience" (Smith 1987: 153). Ethnography is said to facilitate a critical look at context and history from an individual standpoint, that is to say, it presupposes that the personal is political. Smith's (1987) views on sociology are applicable to ethnography as a multidisciplinary research method and support the point I want to make here. She observes: "the aim [of sociology] is to explicate the actual social processes and practices organizing people's everyday experience from a standpoint in the everyday world . . . this means a sociology that does not transform people into objects, but preserves their presence as subjects" (151). Finally, ethnography offers methods explicit about the personal choices and values of those involved (Maguire 1987) that may become an exercise of advocacy.

This study reveals the possibility that research that engages with ethnographic tools can be both valid and valuable not only for building educational theory but also for practicing education as shown in Smith's borrowing of Paulo Freire's concept of *concientization*. I argue that it may

become a reflexive instrument, or better, a "toolkit of engaged theory"<sup>10</sup>, that examines and questions the production of meanings of illness and sexuality. Furthermore, the findings of this study may be amenable to general conclusions in that an ethnography could be considered both as snapshot or a "reality" (unidimensional as statistics are) and a small part of it (a microcosm) that contains similar dynamics, symptoms, issues and principles of regulation. Smith argues that:

The relation of the local and particular to generalized social relations . . . is a property of social organization. The particular 'case' is not particular in the aspects that are of concern to the inquirer. Indeed, it is not a 'case' for it presents itself to us rather as a point of entry, the locus of an experiencing subject or subjects, into a larger economic process. The problematic of the everyday world arises precisely at the juncture of particular experience, with generalizing and abstracted forms of social relations organizing a division of labour in society at large (1987: 157).

The research methods followed by this study are rigorous in inception<sup>11</sup> yet they have given the various research stages the necessary flexibility to allow for participation. The chronological summary of the fieldwork activities originally proposed was as follows: (1) access to population. This consists of interviews with potential participants of the ethnography, interviews with individuals who occupy positions of leadership in AIDS community organizations, and participatory observation<sup>12</sup> in an AIDS service organization,

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<sup>10</sup> This is an expression adopted by Clifford (1988) from Michel Foucault and Gilles Deleuze.

<sup>11</sup> I partially agree with Hammersley & Atkinson (1983) in that "much of the effort that goes into theory construction [or production] is concerned with formulating and reformulating the research problems in ways that make it more amenable to theoretical solution"(34).

<sup>12</sup> Clifford (1988) stated that participatory observation also has served as shorthand "for a continuous tacking between the 'inside' and 'outside' of events: on the one hand grasping the sense of specific occurrences and gestures empathetically, on the other stepping back to situate these meanings in wider contexts. Particular events thus acquire deeper or more general significance, structural rules, and so forth" (34).

(2) a first round of formal interviews, (3) feedback from the participants using full length transcriptions of the interviews<sup>13</sup> in the form of a second round of unstructured interviews to discuss what the participants consider to be the most interesting aspects revealed by the transcripts, (4) a preparation of a multi-layered narrative that emphasizes some of the important aspects of the interviews, formulates relevant questions, and provides conclusions and recommendations about safer sex guidelines and their use in HIV/AIDS prevention education, (5) further feedback on the academic analysis from some of the participants, and (6) a final report and final M.A. thesis.

This project adheres to the standards of qualitative research recommended by Howe & Eisenhart: (1) that "The data collection techniques employed ought to fit, be suitable for answering, and the research question entertained," (2) that "Data collection and analysis techniques also must be competently applied, in a more or less technical sense," (3) that "Whether some grand social scientific theoretical orientation is employed . . . , or whether research is more specifically focused on pedagogy . . . , background assumptions should guide the research questions and methods in a coherent and consistent fashion," and (4) that there should be an overall warrant "that encompasses responding to and balancing the first three standards discussed as well as going beyond them, to include such things as being alert and being able to employ knowledge from outside the particular perspective and tradition within which one is working, and being able to apply general principles for evaluating arguments" (1990: 6-7).

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<sup>13</sup> The participants always had the explicit right to comment on or withdraw part of the information, or all of it, at any time. This surpasses the standard of confidentiality recommended by the ethics committee of this university.

Some other relevant considerations to this fieldwork and deskwork have been my academic point of view (as advised by Hammersley & Atkinson 1983: 21), my experience as a Latino gay male, as a man living with HIV/AIDS and the multiplicity of views of the participants. Although I know that my working class heritage, age, sexual orientation, and body ability have shaped and validated my experiences in this project, it would be difficult to determine exactly to what degree. Clifford (1988) states that "precisely because it is hard to pin down, 'experience' has served as an effective guarantee of ethnographic authority. There is, of course, a telling ambiguity in the term. Experience evokes a participatory presence, a sensitive contact with the world to be understood, a rapport with its people, a concreteness of perception. It also suggests a cumulative, deepening knowledge . . ."(37). Many other personal/political considerations were taken throughout this work, but some of them are only implicitly stated.

Ethnographies are politically mediated, since the power of one group to represent another [or to represent itself] is always involved. Fieldworkers are typically one up on those they study (Nader, 1972). Moreover, sponsors (or lack thereof) suggest and enforce domains of 'proper' ethnographic work. The practical worlds of budgets, scholarly interests, and academic politics all attach themselves to fieldwork. Insight on how to shake a grant from the Giving Tree may be far more important to understanding why one group instead of another is investigated. Most crucially, ethnography irrevocably influences the interests and lives of the people represented in them - individually and collectively, for better or for worse. Writers know this, and self-imposed limits mark all ethnographies (Van Maanen 1988: 5).

I do not mean to say that ethnographic research is the only kind of research that is put through the grinding teeth of the patriarchal academe, but I want to emphasize the specific struggle of those of us who decide to use "alternative" ways of doing research, representation, theory expansion and confirmation, and authority building.

What actually happened in the field followed the sequence I had initially intended, but the results soon began to appear less spectacular, solid, final, and more fluid and humane than I expected. By "fluid and humane" I mean that the things that I found were mostly commonplace and almost obvious. I am an insider, I have always known about gay men's sexuality, sex, and emotions. I know about living with HIV, mourning, grieving, denial and other personal processes. The distinctive and new element lies within the narratives utilized to express those concepts and the implicit resistance to the safer sex discourse. I expected to find new concepts of death, sex and illness, but I found nothing new. What I retrieved was a realization of how gay men speak about those concepts, what the similarities and differences are and what significance those narratives, those ways of speaking about sex, illness, AIDS, and death, have in our lives.

I sent a full transcript of the first interview to all of those participants/informants who live in North America and invited their comments and changes on those narratives. Later I reached each one of them to obtain a second interview. Six of them showed interest and we met for a second interview. I also prepared full transcripts of these second interviews. One of the second interviews took place after listening to the recording of the first interview. I asked three of the participants, two in North America and one in Chile to read and make comments on at least three interviews other than their own. These observations helped me focus on important aspects common to all of the interviews and to select relevant passages from the transcripts. I also utilized about a hundred pages of field notes and personal letters - mostly written during my five months fieldwork in Chile - to examine the development of my own thinking throughout the study.



In this final text the data gathered is re-presented in a multi-layered narrative, what Van Maanen (1988) calls a "tale," that "attends to the textual operations of the production [itself]" (Lather 1990: 2) and helps elucidate some specific connections between the main themes emerging from the interviews. This narrative is reflexive and self-critical and attempts to bring the "teller of the tale into the narrative, embodied, desiring, invested in a variety of often contradictory privileges and struggles" (9). This narrative and its production - the interview - makes a serious attempt at causing a shift from a Foucauldian view of sexuality as confession, as a relation of power, and as a production of truth<sup>14</sup> that has been perpetuated in the current epidemiological research on AIDS to a Freirian space for dialogue and consciousness raising<sup>15</sup>. This tale has received some direct input of the participants that brings it closer to the democratic ideal of what Van Maanen (1988) calls the "jointly told tale" that is interpretive and negotiated one-on-one. This narrative isolates for theoretical purposes some of the relevant connections - and the oral way of making those connections, the storytelling - as found in the field, between culture, sexuality, illness, and education. Thus, in Chapters II and III the participant's narratives helps to deconstruct some of the assumptions of the language of AIDS, in particular when addressing the gay experience <sup>16</sup>.

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<sup>14</sup> See "Scientia Sexualis" in The History of Sexuality, 1978.

<sup>15</sup> This tale will also profit from a tradition of critical ethnography in education that is reflexive and involves "a dialectical process among (a) the researcher's constructs, (b) the informants' commonsense constructs, (c) the research data, (d) the researcher's ideological biases, and (e) the structural and historical forces that informed the social construction under study" (Anderson 1989: 249-270).

<sup>16</sup> Patti Lather (1990) calls this process deconstruction. She states: "Deconstruction moves against stories that appear to tell themselves" (9).

A parallel narrative, the "realist" tale, is based on the traditional assumption that there is an objective, rational world "out there" to be recorded with "a sense of detachment." The irony is intended to make evident the process of turning the experience presented in the first tale into a scientific interpretation. In order to do this it has to be thickened, to use a traditional term, by transforming discourse into text <sup>17</sup>. The intended epistemological travel departs from (1) experiential authority, travels through (2) interpretative authority grounded in grand theory, and attempts to arrive at (3) validation through participation.

### **Objectives of the Study**

This study is driven by a sense of urgency that exists in the community I work through and for. The study of the relationships of individual experiences and practices to the official discourse on and about HIV/AIDS prevention-education may help educators recognize many of the unspoken motivations gay men have for engaging in unsafe sex and accepting high levels of risk. It may also create an awareness of the need to allocate efforts for the education of HIV+ peoples who have the right to a professional, personal and sexual life after the diagnosis. The overall goals of this study are (1) to explore the relationship between the discourses on and about HIV/AIDS, in particular the "official" discourse of HIV/AIDS prevention-education, and the understandings

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<sup>17</sup> " 'Textualization' is understood as a prerequisite to interpretation . . . . It is the process through which unwritten behaviour, speech, beliefs, oral tradition, and ritual come to be marked as a corpus, a potentially meaningful ensemble separated out from an immediate discursive or performative situation. In the moment of textualization this meaningful corpus assumes a more or less stable relation to a context . . ." (38).

and practices of sexuality of men who have sex with men, (2) to voice their legitimate concerns about sexuality in times of HIV/AIDS, and (3) to appropriate and redefine the discourse of HIV/AIDS in which these men are subjects<sup>18</sup>. Secondary goals are: (1) to elaborate a general critique of the role of HIV/AIDS education, (2) to present an ethnographic enquiry of the impact of AIDS education in human sexuality especially in relation to informed unsafe sexual practices, and (3) to make recommendations for the use of the theory generated from the ethnography (and the method itself) for HIV/AIDS education in a culturally diverse context. I propose that an approach that emphasizes discovery rather than validation of pre-conceived laboratory theories will bring to light well-grounded, more participatory, and more effective programs for HIV/AIDS education.

### **Participants and Context Definition**

The participants of this study were selected by using the resources and direct experience available to the researcher. These are men with whom I have been acquainted for at least a short period of time. This is important because I wanted to encourage the participants to contest, question and negotiate the context and terms of the ethnography. In a period of two years I

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<sup>18</sup> Freire & Macedo (1987) emphasize the importance of an "emancipatory literacy" that guarantees the legitimation of "one's own discourse" (54). Gay and lesbian groups in North America have struggled to produce and sustain a discourse about sexuality and AIDS prevention-education which belongs to the people who use it. The production of one's own discourse also entails "the reinvention of power." These authors state that "we ought not to be concerned with the mere shifting of power from one group to another. It is necessary to understand that in seizing power one must transform it. This re-creation and reinvention of power by necessity passes through the reinvention of the productive act. And the reinvention of the productive act takes place to the degree the people's discourse is legitimized in terms of people's wishes, decisions, and dreams, not merely empty words" (Freire & Macedo 1987: 55).

formally interviewed twenty men. Eight of these men are of Anglo Saxon heritage and have been born or lived extended periods of time in Canada, United States, Latin America, or Australia. Eight of them are Latinos, *mestizos*, who have lived extended periods of time in Latin America, Australia, or North America. One of the twenty participants is European and one is Asian, both have lived extended periods of time in North America. Except for the fact that they are all literate, able-bodied, adults whose ages range from 20 to 50 years old, their specific situations, characteristics, social, cultural, and financial status vary immensely. Some of these men are living with HIV/AIDS, others have tested negative and some have chosen not to know. These men sustain poor (i.e. disability, welfare) and good financial situations, some of them are involved in stable relationships, some live alone, they may participate in gay community groups, or isolate themselves from the community. The common factor is that I know them personally and I asked them to participate in these interviews. I have sought out "mainstream" people both to avoid exploitative research of people whose trust would have been difficult to win (e.g. sex workers) and to avoid the prejudice of a conservative moral view that sees HIV/AIDS related issues as located only in disenfranchised segments of the population. \*

These open-ended and unstructured interviews reflect our diversity and our various views on sex, sexuality, and illness in various "American" contexts such as Santiago (Chile), Seattle (U.S.), and Vancouver, B.C. (Canada). In particular, we, the participants and the researcher, will review our experiences of sexuality in relation to HIV/AIDS education-prevention and the safer sex guidelines imparted by community organizations. AIDS service organizations (ASOs) and the texts (i.e. brochures, videos, workshops) created by them have

been chosen as points of reference for this ethnography<sup>19</sup>. Current literature on and about AIDS prevention-education shows the significance of ASOs as sites of production of meaning about AIDS. At the community level in North America (as well as in other parts of the world where sexual politics and activism had previously been unheard), the gay response to AIDS has been immediate<sup>20</sup>. It was mainly expressed as efforts to organize, prevent, assist, and politicize a myriad of issues around HIV and AIDS (e.g., Gay Men's Health Crisis established in New York City in 1982; AIDS Vancouver established in 1983). This study briefly lays out the role, philosophy and impact of ASOs. A general description of the type of education ASOs provide demonstrates the great potential these sites possess to promote the cultural change that is the necessary component of AIDS prevention-education.

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<sup>19</sup> The connection between ASOs (and PWA coalitions) and the social actors is critical. ASOs act as intermediaries between different segments of the population and the state's policies and laws. The population selected for this study does not necessarily have a direct or immediate connection to an ASO, but for the most part they have become more aware of AIDS through some ASO.

<sup>20</sup> There is an ongoing debate as to whether AIDS has sometimes been turned into an exclusively gay issue or not (Kramer, 1989; Crimp, 1990); it is evident that quite a substantial part of gay experience has been reorganized and reconceptualized around this disease (Plummer, 1988). I further explore this issue in Chapter III: "Mapping out the Field".

III

Mapping Out the Field

En la sala de un hospital  
a las 9:43 nació Simon  
es el verano del 56  
el orgullo de Don Andrés  
por ser varòn.

Fuè criado como los demàs  
con mano dura, con serenidad  
nunca opinò.  
"Cuando crezcas vas a estudiar  
la misma vaina que tu papa,  
oyelo bien, tendras que ser  
un gran varòn".

Al extranjero se fue Simòn  
lejos de casa se le olvido  
aquel sermòn.  
Cambiò la forma de camina  
usaba falda, lapiz labial  
y un carteròn.

Cuenta la gente que un día el papa  
fuè a visitarlo sin avisar  
¡¡vaya que error!!  
y una mujer le hablò al pasar  
le dijo "Hola que tal papa,  
¿como te va? ¿No me conoces?  
Yo soy Simòn, tu hijo  
el gran varòn".

**Estribillo**

No se puede corregir  
a la naturaleza,  
palo que nace doblao'  
jamàs otro lo endereza.

Se deajo llevar  
por lo que dice la gente  
su padre jamàs le hablò  
lo abandonò para siempre

No te quejes Andres  
no te quejes por nada  
si del cielo te caen limones  
tendras que hacer limonada.

Y mientras pasan los años

el viejo cendiendo un poco  
Simòn ya ni le escribia  
Andres estaba furioso.  
Por fin hubo noticias  
de donde su hijo estaba  
nunca olvido el dia  
de esa triste llamada.

En la sala de un hospital  
de una extraña enfermedad  
muriò Simòn.  
Es el verano del 86  
al enfermo de la cama diez  
nadie llorò,  
Simòn, Simòn.  
(Willie Colòn 1990)

## Travelling the Field

This section is the itinerary and trajectory of the fieldwork, it explains what, how and where I found things in the field over these two years. Also, it traces the travelling of my own mind and soul and the changes that occurred within myself as I was understanding the field and my body positioned in the field. Initially, saying that I was “a man living with HIV” was scary and it sounded corny and forced to my ears. This statement has become part of myself over these last two years. One could argue that I have convinced myself of something that might not be true (or healthy). I believe I have “empowered” myself, I have found a voice to write, address audiences, deliver workshops and do one-on-one peer counselling. I say I have come to a better understanding of the intricate architecture of this HIV positive identity. This has not only been purely intellectual. I also feel anger and fear. These emotions have always been there but unspoken and unacknowledged. I was 22 years old when I was told that I was HIV positive bluntly and with no counselling and no knowledge. What I heard around me made me think that I was going to die a horrible death and so I might, but I feel better prepared now.

It was clear that if I wanted to understand the process of translation from discourse into lived experiences of gay men I had to look into the sites where this discourse of safe sex<sup>21</sup> is being produced, amalgamated, coined, and circulated. Not all the men that I interviewed in this fieldwork belong or are related to a PWA society, ASOs, or similar community-based organization, but they have all received information that originated from these organizations. The existence of ASOs which were initially run mostly by gay males and which are still very “gay positive” has allowed gay men to contrast and compare information and ideas about HIV/AIDS with the sensationalistic information (limited in scope and purpose) offered by the mass media. The participants in this study appear knowledgeable and well-informed about the basic forms of HIV transmission and prevention. More complex aspects such as living with HIV/AIDS, treatments, spiritual, emotional and sexual relations with people living with HIV/AIDS, and working with people living with HIV/AIDS are less clear.

In order to understand the web of interrelations, understandings and practices within organizations devoted to HIV/AIDS prevention education and among “friendly users” of the safer sex discourse I immersed myself in the activities of two organizations, one in Vancouver, Canada and one in Santiago, Chile. I visited organizations and talked to educators, volunteers and clients in Washington, California, New York, Quebec, and Ontario. By travelling the field I became familiar with what I call the “AIDS circuit,” a

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<sup>21</sup> I need to acknowledge here an important internal debate on whether this phrase should be “safe sex” or better “safer sex” to connote that sex is never safe at all and there is always a degree of risk involved.



reduced group of women and men who volunteer, work, study and organize around HIV/AIDS issues, and an even smaller number of organizations that provide a space for those people. I have seen how many men living with HIV/AIDS participate in the activities of organizations such as AIDS Vancouver and PWA. I wanted to do this, but I needed to look at these organizations with some reluctance and mistrust to fully understand that they are places that harbour a restricted “circuit” of people, a minority that develops intensive social and working networks and sometimes oppressive webs. I had to understand that no matter how friendly they appear, ASOs and PWAs in North America still are places where things are done the Anglo Saxon way and I could only fit there temporarily and partially. I understood that a non-profit organization is a place where one goes and leaves after a weekly volunteer shift and it might be unadvisable to completely organize one’s life around it. In these places I find support for my physical or emotional well-being, but they cannot take me through illness, loss, mourning, grief, anger, hatred, and pain. My involvement is always cautious and bounded by my Latino identity and my immigrant identity in ways that most people who have not been in similar situation fail to understand. In meetings, workshops, and trainings it is always interesting to hear gay men introduce ourselves primarily as “gay” and “HIV positive” and to rest our authority on these labels. I understand that these are important accents of our identities, I have adopted them myself, but I discover with uneasiness that they are not the main accents of my identity, or I do not want them to be.

When exploring the field I also discovered how AIDS is still very much a gay disease, and the contradiction of HIV/AIDS prevention education with respect to this issue. Gay men in North America own AIDS in many ways. In

Latin America gay men are not alien to this feeling either although the statistics of who seroconverts and how are slightly different. When AIDS educators (most of us gay) parrot "AIDS is not a gay disease" without any historical grounding, we seem to contradict our situation and deny those numbers that yell in our faces that this HIV/AIDS is decimating men who have sex with men.

In North America the figures of seroprevalence and seroconversion among gay men in North America are staggering. However, ASOs (mostly founded and staffed by gay men) have found that is in their best political interest to be multicultural and inclusive when most of the societal institutions and traditions do not reciprocate these attitudes.

I have heard professionals and volunteers voice their good intentions and I have witnessed their courageous efforts. The role played by straight women, lesbians and gay men - in particular those people living with HIV/AIDS - is certainly worthy of praise. I have seen, for example, many gay men living with HIV/AIDS dedicate their efforts to help others while working eight hours a day, five days a week while giving up precious years of asymptomatic life and be rewarded meagre financial support. Any truly democratic government should certainly honour such work with a good salary. Instead, we have seen the emergence of the full time AIDS activist living on meagre social assistance. I have also seen with dismay too many people investing themselves with an authority they do not possess, feigning understandings of HIV/AIDS and prescribing magic solutions that would be impossible to implement. The list of evangelists, scientists, physicians, teachers, counsellors and self-styled HIV positive gurus is enraging in its enormity. HIV/AIDS is the metaphor that can be usurped to be used in almost every field. Those of us living with HIV/AIDS twitch in terror every time someone writes a new magazine column, shoots a new video, or gives yet another "enlightened workshop". Persons living with

HIV/AIDS are also accomplices to this and sometimes we allow our lives to be represented only as sad testimonials and to remain at this level where our political power, our right to be "experts", to formulate questions, to be "impatient" patients, and to be angry is taken away.

Gay men are a diverse group that faces a catastrophic epidemic. Social and emotional networks have been severed and decimated, personal and collective tragedy has been exploited by mass media, government authorities, and frequently ASOs themselves. Funding for health care, sick care, educational services, and counselling has been obtained only after painful struggles or continues to be denied on the weak arguments that gay men have already been educated, AIDS does not only affect homosexuals, or deviants might not have shown the proper ability to modify their behaviours (all behaviours, not only the ones that put them at risk). Gay men, in particular poor gay men, no matter what colour or creed, constitute a group of people placed at higher risk by societal denial and governmental neglect and inability to respond. In public politics, the gay community demonstrates a high degree of cohesion. In the sphere of personal politics, we reveal deep fragmentations. While working in the community in Vancouver, B.C. I have seen more people immobilized (and "burned out") by what is called "politics" and I describe as "people going at each other's throat" than by the actual biological effects of HIV/AIDS. One of the main causes appears to be the superficial political correctness of some interest groups to further their political causes. Securing one's position in the field might become a paralyzing political game. Labelling strategies, devoid of critical thinking, becomes essentialism. Gay men have resisted labels and stereotypes imposed upon us in the past. However, labelling and political correctness seem at times the preferred strategies for dealing with organizing and mobilizing around HIV/AIDS.

These are some of the problems I noted when exploring the AIDS circuit. After some time I stopped sorting out blame and guilt. I understood that many of these conflicts and tension are unavoidable when a repressed and neglected group of people get feigned attention, become victims of lip service and tokenism at its best, and do not get their rights enforced, money as promised, and societal acceptance. I came to realize that I needed to distance myself from the volunteer work in the AIDS circuit, that the tension and the asphyxiating environment that is lived day to day in these organizations could hasten the destruction of my remaining T-cells. In contradiction to my distrust for "objectivity" and "neutrality" and my advocacy for participation, it was sometimes necessary for me as a researcher to withdraw from the AIDS circuit and have a moment of contemplation, a moment in which I stopped feeling that I was drowning in the many aspects of this troubled AIDS waters, a moment in which I cushioned myself in denial and I looked at the sun and the things around me without feeling the virus swimming through my blood, without the memory of friends gone, and without the fear of losing my partner, my friends and my own life.

This chapter is divided into two sections: in the first section I sketch a historical account of the institutional organizing around of HIV/AIDS in North America. AIDS Vancouver, Vancouver PWA Society and other non-governmental organizations - NGOs - are presented as illustrations of the important efforts to face the challenges posed by HIV/AIDS during the last ten years. I offer an alternative historical reading to the information available in those organizations. This reading focuses on the political implications of the bureaucratization of tasks around HIV/AIDS and points out some of the important internal divisions. This brief historical account does not have an

exact parallel in the second section because there is no major historical frame for the organizations in Latin America. To create one for this chapter would have been outside the scope of this work. This section also offers a contextualized review of what HIV/AIDS prevention education is and how it evolved in North America. In its most general points this review is applicable to Latin American efforts because formal aspects of HIV/AIDS prevention education (e.g. workshop formats, language) have been literally adopted in various countries<sup>22</sup>.

The second section of this chapter deals briefly with the HIV/AIDS educational efforts in Chile using a case study: Corporación Chilena de Prevención del SIDA. This is only a small section of the lengthy account of a fieldwork conducted between October 1991 and February 1992 and sponsored by AIDS Vancouver, the Canadian International Development Agency, and Simon Fraser University that I have reported elsewhere. I explore some the main elements of the educational efforts in Chile. Appendix B offers some the most important cultural elements that shape the HIV/AIDS prevention education efforts in Latin America. I have included these because they provide a frame to understand the different cultural context in which a similar pattern of HIV/AIDS education takes place. The discourse of safer sex tends to be quite similar in Latin America but these socio-cultural elements account for the subtle but crucial differences between the experiences of gay men in both cultures. The main purpose for undertaking fieldwork in Latin America and to partially report it in this thesis is because I felt I needed to have an external perspective about safer sex guidelines, contrast and compare to find out if there were “universal”

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<sup>22</sup> This creates a possible problem of cultural dependence that is discussed in the second section of this chapter.

attitudes as it were, and document the distinctiveness of Latino[a] immigrants' experiences in North America. The fieldwork in Chile was a gathering of significant aspects of our cultural baggage and a realization of the role they play once we cross the border.

A summary of the main elements that characterize HIV/AIDS prevention in the two sites conclude this chapter. It does not purport to offer comparisons across cultures although some of them are implied and could be used as background information. The conclusions attempt to explain the connections between the current trends in sexual practices and the safer sex discourse offered by these organizations.

Issues of institutionalized discourse (e.g. safer sex guidelines), popular production and negotiation of meaning, and co-optation of culturally specific discourses (e.g. safer sex language originally coined by white gay males) and representation of identities (e.g. women and men of colour in the safer sex discourse) connect this chapter to the analysis chapter. The relations between what the participants of this study said for the record and the institutions that preserve, expand, and promote the official HIV/AIDS discourse are not always explicitly drawn. It is important to keep in mind that the sexual (and sometimes social) lives of most of the men I formally interviewed and informally spoke with have been touched by the activities (e.g., fundraisers, art and performing arts events, workshops, counselling, food bank, etc.) carried out by ASOs and the discourse utilized (speeches, helpline guidelines, brochures and posters) in which safer sex guidelines occupied a central position.

**AIDS Vancouver in Context: the development of North American ASOs**

Fieldwork at AV began in 1990 when I entered its volunteer lines, I went through a core training and some specialized training to work in its gay community programmes. This experience took an unexpected turn when I became a member of the board of directors of AV in April 1991. This gave me the opportunity to take a new vantage point and observe the inner workings of the organization.

Since the beginning of the AIDS epidemic the non-governmental organization (NGO) model was adopted to deliver AIDS education and assistance to those affected by AIDS in the North American population. Certain well-established features of NGOs made them an appropriate vehicle for dealing with the emerging AIDS crisis. The following definition was constructed with Latin American NGOs in mind, however, I suggest that in general terms it is applicable to the North American organizations.

There is no agreement in the literature or in recent debates as to a definition of non-governmental organizations. The expression itself is negative (it encompasses all organizations that do not belong to the State). This [definition] would include private organizations that operate with purposes of profit, social organizations and others, that is to say, the definition is too broad. . . . By NGO we understand . . . a particular type of organization that does not depend economically or institutionally on the State. They are devoted to social promotion, education, communication and research/experimentation, without financial interests, and their objective is to improve the quality of life for the most oppressed sectors [of society] (Vio Grossi 1989: 8).

Most NGOs that took on the task of dealing with AIDS emerged in North America between 1981 and 1985 as a response to the refusal of the U.S. and Canadian governments to confront a problem that was thought to be entrenched in a very unpopular sector of the population: homosexual men<sup>23</sup>.

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<sup>23</sup> Much has been said about the catastrophic implications of Ronald Reagan's policies on the development and spread of the disease (Altman 1987, Getzkel et al. 1988) and of similar attitudes adopted in England (Watney 1989).

Although this historical frame is not solely concerned with gay originated AIDS organizations, the link between the gay community and AIDS organizations is unbreakable. Historically, white gay men in North America were in a position in which they could voice their rage and concerns about treatment, research, social support and discrimination. White gay men had an already formed political forum and financial clout. Women, people of colour, IV drug users and sex workers found few options to be heard. Little of their historical experience in the AIDS epidemic has been properly documented.

In tracing the development of AIDS-related NGOs it is necessary to distinguish two periods: 1981/1985 and 1985/1990<sup>24</sup>. Through 1985 two types of grass roots organizations became well-recognized and achieved a degree of power to act in the community by offering so-called "human services": AIDS Service Organizations (ASOs) and People Living with AIDS organizations (PLWAs). In Canada this period was characterized by (a) a hostile economic environment for new health promotion/disease prevention initiatives, (b) a "downturn of interest in infectious disease," (c) a weak co-ordination of AIDS programmes, (d) inadequate funding that was "split among different branches of the government," (e) "political reluctance" (op. cit. Walters 1989: S3-S4)<sup>25</sup>. Walters calls the period between 1986 and 1988 a "campaign of trial and error" (S4) in which different revised versions of U.S., British and Australian

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<sup>24</sup> I have borrowed extensively from Cindy Patton's historical analysis (1990) in order to build this brief historical frame. This historical view is supported by other authors such as Altman (1987) and Watney (1989).

<sup>25</sup> It is interesting to point out that in this article, written by the CPHA AIDS Education and Awareness Programme director, the economic argument is highlighted as one of the main problems in the early organization of efforts to face the AIDS crisis in Canada. This contrasts with the views of AIDS activists in Canada and the U.S. that have consistently pointed out at homophobia and other forms of discrimination as the main obstacle for early organization around the disease.



programmes were tried out without an adequate evaluation process. The emphasis seems to have been on large-scale mass media campaigns which did little to appeal to specific audiences. Nor did the government authorities seek to use the grass roots expertise of the ASOs and PLWAs. The chasm between government efforts and these groups reveals the unidirectionality of the communication model that was established. The government would attempt through different campaigns to put AIDS in the national agenda, but it would not consider the expertise that those working on CBOs, ASOs and PLWAs had acquired in various socio-cultural contexts<sup>26</sup>. This unidirectional communication process between government and NGO still curtails the circulation of information and collective experiences about AIDS.

One of the main social forces that shaped the structures and practices of NGOs was the degree of political power which had been gained by white, middle class, gay groups in North America beginning in the 1970's. This power allowed them to re-organize their work around AIDS. Thus, AIDS groups originally formed by gay men maintained some of the ideological features of the gay liberation movement. They opposed (and continue to oppose) the discriminatory practices of the police and public health authorities that were in place before the beginning of the epidemic. ASOs were instrumental in promoting significant shifts in attitude within the gay community<sup>27</sup>. One of these shifts encouraged a new tolerance of medical

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<sup>26</sup> Walters(1989) seems aware of this implicit problem in his article. Among the main characteristics of a third period (stage) between 1989 and 1993 he points out that new model programs have to be established and that key sectors have to be mobilized (op cit. S5). It is discouraging to see that governments do not seem to learn from experiences of related public promotion campaigns such as the literacy projects worldwide. In these projects the need of a grass-roots approach has been well-documented.

<sup>27</sup> I refer here to the white gay community. Further discussion of this topic is offered in Chapter IV "From confession to dialogue".

authority which during the 1970's had been seen by the gay community "as a central oppressor" (Plummer 1988)<sup>28</sup>. Another significant social force utilized by the activities of ASOs in the 1981/1985 period was the celebratory aspects of the gay culture. The 1970's were characterized by a reorganization of the gay sexuality and a co-optation of the celebratory aspects of gay culture by the popular media (Plummer 1988: 26). Popular music, pornography, fashion, and commercial venues appeared to meet the now-liberated-needs of the gay community and to "reorganize their sexualities" (Plummer 1988: 42). In the 1980's this celebratory character was successfully re-directed and much of the gay experience was reorganized and re-conceptualized around AIDS. Parties turned into memorials and dances turned into fundraisers. The ideological implications are manifold. The 1970's saw the solidification of a commoditization of gay male culture that was necessary to incorporate it into the overall capitalistic framework of North America and guaranteed its welcome into the conspicuous consumption of the 1980's. ASOs made a strategic use of this marketing segmentation: the upwardly mobile middle class white gay male segment of the population and channelled its buying power into charity. This conformed to liberal views and successfully managed to relegate issues of class and race to a secondary position in the North American AIDS agenda. The results of this "re-directing" of celebratory (sometimes implicitly subversive) forces within the white gay community are seen today when only lip service is being paid to issues of class and race in HIV/AIDS prevention education.

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<sup>28</sup> Plummer states that "homosexuality itself has moved from being increasingly de-medicalized to finding itself once more entrapped in medical talk" (1988: 26). This shift has been widely recognized by academics, "As Michael Lynch, a critic of [Dr. Dan] William, wrote later that year: 'Like helpless mice we have peremptorily, almost inexplicably, relinquished the one power we so long fought for in constructing our modern gay community: the power to determine our own gay identity. And to who have we relinquished it? The very authority we wrested it from in a struggle that occupied us for more than a hundred years: the medical profession.'" (as quoted in Altman 1987: 137).

Channeling celebration into charity fundraising also conforms to the moralistic and conservative standards that were once challenged by the "gay liberation" movement. Monogamy, family values, professionalism and other heterosexual North American values are touted as desirable norms for gay men. Those men who cannot claim a white Anglo-Saxon middle class background are not easily addressed by the "packaging" of HIV/AIDS organizing in ASOs. "Naturally", this is reified as a form of deviance from the gay norm and a failure to "go with the times". The focus of these changes in the ASOs was the white, middle class section of the gay population which was seen as more or less symmetrically situated with respect to the heterosexual middle class population. This ethnocentric approach (prompted by the panic created by the popular media) partly explains why ASOs "promoted a discourse of collective responsibility and choice about safe sex rather than a protectionist and rights-based discourse, a logic more consistent with feminist organizing around issues of violence against women." (Patton 1990:15).

Another important social force behind the formation of ASOs and PLWAs is mentioned by Patton (1990) when she explains that in the 1981/1985 period gay men had achieved little recognition from the local or federal authorities and they "favored autonomous service provision over the distant hope of government provision of services" (15). This explains the appearance of "experts" in fundraising in these organizations who targeted their campaigns to those segments of the population with money, prestige, and popularity. Due to this emphasis on autonomy (among other reasons) the social analysis of gay-originated AIDS organizations did not go far beyond considering the AIDS services as "an affair internal to the gay community" (16). Patton explains that

this approach [to AIDS services] dovetailed with the Reagan plan to shift virtually all government services into communities under the guise of Christian charity and volunteerism. Because the gay community had never received government mediated services as an identified minority group with specific claims against social discrimination, the fact that the government might be unloading a responsibility for health care provision was largely forgotten once the major AIDS service groups had consolidated their power (16).

The potential for social change and political action by ASOs and PLWAs became deflated by their necessary relationship with the government in order to obtain funding for their activities. Patton adds

For a brief time in 1985, as government agencies surveyed what had been done, and what was to be done, the large AIDS organizations were perceived as expert because of their experience with AIDS over the previous few years. But as government and media interest decreased, gay men came to be viewed largely as a special "lobby" rather than as "experts." As gay-community-based AIDS groups worked more and more with the government, they spoke less directly of sex, and governments officials - at least in the more liberal state and local governments - learned not to make embarrassing homophobic remarks (1990:18).

This scenario suggests that during the 1985/1990 period a non-confrontational mode of communication was established between ASOs and the different levels of government. It has been suggested that in reaching this mode of communication the political potential for social change that existed in these NGOs was conveniently tamed. Initial community-based gay group organizations "achieved hegemony" by the mid-1980's and the "differing agendas and approaches which marked early AIDS groups were homogenized by focusing on the single condition of the AIDS diagnosis" (Patton 1990: 9). Plummer (1988) also states that "Gay leaders have moved from an anarchistic revolutionary politics in the 1970s to a professionalized, bureaucratized politics in the 1980s" (42). This particular focus on the illness aspects of AIDS is evident in the development of the now classic example of the Gay Men's Health Crisis:

[It] began as a grass roots response by Gay men in New York City who experienced the overwhelming medical psychological, social, legal, and economic consequences of the AIDS epidemic . . . . GMHC currently serves a much more diverse community than previously, including heterosexuals, bisexuals, women, hemophiliacs, intravenous (IV) drug users, and children with AIDS or AIDS-related complex (ARC) (Getzel et al. 1988: 396-397).

In Canada a similar process has developed in which "the AIDS crisis has forced gay activists to rely on former adversaries - the medical profession and government agencies - for badly needed information and resources. This reliance has hindered or contained our political response to AIDS as we are wary of antagonizing government or medical bureaucrats" (Kinsman 1987: 211). Clausson in his assessment of the community-based response in Canada indirectly addresses this matter when he states that

Partly because of the link with homosexuality and partly because of the suspicion that community AIDS groups were really gay political lobby groups, many government and health care agencies have been reluctant to acknowledge the important role community groups have played, and continue to play, in Canada's response to the epidemic. This reluctance has been most noticeable in the inadequate funding of community groups, despite some recent improvement (1989: 19).

AIDS Vancouver Society is a specific case in which both major shifts in focus from gay issues to AIDS as an illness, and from a grassroots framework to a bureaucratic framework can be traced<sup>29</sup>. The organization was founded in 1983 to provide services and education to the entire community and in particular to the gay community:

In the early years high risk groups were of more concern than high risk behaviours and so the gay male population was the focus of most educational activities. In the last few years, as the organization has tried to fulfil its mandate of providing information to the general population, no sustained programming has gone out to the gay community (Marchand 1989: 11).

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<sup>29</sup> I have described both shifts in rough terms. In reality it is possible to find organizations that show a combination of intents, concerns and framework of operations. AIDS Vancouver is one of such cases, however, it is possible to ascertain that the AIDS concerns and the bureaucratic framework prevail in this organization.

AIDS Vancouver is currently undergoing further changes; the need to join forces and resources with other ASOs, CBOs, and PWA has been clearly identified. A proposal has been implemented that creates an AIDS resource centre that houses various organizations such as AV Society, PWA Society, and Positive Women's Network under a common roof<sup>30</sup>: the Pacific Resource Centre (PARC).

There has been a debate whether AIDS was at some point turned into an exclusively gay issue (i.e. middle class, white, gay men's issue). In the minds of many this is a resolved case: HIV/AIDS does affect everybody and does not discriminate. This settles the biological issue, but has not effectively changed the minds of those who, understandably, still see that the highest numbers of people living with HIV/AIDS are men and an important number of those have acquired HIV by having unprotected sex with partners of the same sex<sup>31</sup>. The

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<sup>30</sup> This initiative resembles the Northwest AIDS Foundation building in Seattle, Washington, where organizations such as Shanti (one-on-one emotional and spiritual support, somewhat similar to one of the functions fulfilled by Vancouver PWA) STEP (Seattle Treatment Project), IN TOUCH (massage therapy for PWAs), and WMAPS (local chapter of the Names Project) share a building on Broadway St. in the Capitol Hill area. The building is located in a middle class, white gay and lesbian area. This brings yet another set of problematic issues regarding ethnicity and social class. There are those of us who firmly believe that the extreme "streamlining" of ASOs jeopardizes the possibilities of serving other communities that do not necessarily perceive themselves at risk, who do not see themselves as gay or lesbian, and who are not white and middle class legal citizens. However, this particular situation represents an interesting point of comparison with British Columbia. Although Washington state does not carry one of the highest AIDS case loads in the U.S. it has various programs such as POCAAN (People of Color Against AIDS Network) - for the ethnocultural minorities - and HIP - for the HIV+ population - also partially or fully funded by the state government. This may represent the acknowledgement of the local government, but it may also signify the fracture between communities and the reluctance to work together under one banner.

<sup>31</sup> In the AIDS Update: Quarterly Report of the third quarter of 1992 prepared in the British Columbia Centre for Disease Control of the Ministry of Health there are 6,116 known cases that "meet the [revised September 1, 1987] definition for AIDS. These include 6046 adults and 70 pediatric cases (<15 years of age). A total of 3,746 deaths (61%) have been reported". 5,136 of these cases are males between the ages of 20 and 49 years old. In British Columbia AIDS the most likely way of HIV acquisition has been categorized as homosexual/bisexual (1,190 males to 30 September, 1992). Most of these men are white (912). However, this classification only began in January of 1988.

discourse ASOs obscure this unresolved issue by emphasizing diversity while at the same time giving gay sexuality a central focus in workshops, campaigns, and training.

The issue of what I have termed territoriality (and has to do with who has the right to possess a certain social issue) is a political razor blade, it cuts both ways. Gay men may be interested in asserting some kind of territoriality over their experience with this illness in which they have been stigmatized and openly discriminated against. To give up the topic and organization of the illness is to permit foreign reorganization and re-conceptualization of the experience: "Owning an issue means having the moral right to speak about it and be listened to, to have a say in shaping how an issue is represented and what it really means . . . . Owning an issue does not insure that you will always prevail, but it allows you to resist being tutored, silenced, and absorbed"(Manning 1990: 17)<sup>32</sup>. On the other hand, the attempt to maintain a territorial attitude towards AIDS may further the stigma that equates AIDS and homosexual men and may also further the silencing of minorities and subgroups within the gay communities. Manning (1990) proposes three criteria for assessing "the claim of a community to moral leadership of the issues of AIDS and HIV infection. First, the people in these communities must be deeply affected by AIDS. Second, they must be deeply involved in confronting AIDS. And third, they must have the capacity to sustain an adequate response to AIDS in all its complexities. AIDS cannot belong to people for whom it is only a professional problem . . . I believe that the three characteristics I have described best fit the gay communities of Canada" (17).

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<sup>32</sup> These are excerpts from the keynote address made by Stephen Manning, executive director of AIDS Committee of Toronto to the Canadian AIDS Society's annual meeting in Winnipeg on May 12, 1990 reproduced by "X-Tra" -Toronto, July 1990.

A second example of the consequences of "mainstreaming" of ASOs in the 1985/1990 period is the formation of PLWAs and Body Positive groups<sup>33</sup>. For example, "The Vancouver Persons with AIDS Society was formed in the spring of 1986, with inspiration from the New York PWA Coalition, as a response to the specific needs of persons with AIDS (PWAs) which the founders felt were not being met in other ways. The Vancouver PWA society was the first self-help, self-care organization in Canada run entirely by and for PWAs" (Goldberg & Collins 1991: 18). These self-help, self-care, community based groups differed in two points: (a) they rejected the notions of "victims" and "experts" established and reinforced by the liaison between ASOs and government agencies, and (b) "the 'coming out' experience of gay liberation [was] mobilized as a model for people with AIDS, who, it is believed, can create an identity and group unity by claiming the common experience of living with AIDS" (Patton 1990: 9). The philosophy of these groups was informed by feminist theories, but to claim a collective experience on the basis of "common diagnosis" acquired under diverse circumstances is not the same as to claim a collective experience as, say African-American women in the U.S. In this respect Patton (1990) points out that

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<sup>33</sup> Some general comparisons can be established between the North American situation and the development of groups of *portadores/carriers* in Chile. While doing fieldwork in Santiago I had the chance to meet with two fledging groups. One of them, VIDA [life], had been born at the heart of CCHPS as a support group. The other, Grupo Arriaran, was created as a more or less autonomous group inside an inner city hospital that has a high number of seropositive clients. By 1992 this group had left the hospital to function separately. Both groups were formed mostly by gay men. One of the main reasons for their resistance to work within other organizations was their perceived need for a safe space. They complained about lack of privacy and confidentiality, manipulation and exploitation on the part of the larger organization and internalized discrimination. When interviewing in Chile and Canada I realized that one of the main sources of discrimination for HIV positive gay men is within the so called gay community. This issue is rarely mentioned when the structural tensions between ASOs and PWA are discussed, but it should be understood as playing an important role in those tensions.



. . . in reality, many different aspects of identity shape the experience of living with AIDS/HIV. Differences in class, race, gender, sexuality, in drug use, in diagnostic protocols, and in the concentration of cases across regions produce divergent models of identity (or non-identity); thus many people diagnosed with AIDS do not immediately relate to 'coming out' about their diagnosis, since they may never enjoy the benefit of freedom from 'hiding' or repression which is the implicit reward for openness in the coming out model (1990: 9).

The Vancouver Persons with AIDS Society has attempted to bypass these implications inherent to the nature of their organization by describing itself mainly as an organization that seeks the empowerment of its members<sup>34</sup>. PWA is presently situated in between various trends. A recent internal evaluation clearly detected a need to "streamline" its NGO operation and to create a safe space for diversity to include women, people of colour and disabled people (Goldberg & Collins 1991). PWA is still perceived as a white, gay male space mostly based on a culturally specific "gay" process of identification: "coming out"<sup>35</sup>.

Many organizations in North America have attempted to circumvent the problems posed by the efforts of "streamlining" (mainstreaming) and "diversifying" by establishing advisory committees to include token representatives of each sort as they exist in the community. Usually these committees are employed to feign democratic decision making (that remains in the hands of a few people in the board of directors or professional staff of the organization), but do not have effective power in the decision making regarding

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<sup>34</sup> It is important to notice that "empowerment" has become a fashionable term in North American educational discourse and does not necessarily carry the political and grass roots connotations that were originally associated with the teachings of Paulo Freire.

<sup>35</sup> The general tone of the recommendations of the External Evaluation (Goldberg & Collins 1991) seems to point out to the "streamlining" (mainstreaming) and "diversifying" of this organization, but it does not point out the inherent contradiction between these two approaches. They might only be compatible as long as these contradictions are acknowledged and constructively dealt with.

policies and implementation of activities. ASOs "mainstreaming" is not necessarily negative, but this trend might further marginalize those who find obstacles to gaining access to ASOs and PWAs and may be more at risk<sup>36</sup>. In the case of AIDS Vancouver and PWAs their value in the gay community is undeniable, but they tended to leave in the margins ethnocultural minorities and (lesbians and straight) women. Community experience of small groups suggests that when non-stream groups put together some kind of initiative (culturally specific HIV/AIDS workshops, counselling, etc.) they are likely to be denied the funds on the basis that the proposed community work is already being done by other agencies. Non-stream initiatives are likely to be said to be "duplicating" services when these services appear already stated in the mandate of larger organizations. Ultimately, funds seem to be inevitably funnelled into large ASOs. For example, in Vancouver, B.C. small organizations such as "Healing our Spirits" (First Nations AIDS project) and "VIDA: Latin American Committee for HIV/AIDS prevention education" work with limited resources. This is because their constituency does not feel comfortable or simply does not seek support in large umbrella organizations such as PWA and AV in PARC. One of the reasons usually expressed is the lack of trust in mainstream ASOs.

ASOs and PLWAs have not been the only organized responses to AIDS in North America; other community based organizations (CBOs) that had been working with ethnic minorities and first nations people (native peoples) long before the AIDS epidemic have made significant efforts at dealing with the crisis by extending already existing services. Freudentberg et al. (1989) found that

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<sup>36</sup> Again, the Seattle situation illustrates this point. See previous footnote.

"many community-based organizations have already defined a role for themselves in AIDS prevention, often with little or no outside help . . . . This supports the view that neighborhood groups can play a role in prevention . . . [also] our findings suggest that those groups with previous experience in a variety of issues and specifically those with experiences related to drug abuse and sexuality are the most likely to to become involved" (9). In these CBOs AIDS was - and still is - viewed as a "phenomenon already understandable through the existing analysis of government neglect, of poverty and a lack of access to health care and education."(11). Freudentberg et al. (1989) state that

. . . public health officials seeking to encourage community organizations to become active need to frame the AIDS issue in a broader context. As one of our respondents eloquently explained, ' if someone has the wherewithal to get some grant money, they should know that any AIDS program should be done as one component of a large program that does some of the other things this community needs, that provides some concrete services. Some AIDS education isn't going to go anywhere. For these people, your ceiling is falling down, you've got four kids, you have no money, your husband is a substance abuser, your kids are depressed and violent - AIDS is just one more thing, another stress' (20).

This is an important point when considering the situation of human groups that are systematically marginalized in society. It is also translated into personal attitudes around sexuality, sexual work, and drug (ab)use. At both the personal and collective levels marginalized human groups are stripped of their possibilities and their attitude becomes survival oriented. Dalton (1989) provides a historically grounded example of one specific community in North America, the African-American community, and their apparent resistance to directly addressing the issue of HIV/AIDS.

The black community's impulse to distance itself from the epidemic is less a response to AIDS, the medical phenomenon, than a reaction to the myriad social issues that surround the disease and give it its meaning. More fundamentally, it is the predictable outgrowth of the problematic relationship between the black community and the larger society, a

relationship characterized by domination and subordination, mutual fear and mutual disrespect, a sense of otherness and a pervasive neglect that rarely feels benign (205).

Lack of trust, deep-seated suspicion, reluctance and disrespect characterize the communication between ASOs, be it people of colour or gay peoples, and the funding agencies. Funding mostly comes from government agencies or intermediary agencies that indirectly depend on funding from the government. The flow of funds has been affected by poor communication between the bureaucracies and the grass-roots structures. Funding has been scarce in spite of the evidence that those served by these organizations are those at greater risk of becoming infected. Clausson (1989) illustrates this point by stating that

. . . the government of British Columbia for a long time adamantly refused to fund AIDS Vancouver, and even today, provincial revenue accounts for only 8% of AIDS Vancouver's budget. And for the past two years, the government of Saskatchewan has given a token \$7000 a year to AIDS Regina and AIDS Saskatoon - less than 10% of each agency's budget (19).

Once an organization obtains funding it becomes saddled with the responsibility of being accountable for those funds. Organizations such as AIDS Vancouver Society spend a lot of their energies to prepare bureaucratic statements, application, meetings to get money to continue their operations. Admittedly, all NGO are accountable for the monies they spend and the work they do. However, ASOs have historically had enormous difficulties to prove themselves and their causes worthy of attention and funding. Riaño (1990), when dealing with the problematic of participatory communication states "The excessive time and energy that external accountability takes from groups encouraging participatory communication processes is an issue of serious concern that requires transformation in the organizational and policy structure of funding organisms. Accountability to these groups and creating of mechanisms

of evaluation that suit their programs is urgently needed" (43). This problematic is also part of the U.S. scenario. In an article from the American Medical News titled "More Funds Urged for Grass Roots Efforts" in which it emphasized that those at greater risk in U.S. belong to the low-income sector, IV drug users, visible minorities, and native peoples (Voelker 1989). In this article Ron Rowell, executive director of the U.S. National Native American AIDS Prevention Center, and Isabel Fernandez, AIDS program specialist of the U.S. Minority Outreach Initiative of the Centers for Disease Control have stated that "the disease is a symptom of deeper problems - poverty, little education, and a lack of power to overcome those conditions" (4). Dealing with the problem of accountability has been one of the causes of the bureaucratization of NGOs. Their gradual transformation into ASOs has limited their scope of interests and operations. The concerns, interests, and rights of certain sexual minorities, IV drug users, ethnic minorities have been relegated to a lesser priority or simply forgotten.

## **HIV/AIDS Prevention Education in North America**

HIV/AIDS prevention-education is the effort to provide the general population (and its distinct communities) with accurate information about the continuum HIV/AIDS, that is to say, about its biomedical, psycho-social, and legal implications. It also attempts to provide the general population with the best theoretical (critical awareness/knowledge) and practical (know-how) tools available to make informed decisions about sexual activities and to follow through with them (negotiation). As a practice HIV/AIDS prevention education draws from formal education, popular education (grassroots), social marketing,

and health promotion. As it is, this definition is for theoretical purposes and is subject to many particular ethnic, class, and gender considerations.

HIV/AIDS prevention education is informed by many different understandings (and misunderstandings) of what sex, sexuality, health, illness, prevention and education mean. HIV/AIDS prevention education means different "things" to different people in different contexts. For example, it can mean individual decision making, collective action, human rights advocacy, attitude change, behaviour modification, or "pure" information. It may also have highly specialized meanings tailored to the specific individual or group using the term. Invariably safer sex guidelines stand at the centre of this discourse. Safer sex discourse is inextricably linked to the greater HIV/AIDS discourse and this should be kept in mind when reading the analysis section of this study.

Here some of the most salient forms of AIDS prevention-education are concisely described. Most of the following observations specifically deal with HIV/AIDS prevention education in an ASO setting. This focus has been chosen because these organizations have been most instrumental in delivering information to the general public and have done most of the "social work" that government organizations have neglected. ASOs have arduously worked at building good will in their respective communities and they are usually involved in formulating policies regarding HIV/AIDS (e.g. AIDS in the workplace), and are a source of updated information. However, there is still a great deal of reluctance on the part of the private sector, government, and educational institutions to approach ASOs and use their people and professional expertise when implementing educational programs.

## Regarding the current state of affairs of HIV/AIDS prevention education

Patton (1990) states

There are two general pedagogies used in homophobia and AIDS education: those aimed at providing information and those aimed at attitude change. Attitude-change projects target both individual and social attitudes. In the U.S., we have tended to focus on individual attitudes in homophobia education programs, and worked on social attitudes in projects aimed at discrimination, political access, and promoting positive images of gay and lesbian people through our engagement with and in the mass media . . . . AIDS education directed at the general public is generally viewed as a matter of conveying facts (or appealing to values about compassion), while homophobia education is seen as a matter of challenging attitudes . . . current anti-homophobia education demands civil rights, not compassion, since gay/lesbian people have an equal 'right to exist' (113-114).

In the 1981-1985 period AIDS prevention-education was mostly a grass roots, internal affair of the gay community. HIV/AIDS became a major issue for gay men (and lesbians) who stand within and outside of the HIV/AIDS continuum and it has been a source of active discrimination within and outside the community. A sector of the North American gay community was prompt in putting aside internal differences and questions about morality to deal with the urgency of AIDS. AIDS prevention-education was initially inscribed within a discourse of liberation that had been constructed during the 1960's and in particular the 1970's. Compassion and fear soon gave way to more radical rhetoric and a call for action that directly spoke out about the inaction of the government and the discrimination of the general population (see Kramer's "1,112 and Counting" 1984). The most significant characteristics of the 1981-1985 period are government inaction (Bayer 1989), the reorganization of the mainstream gay community around AIDS as a central topic (Plummer 1989) and the discrimination and denial of the society at large.

In the 1985-1990 period AIDS prevention-education became strongly influenced by government agencies. Understandings of HIV/AIDS were

influenced by the lines of communication between ASOs and the agencies that provide financial resources. Bayer (1989) offers several examples of how explicit material targeted to gay audiences offended authorities and members of the outside community. It took almost nine years of controversy and political struggle in the U.S. before more or less explicit material gained approval. The use of "clinical" language instead of "street" language utilized in the educational material is the result of many compromises.

. . . the assault of the public funding of safer-sex educational material went beyond revulsion provoked by the use of "street language" and sexually explicit drawings and photographs. To those who believed that AIDS was the consequences of erosion of traditional values, of a sexuality unrestrained by heterosexual monogamy, the very premises of AIDS educational efforts being encouraged by public health officials under pressure from gay leaders were profoundly flawed. It was in the reactions of the Surgeon General's *Report on Acquired Immune Deficiency Syndrome* published in October 1986 that the intensity of such ideological opposition was to be revealed, that the political power of the opposition was to be demonstrated (213-4).

These examples are indicative of at least three areas of concern about current HIV/AIDS prevention education models. First, they are based in a unidirectional (top-down, centre-periphery) communication model. That is to say, information trickles from ASO health educators (or public health professionals) down to the population. This stream of communication is seldom reversed except as occasional feedback given by people in some of the programs (e.g. when PWAs are called to give testimony as experts). This perpetuates an "illusion of choice" and the simulation of participation that puts liberal minds at ease. These deficiencies of the communicational model have been extensively discussed in international development literature. The recommendations of community workers and theorists are applicable to the communication model utilized in AIDS prevention-education. Riaño (1990) states that participatory communication activities are valuable to facilitate the access of women and other specific groups of the society and they require the



encouragement of private institutions, governments and development agencies (op. cit. 43) and recommends that special attention be given to "establishing adequate and sensitive training for facilitators and community leaders of participatory communication processes" (43).

A second area of concern is that ASOs deliver "clonable" printed material about HIV/AIDS prevention education that is not culturally-specific. Both the printed material and the educational practices fail to appeal to "hard to reach" targets within the gay community such as "closeted" homosexuals and lesbians, bisexuals, members of ethnic minorities<sup>37</sup>. Most printed material (e.g., glossy brochures, fliers, posters) and educational practices (e.g. safe-sex workshops, outreach to bathhouses and cruising places) still deliver information that is repeatable for the sake of standardized, quantitative evaluation that in turn feeds the statistical reports that organizations must present to their constituency and to the government in order to maintain funding. Such materials are delivered in a non-judgemental, neutral, rational fashion that culturally favours a white Anglo Saxon middle class conception of education and how it should be delivered. In Vancouver, B.C. when organizing around HIV/AIDS within the Latin American community VIDA (Latin American committee for HIV/AIDS prevention education) has been asked by authorities of the Health Ministry to focus on the possibility of developing culturally specific materials. This apparent obsession for audio visual aids, brochures and posters is not necessarily shared across cultures and it can become an imposition and an

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<sup>37</sup> See "HIV/AIDS and the Asian Communities: a one day seminar exploring the impact of HIV/AIDS on Asians and the Asian communities" London, England, 1990, and AIDS and Human Rights: Sharing the Challenge. A project of the Vancouver World AIDS Group with IDERA and the OXFAM Global Health Project, 1992.

obstacle to groups like VIDA that intend to focus on an interpersonal approach within the community.

The third area of concern is that AIDS prevention-education practices and understandings of the human processes surrounding the issue of HIV/AIDS presumes a high degree of consistency and rationality in human action that transcends all contexts. This purely theoretical approach to HIV/AIDS resembles the application of moral stages for problems in sex education presented by Lawrence Kohlberg (1971). An individual is assumed to be able to move progressively and unidirectionally from stage to stage, say, from protecting oneself by not having unprotected anal sex as a "top" to protecting others by not having unprotected anal sex as a "bottom". The possibility of pleasure as a non-rational principle of human action is not discussed. Connections between sex, erotism, violence, and danger are left unexplored. Similarly, social class, ethnic background, body ability, age, gender, and religious background are not directly recognized by mechanistic models of HIV/AIDS prevention education.

### **HIV/AIDS Prevention Education Strategies in AIDS Vancouver**

The educational project of AV can be said to makes wide use of social marketing techniques. It presents two major strands, one of broad coverage efforts that can be illustrated by the campaign implemented in early 1992 in British Columbia Transportation System<sup>38</sup> and one of specific coverage that

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<sup>38</sup> This campaign targeted gay and bisexual men and consisted of glossy posters showing three (stereo)types of gay men (leather, yuppie and lovers) and similar brochures that were placed in gay bars and inside public transportation buses. Since 1990 Vancouver Health Department has implemented three campaigns, one each year, "to popularize condom use" among the heterosexual population. Each of the campaigns has had a slogan such as "Enjoy your Love" and "Condomania". Large public billboards and public transportation side posters were the media

utilizes safe sex parties, a speaker's bureau, and information booths at conferences.

The advantages of broad coverage campaigns is the number of people that can be reached by the prevention message. They are primarily designed to sensitize the public toward specific issues and sometimes to deliver basic information without exploration of the context in which sexuality and sex take place. Broad coverage campaigns tend to be simple in tone and content which permits their repetition and replication. In a conservative province such as British Columbia even broad coverage campaigns have proven to be a serious challenge and have required careful political planning in order to dodge conservative attacks. AV was successful in implementing the "Enjoy Your Love" campaign (1992) because it has built a reputation as an effective NGO and it has gradually shifted from a small grass roots operation to a resource centre that combines one-on-one contact with the clientele with public events and activities.

Broad coverage campaigns do not directly seek to cause behaviour modification or cause any personal motivation for change. Therefore, target specific campaigns have been implemented as follow-ups and in-depth interventions. It has been suggested that one-on-one peer counselling, safer sex workshops, live demonstrations, street outreach, and testimonial presentations are more effective in changing community behaviour and, most important, community values and attitudes (Stoller Shaw 1988, Sabatier 1989, Leviton 1990). AV mandate is to help the Vancouver population at large, but the lack of resources and human support constantly undermines this

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for public display. Condoms and written information were handed out by volunteers of both sexes in popular night venues in Vancouver. These campaigns have also attracted media attention (with decreasing interest) and seem to be successful in delivering basic information.

mandate. In the past most educative interventions (and services) have been delivered to the urban gay white segment of the population.

I had the chance to do participant observation as a volunteer in two small scale projects that form part of the "Man to Man"<sup>39</sup> efforts that work within the white, gay urban population in Vancouver: "RubberWear Parties" and "Operation Latex Shield". Both programmes were designed to work with "men who have sex with men" (both as volunteers or audience) whether or not they perceive themselves to be homosexuals, heterosexuals, or bisexuals. However, most of the contents and format mainly address the white gay population of the city of Vancouver. A substantial part of the sexual activity between men who do not perceive themselves as gay men in Vancouver does not take place in gay venues such as gay bars (for contacts) or bathhouses (for sexual practices). This might be one of the explanations for the absence of such individuals in programmes that cater to men who perceive themselves as gay (both "closeted" and "out"). Men who fall in the category of men who have sex with men, but do not perceive - and call - themselves gay generally belong to minority ethnic groups. The Latino population is one example, and I give further explanations about their situation and their culturally specific behaviours later in this study.

## Conclusion

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<sup>39</sup> "Man to Man is AIDS Vancouver's collection of education and prevention programs targeted at gay and bisexual men. Through workshops, resource materials (brochures, posters), outreach, and evaluation projects, Man to Man works to develop, distribute, and reinforce information about safe sex, HIV, and AIDS throughout Vancouver's gay community" (AIDS Vancouver - 1993).

The historical framework I have presented here is a broad sketch that shows some of the most salient characteristics that differentiate various types of organizations that emerged in the early period of the AIDS epidemic (1981-1985). These organizations have formed the basis of "what was to become an AIDS service industry which now stands in an institutionalized relationship to the medical industry and government" (12). There are various degrees of institutionalization (mainstreaming) in each type of organization and this has determined different models for understanding the continuum HIV/AIDS and its psycho-social implications. I have paid special attention to ASOs and PWAs because these are institutions entirely devoted to dealing with AIDS. I have used AIDS Vancouver and Vancouver PWA society as imperfect examples which nonetheless show some of the processes and characteristics described. I have also made some general comments about the implication of the changes suffered by these organizations (bureaucratization, mainstreaming) , and the limitations imposed by the government and by those conservative minds within the organizations.

The arguments, opinions, and comments about HIV/AIDS prevention education offered by the authors cited in this section sometimes read more like a sorting out of blame than a critical look at the educational experiences. There seems to be an idea forming of what HIV/AIDS prevention education means, but this process evidences a lack of sound educational theorizing. This was initially understandable when a catastrophic situation and the urgency of the day to day events did not allow gay men to carefully plan each educational strategy to the last detail. At present and in spite of the state of bureaucratization of ASOs there seems to be a simplistic emphasis on what HIV/AIDS prevention education should do. Little attention is given to what

HIV/AIDS prevention education should be, that is an ongoing process of cultural production around an illness that will not go away. HIV/AIDS prevention education might be blind striving for a cure (safe sex) when there is a clear need to learn to live with HIV/AIDS.

### **Corporaciòn Chilena de Prevenciòn del SIDA: HIV/AIDS fieldwork in Chile**

I returned to Chile for a visit in 1989 and became aware of the HIV/AIDS prevention-education effort being carried out by La Corporaciòn Chilena de Prevenciòn del SIDA - CChPS [Chilean Corporation of Prevention of AIDS] -. I was given the opportunity to work with them which sparked my interest. I resolved to become more involved in the future. In 1989 AIDS was not a public issue in Chile and it would hardly be an issue of public concern now if it were not for a few non-governmental organizations such as CChPS. In 1990 I applied for funding through the Canadian International Development Agency to do research and community work in Chile and it was granted under the auspices of AIDS Vancouver, Simon Fraser University's Faculty of Education and CChPS in Chile.

I entered the Chilean reality when I crossed the threshold of the CChPS premises in Santiago, Chile. Shortly after my arrival in October of 1991, I immersed myself in the life of the organization and in the "AIDS circuit" of Santiago and other major cities in Chile. I suggested to the Board of Directors of CChPS that I could be useful in conducting an internal evaluation of the organization's HIV/AIDS prevention education efforts. This would allow them to obtain a useful document to include in their annual report and give them an

"objective" look at their activities. At the same time it would provide me with an appropriate standpoint from which to explore aspects of the AIDS epidemic in Chile. I obtained feedback on the contents of this report by creating focus groups with volunteers and members of the board of directors, thus ensuring the board's participation and their input and evaluation of my own work. I lived CChPS' daily routine, participated in its activities, reviewed its public documents, brochures, and fliers, performed volunteer duties in almost every educational activity, talked formally and informally with its directors, facilitators and clients, visited related organizations (such as the Health Ministry), listened to whomever volunteered opinions, comments or gossip about the organization, and systematically recorded this information in the form of field notes and letters. I attended meetings, read newspapers and magazines, watched TV, and visited theatres and cultural centres. In public and private I absorbed what was being said, and I asked about what was not being discussed. Parallel to this intense community work I furthered my academic research on HIV/AIDS discourse and everyday practices (sexual and other). This fieldwork experience in Canada and Chile has strongly buttressed my theoretical work and has provided a strong link between ideas and "reality," and a sustained form of theory evaluation.

In 1991 the number of reported sero-conversions (people who come in contact with the HIV virus and become HIV positive - HIV+s), sero-prevalence (asymptomatic people living with HIV), and full blown AIDS was on the rise in Chile; this does not mean that the AIDS epidemic has suddenly begun, it means that its effects are becoming more visible. Most people living with HIV/AIDS live in the metropolitan area of Santiago or Valparaiso, Chile's main seaport. They are between 15 and 35 years old, they have acquired HIV via

high risk sexual activities (males usually through unsafe sexual contact with same sex partners), and belong to middle and lower socio-economic classes. In the Health Ministry's *Boletín Epidemiológico*/epidemiological bulletin of the first semester of 1991 produced by the *Comisión Nacional del SIDA* (CONASIDA)/National AIDS Commission statistics are methodically organized in isolation, that is extrapolated from their historical and cultural context where they would "make sense" to the reader.

What culturally specific meanings are attached to illness and sexuality in Chile? What are societal responses to an epidemic such as this? What are people understandings of transmissible sexual illness? How does "living with HIV/AIDS" translate into everyday living in Chile? Why have many people been living with HIV/AIDS and dying without ever having been reported? These and other questions are not answered by graphs and figures of the Health Ministry. Statistics about the booming Chilean economy, unemployment (these two seem to be in contradiction with each other) and issues such as "youth permissiveness" and "national security" (bank robbery, street theft and assaults, kidnapping, terrorism) occupy the top positions in the Chilean agenda<sup>40</sup>. This is what concerns average citizens and what appears in news headlines. Many of these voices of "concerned citizens" echo long held themes and metaphors utilized in the dictator's rhetoric before 1989 ("politics of fear"). HIV/AIDS does not have the historical scaffolding necessary to support such a conflictual topic in people's collective memory. HIV/AIDS is perceived as closely linked to same-sex sexuality, marginal groups and deviant behaviours and is weighed

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<sup>40</sup> Topics such as "internal security" and "foreign debt" [la deuda externa] run high in every Latin American country's agenda during the 80s (Castillo 1991).



down by negative attitudes that have traditionally been sanctioned by cultural codes that run deep beneath the surface of Chilean society.

This is, roughly sketched, the context in which this CChPS exists. The following section describes the various strategies they have implemented to educate and organize around HIV/AIDS.

### **HIV/AIDS Prevention Education Strategies in Chile (and Latin America).**

Social marketing strategies: HIV/AIDS prevention education contains elements of both social marketing and popular education. Elements of social marketing such as health promotion and audience segmentation are present in most efforts to deal with the AIDS crisis in Chile. This is understandable in a country that has launched into a desperate race to "catch up" (modernize) with "developed" countries in the areas of industrialization, education, and social services (Castillo 1991: 13). At the same time this neo-liberal trend determines the weakness of efforts at HIV/AIDS prevention and treatment: since 1973 a large segment of Chilean health services have been privatized and the "socialist" views still held by the state with respect to medical and health services are in contradiction with the human and material resources available for public health services.

Although the goals pursued by CChPS are inscribed within the framework of the neo-liberal economic policies of Chile. They are a direct response to the myriad "side-effects" produced by the implementation of policies that superficially blur the deep social class divisions. CChPS provides services to the less privileged socioeconomic sectors. These services are in a

sense social marketing in that they promote a "social good" (wellness) to a specific population. The term social marketing is never entirely devoid of its connotations of manipulation and persuasion. Detractors of CChPS' educational approach argue that it is negative and presents a crude and confrontational view of sexuality (particularly same sex sexuality) that the Chilean social environment is not ready to accept. It is argued that such a direct approach may cause a backlash against the participants or, at best, it might "turn people off" to the HIV/AIDS crisis. Those who favour CChPS' approach think that the "modern" social marketing strategies fill a void left by the government and, more importantly, that they have begun to shake the foundational myths and stereotypes about sexuality, morality and health in Chile.

Popular education strategies: HIV/AIDS prevention education seeks to be the catalyst and the framework of a self-reflexive and critical change in the value system, behaviours and attitudes of a group of individuals. These changes do not occur in isolation, but in the context of membership in a supportive community or social network. Popular education, adult education, political education, participatory education, alternative education, and education of subordinates are some of the many terms used in Latin America to refer to a diverse but recognizable field of - mainly - adults receiving training, information, and/or knowledge outside the possibilities provided by the state. The term "popular education" encompasses

"All types and modalities of the pedagogical work directed to individuals, groups and communities of popular sectors: dwellers of the urban periphery, obreros [workers], peasants, and any other groups of rural producers of direct work as well as unemployed people from the rural and urban areas. In all its meaning, this term encompasses a special modality: the indigenous. In this specific case, the expression education of subordinates [popular education] should not be applied

to the modalities of elementary and secondary school education in courses given in series" (Rodrigues 1988: 5 - My translation).

The education for HIV/AIDS prevention offered by CChPS and other NGOs can be called "popular" in that it is (1) a "mediation between [socio-economic] classes;" there is an elite of educators and cultural workers that designs 'programmes' or trains others to be coordinators, facilitators, monitors or agents; (2) serves a project (utopia) of social change, this social project could be of "modernization" or "revolution," there are no pure forms or definitive goals; (3) bears the co-existence of traditional and emergent educational forms, "each [educational] experience is taken as a model", (4) does not necessarily exist in opposition - or as an extension - to the state (alternative versus official). (based on Rodrigues 1988: 9).

Official strategies: Initially the Ministry of Health applied what is known as politics of containment to an "illness" that was seen as "unavoidable" but dangerous. It was an unavoidable illness because it presumably affected an "underworld" formed by people with permissive and corrupt behaviour and this made it an issue of cause and effect. The strategy was to keep it contained and separated from the so called "general population". In 1987 Dr. Daniel Villalobos, head of the AIDS programme, under General Augusto Pinochet stated "el SIDA esta bajo control" [AIDS is under control] and indicated that it was not a problem in Chile. This was the government's public line on AIDS until 1989. In 1991, Health Minister Jorge Jimenez stated that AIDS was caused by aberrant behaviour and that it would probably be confined to "high-risk" groups. Formal acknowledgement of the crisis represented a significant change in attitude and discourse from previous years. However, the use of the highly discriminatory phrase "high-risk," which had already been discarded

in North American discourse on and about AIDS, marks a dangerous similarity of patterns followed by the health authorities and subsequent public opinion in both regions. In November 1991 more than five years after the first case of AIDS was diagnosed in Santiago, a mass media campaign was implemented to announce to the public that AIDS exists<sup>41</sup>. The question remains as to why the information about shifts and patterns (e.g. in attitude, public policy, media coverage) of the epidemic that was already pouring out of the United States, Canada and Europe was systematically ignored. AIDS in Chile was following a predictable course and could have been entirely preventable. Initially the denial and inability to act promptly about AIDS was thought to be directly connected to Pinochet and that political changes in the country after 1989 would solve them. This would prove to be a false hope. Resistance to change is rooted deeply in more traditional aspects of Chilean society. It is not a case of one monolithic enemy or a conspiracy against those concerned or affected by AIDS, it was the enemy within: internalized and institutionalized homophobia.

At present the Health Ministry has implemented a *Programa Nacional de Prevención y Control del SIDA*/National Program of AIDS Prevention and Control that intends to prevent HIV transmission, reduce mortality and morbidity associated with HIV/AIDS, ameliorate the social impact caused by HIV

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<sup>41</sup> This campaign consisted of a slick series of TV commercials in which well-known local figures (singers, actors, a priest, a soccer star) tell the public they are "affected by AIDS," but does not provide any specific information about prevention. A second series of TV commercials appeared in December 1991. They showed the shadows of a group of dancers involved in a highly stylized representation of intimacy as a voice-over listed in general terms how to prevent AIDS, what "gives" AIDS and what doesn't. Not all radio and TV stations and printed media agreed to broadcast this material. Notably, the Catholic channel (13) refused to air these videos and the Chilean church launched a campaign against this AIDS campaign asserting that they promoted "permissiveness" and "sexual activity." NGOs in the AIDS circuit have also complained, although for different reasons, about discriminatory statements included in the campaign such as "[El SIDA se contagia] a traves de las relaciones entre hombres" [AIDS is contracted through 'relations' between men]. These groups have argued that this statement singles out men who have sex with men from the rest of the at risk population. The statement is misleading, imprecise, and dangerous.

infection, and develop legal and advocacy initiatives associated with HIV/AIDS. The programme will supposedly encourage the participation of the community (including long standing ASOs and PWAs), decentralize the educational activity, and integrate community needs and participation (CONASIDA 1991). To date these initiatives have not been implemented beyond their early stages. It also remains to be seen whether the attractive combination of mass media campaigns (social marketing) and grassroots groups proposed by the Health Ministry is workable and sustainable in the long term. So far, small NGOs have been protesting that they were not consulted in designing and implementing the grass roots educational modules. Representatives from the Health Ministry assert that they worked with unaffiliated sources in order to obtain the culturally relevant and specific contents necessary to put together these educational modules. NGOs such as CChPS were not informed of and introduced to these packages until recently.

CChPS' HIV/AIDS prevention education strategy: CChPS serves a highly specific segment of the population of Santiago with culturally specific and culturally relevant activities, services, and referrals (ELISA test sites) that no other NGO provides in Santiago. It has managed to acquire an authoritative reputation as experts who are committed to their work and demand to be heard publicly. CChPS' social (and political) project can be inscribed within the scope of "modernization" projects (Rodrigues 1988). It does not provide "neutral" information but stimulates and promotes the creation of the necessary social conditions for individuals to prevent the transmission of HIV and STDs. It necessarily rests on an explicit ideological standpoint. In Chile this entails a painfully slow revision of cultural codes. CChPS' project can also be termed of "liberation" in that it "stimulates the diversity and the richness of individuals,

social and cultural groups to produce the necessary social transparency and expressiveness to allow for the development of freedom as a social good" (Rodrigues 1988: 16).

The educational activity in CChPS is political, it promotes the rights and obligations of the general population regarding their social and sexual options. It has the goal of leading popular groups to participatory dispositions and attitudes (with others and with ourselves as participants of our own sexuality). The main quality of the pedagogical work is not that it transfers information (e.g. know-how to use a condom), but generates participation (e.g. to negotiate safe sex with one's partner). It becomes an instrument of transference of knowledge, attitudes, and habits (1988: 20). In this respect AIDS prevention education in Latin America rests on both an *vanguardista/avant garde* thrust to discuss taboo topics such as sex and sexuality and the "traditional" belief that all we can give our contemporaries and the next generation; is our *manera de hacer las cosas*/way of doing things (popular wisdom and "know-how"). In this case AIDS prevention education does pursue an *efecto multiplicador*/rippling effect.

## Conclusions

Ambivalent attitudes entrenched in religious (*Marianismo*), social (*mestizaje*) and political (authoritarian) traditions characterize the cultural processes occurring around HIV/AIDS in Latin America(See appendix B). For example, unspoken cultural narratives such as bisexuality and homosexuality show these characteristics. Such attitudes, beliefs and values allow males

greater plasticity in sexual activities and roles and considerably restricts the roles of women. This does not mean that women should be seen as powerless, they make strategic use of their possibilities. Women might be unable to verbally demand men to wear condoms, but they are instrumental in deploying domestic tactics, community resources and traditional social networks to exert peer pressure upon their male counterparts, do counselling, prevent STDs, access treatments, and provide health services (e.g. abortions).

Ambivalent attitudes are obstacles for the enforcement of basic civil rights and advocacy for homosexuals, lower socio-economic classes, and other marginalized individuals because they create social and cultural tensions that make it difficult to organize and mobilize around HIV/AIDS prevention education. Educators and researchers need to circumvent institutionalized, cultural and interpersonal homophobia by making educational strategies "appear straight" and objective. HIV/AIDS education could be done within private and government organizations if these double standards could be dealt with constructively and channeled for the benefit of various marginalized groups within society.

*El favor* as interpersonal approach to social relations influences the way people understand social mobilization. Thus, the concept of volunteerism (as we know it in North America) cannot be applied to Chilean reality. Although people do offer their time and energy, when they belong to upper and middle upper classes, they are likely to see it as a form of charity, when they belong to lower classes they are likely to see it as a political defense or a way to partake of the "best" favours. Organizations seem to adjust rapidly to the hierarchical roles played in the cultural concept of *el favor*. Boards of directors are formed mainly by professionals and middle class men, volunteers, usually straight

women and homosexual men, perform line duties and information and decision-making becomes vertical. This situation might be compared with the dynamics of power in North American ASOs where lip service is paid to empowerment of minorities and women but decision-making is still retained by a small usually white group. One element is salient in Latin American ASOs: the explicitness of the power relations. This allows for recognition of "who is who" in the hierarchies, which might be a more workable - because more visible - situation for those involved in AIDS work. The resistance of government officials is explicit, the disgust of many people is also quite evident. By contrast, the North American modus operandi seems to place some individuals in ambiguous situations with respect to political issues around HIV/AIDS education.

Although AIDS has already touched the lives of many in Chile, the underlying sense is that it has not hit "hard enough." A Chilean AIDS educator's grim prediction is that AIDS will be felt more and more strongly over the next five years. Chile is a land of earthquakes; her people are used to waiting for big shakes before repairing the house or strengthening the foundations. Perhaps this is what will happen with AIDS: the metaphor is particularly appropriate when one notes the slow and inefficient response of the Chilean government to AIDS.



**Coda: what I saw , what I gathered, and what I brought from the field.**

I wrote the analysis of the interviews once I had all the material included in the previous two sections sorted out. The account of this two part fieldwork allowed me to obtain a wealth of material that I used to think about what the participants of the interviews had said in Chile, U.S. and Canada. Although it is impossible to determine exactly how the various cultural and political situations have affected the participants, it is possible to recognize the presence of the elements described in their personal narratives. Similarly, while it is impossible at this point to determine exactly the degree of influence of ASOs in the sexual and social lives of the gay men I interviewed it is possible to point out clear traces of the effects and influences of the HIV/AIDS and safer sex discourse. The elements that characterize HIV/AIDS prevention in the two sites described here, AIDS Vancouver and the CChPS, are offered as points of reference to read the analysis chapter. This coda does not purport to offer comparisons across cultures although some of them are hinted at and could be used as background information. The conclusions attempt to explain the connections between current trends in sexual practices, and the safer sex discourse offered by these organizations.

By means of interviews, focus groups, workshops and reading I gathered that gay men in and out of these organizations show great faith in safer sex language. For the most part , gay men show they are able to accurately recite and utilize the “official” guidelines (and the connotative load that goes with them), at least in the public sphere. This is by no means reproachable given the historical fact that gay men coined this language so it is

“user friendly” very much like a set of computing tools in a machine. Just as in the case of a computer, the cultural basis of this “user friendly” language is rarely questioned or explored explicitly by its users. It is important to question why, where, and to what extent versions (and translations in the case of Latin American ASOs) of the official North American safer sex discourse are being used. It is also necessary to examine why there seems to be an uncritical acceptance of the HIV/AIDS and safer sex discourses. Many of these questions guided my thinking while writing the analysis chapter of this study. When formulating these questions and discussing these issues with others it came as no surprise that lesbians and people of colour are trying to find a different language to speak about risks, sexuality and sexual practices. The connotative load that comes with safe sex language does not seem to be questioned or discussed by most of the users. It is certainly not discussed by most AIDS educators<sup>42</sup> and much of their authority relies on the “appropriate” use of this terminology very much the same way sociologist or psychologist depend on their “correct” use of their jargon as a vehicle for their power and authority.

I brought from the field a sense of urgency and need for change. It seems imperative that HIV/AIDS prevention educators resist unsatisfying explanations of the dependency and cultural imperialism (imitation) theories<sup>43</sup>

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<sup>42</sup> It is interesting to find myself in a contradictory situation: on the one hand I am critical of ASOs becoming too bureaucratic and “slick”, while on the other hand I am also critical of AIDS educators’ lack of professionalism and educational background. I believe that a balance may be struck if equal emphasis is placed on education, active listening skills (counselling) and safer sex guidelines when training volunteer AIDS educators. This is a balance that I fail to see in current training programmes.

<sup>43</sup> “Dependency theories explained the presence of social inequalities as the product of international economic relations sustaining an imperialistic power, socio-economic dependency, and unequal economic distribution . . . Communication was viewed as a central element in the American economic and political agenda, and as strategic means to enhance cultural imperialistic

that may influence their outlook on their community work. These unidirectional, cause-and-effect theories have not satisfactorily explained cultural and social processes that both "developed" and "underdeveloped" (archaic terms<sup>44</sup>) countries such as Canada, United States, Mexico, Cuba, and Chile have experienced since the turn of the century. Understanding such cultural processes allows us to understand the social actors who "perform" them. Understanding why HIV/AIDS prevention education programmes for Latinas/os in North America are not fully efficient allows us to understand the poor fit between educational concepts such as "participation," "concientization" and "democracy" and the "reality" of the target audiences. The ethnocentrism with which these projects have been designed and implemented is being gradually acknowledged, but educators need to be given something beyond politically correct criticism to work with. Cultural elements specific to a white, middle class, literate, able-bodied culture are embodied in phrases and slogans such as "coming out," "gay community," "homophobia," "safe sex," "just say no," and "high means high risk" and these phrases are still used to "educate" (read instruct) ethnic minorities.

It seems essential to re-conceptualize the role of AIDS educators, policy makers and researchers both in Latin America and in North America. There is

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ideology. U.S. imperialism was conceived as a new economic and cultural colonialism . . . . According to Cultural imperialism theories, mass media were commodities that have become fetishes in modern societies (Mattelart 1975). Media were viewed as potential tools of ideological manipulation, having a hidden but persuasive power in influencing audiences" (Riaño 1990). During the 1970's and 1980's dependency and cultural imperialism were the preferred explanations of many liberation theologians and sociologists in the Americas (Castillo 1991).

<sup>44</sup> The discourse to describe the interrelations between North, Central and South American countries must change. It is preposterous to speak about a "third world country" when referring to countries such as Peru or Uruguay in relation to the U.S. when many of the positive and negative characteristics of those so-called third world countries are also present in the United States.

an emerging trend among HIV/AIDS to strive to be non-obtrusive facilitators whose reports do not prescribe what local ASOs have to do (e.g., give magic recipes for success and brilliant solutions that could not be implemented) and whose programmes impose culturally irrelevant standards, values and goals. This trend mirrors researchers' concerns to describe situations after they have been defined collectively through negotiation and to facilitate instances of dialogue and change between active participants.

In short, I saw that still much of the educational work around HIV/AIDS is being done by a few dedicated individuals who not always have the necessary expertise. There is a lack of circulation of the experiences and knowledges of the HIV/AIDS educators. There is also an increasing bureaucratization and hierarchization of the AIDS circuit that might be detrimental for marginalized groups. I gathered a wealth of material from participant observation, field notes and interviews. I gathered the necessary elements to read more clearly into the narratives of the gay men I interviewed: historical development of ASO's and their situation within gay and lesbian political and social organizing since the 1960's, historical development of discourses on and about HIV/AIDS (and safer sex discourse), and specific articulations between gender, age, sexual orientation and ethnic background. For example, the notion of safer sex as a discourse of "containment" emerged very clearly in the historical development of ASOs and the organizing around HIV/AIDS. All this I brought with me after three years. In the next chapter I put these elements in action to explain how I applied ethnographic procedures in the field.

## IV

### From Confession to Dialogue

El Fallo positivo anunciò  
que el virus que navega en el amor  
avanza soltando velas  
aplastando las defensas por tus venas.

Me prohibiste toda pasion  
sin dar ninguna clase de razòn  
porque sabias que yo no harìa  
caso alguno de la precaucìon.

Pesando en la balanza del amor  
la ciencia y la conciencia  
fue tu condena un nudo de dolor,  
estùpida sentencìa,  
y es que tu eres lo que màs quiero  
y sin ti la vida es un cero.  
(J. Cano - MECANO - 1991)

### Introduction

This chapter organizes various understandings and experiences of research using ethnographic tools and practices. Within this broad field research I focus on (1) methodological and epistemological considerations about interviewing and participant observation, and (2) the educational possibilities of interviewing and participant observation. Special attention is paid to issues of representation, identity and power relations. This exploration has been centered around individuals and specific sites of production and circulation of this educational discourse: non-profit, non-governmental organizations (NGOs), self-help groups such as B.C. PWA (People Living with HIV/AIDS), and AIDS Service Organizations (ASOs) such as AIDS Vancouver Society, Northwest AIDS Foundation, POCAAN (Peoples of Colour Against AIDS Network), and CChPS (Chilean Corporation for AIDS Prevention).

When interviewing across differences (e.g. cultural, gender) it is necessary to pause and think about some widespread assumptions to which we are all accomplices when we enter and investigate in the field of human sciences, particularly when our research and educational practices put us in a position of having to work with different peoples in different settings. In particular the assumption that once we enter the interviewing situation and participant observation we are more or less rough equals. This assumption is widely held in the group I wanted to gain access to: the "gay community". As noted by Patton (1990) the term, gay community, is problematic because it "does not represent the complex experience of multiple and conflicting social identities" (7). Patton states it has been co-opted when referring to "heterosexual communities" which suggests "a sexual identity and shared history comparable to those of the 'gay community' "(8). She suggests that "we may be better served if we understand community as a political formation specific to a society conceived as blocks of similarities, requiring clear articulation as a unit (community, minority) in order to attain political leverage" (8). This position is partially supported by Gagnon (1989) when he states that heterosexual community is a "misnomer [that] conceals that fact that heterosexuals are not organized into a community based on their sexuality" (69). Considerations such as this left me in more complex position in the field and with respect to my "peers" and "informants". They also allowed me to decide that although problematic I was working from within a more or less defined cultural (and sexual) community I have belonged to since my early adolescence, maybe since before then.

No matter how much one tries to balance interviewing and participant observation, asymmetries that ultimately reflect institutionalized discrimination might always prevail and cannot be denied. They might not bring direct harm or bias to the specific interviewing and participant situations - that may be seen as minuscule portions of the entire human web of interactions - but they exist and ultimately, albeit not completely, determine the position, power and role of the participants in the research interactions. In their essay "A Feminist Research Ethos" Ann R. Bristow and Jody A. Esper (1988), under the subtitle "From Interview to Consciousness Raising," make a strong case for the need to re-think research interview strategies. These words have remained as a powerful guidance to my own work.

Since we believe that the raped woman is an expert of her own experience, the methodology we have chosen is one which allows a woman to tell her story, an interview. Interview is derived from the words 'entre' meaning mutually, or each other, and 'voir' meaning to see: to see each other. Our structured interviews transcend the traditional interview process which has been described as an 'interrogation' (Meacham 1980). In interrogations researchers are considered experts and participants (subjects) are viewed as naive, at best. The information exchange that occurs in this process is one-sided or exploitative (Oakley 1981), with the experimenter 'demanding' information from the participants. Participants are not allowed to ask questions nor do researchers voluntarily provide them information for fear of 'biasing' the responses (70).

I have selected Bart's (1988: 50) guidelines for lesbian research ethics<sup>45</sup> as a starting point because of the attention paid to issues of confidentiality, the explicitness of one's political agenda and biases, and the search for active participation from those being studied in the design, process and final writing of the research.

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<sup>45</sup> In A Feminist Ethic for Social Science Research, Nebraska Sociological Feminist Collective, Lewiston, New York, E. Mellen Press, 1988.

- (1) the first principle of lesbian research ethics is to recognize the importance of confidentiality. People's jobs and relationships are at stake and their identities should be protected at all costs if that is their wish.
- (2) It is important to be honest about who you are. It is unethical to pass as straight, bisexual or lesbian when engaging in research.
- (3) It is particularly important to get feedback and share the results with the women you are studying, especially if you are heterosexual or bisexual, or if you are a lesbian, but primarily live in a different subculture from the one you are studying . . . . This is of course not very different from feminist research ethics, but the salience of point one is greater and the second point is more relevant (50).

I have implemented these guidelines when dealing with standard procedures in ethnographic research such as moving from the academic context to the NGO context, gaining access to the group, balancing the power differential between researcher and participants, presenting oneself to the gay Other, ensuring confidentiality, offering reciprocity, and representing the gay Other. Some specific elements of the interviewing and participant observation situations are authority, identity, trajectory of the fieldwork, and ethical and epistemological considerations and how they occurred in the field. The constellation of cultural elements that determine each context are not explained in detail due to space limitations. Issues such as ethnic, national, gender, and class identity have similarities and differences within Canada and Chile. In some respects both countries show a peripheral situation and traces of colonization in relation to the United States.

### **Identity and Authority in Participant Observation, Interviewing, and Textual Representation**

**Eduardo** - I feel like I don't have a country . . . if I'm back [overseas] where I grew up I feel like I'm still a person who they call "walks"

- What's the meaning of that?

**Eduardo** - Gusanos, I mean snakes, the foreigners and I feel that way

- How old were you when you went there?

**Eduardo** - Two and a half, but then I came back to Chile to live here for a little while, from five to fourteen.



- Were you gay when you left?

**Eduardo** - I think I was [ . . . ] I'm still a person who is not [from there] and who's not Chilean. If I'm here I would miss the country, I would miss the way [they] are and things like that [Latino man living in Australia, February 11, 1992].

Where do I speak from, whom do I speak for, and what gives me this authority when I write about ethnographic fieldwork, popular education, and HIV/AIDS prevention education? If I wanted to be a "drama queen" and invoke "experiential authority" (Clifford 1988) I could say that I work on this project because I have been living with HIV since 1986. Clifford states that "experience invokes a participatory presence, a sensitive contact with the world to be understood, a rapport with its people, a concreteness of perception. It also suggests a cumulative, deepening knowledge [ . . . ] It is worth noting, however, that this 'world', when conceived as an experiential creation, is subjective, not dialogical or intersubjective" (37). Accordingly I could say that my experience tell me that I became seropositive because I was a Latino immigrant newly arrived in a Canadian city, at a great disadvantage, disenfranchised, with no access to information and no awareness about HIV/AIDS. I do not want to get sick in angry silence. A strong sense of urgency that I perceive in the community I now belong to (although such membership is and will always be troublesome) has led me to work in this field. Sad testimonials might only backfire on their/our good intentions to "educate" the population at large leaving them/us in the realm of the stigmatized, victimized (not always innocent) images.

If I wanted to be "politically correct" I could write about empowerment, sexual options, diversity, heterosexism, and homophobia, but such enlightened concepts have little to do with the way those I interviewed describe their experiences.

**Dario** - I got here and we were living in what we called 'the refugee home' in X and X Avenue

- But that wasn't a refugee home

**Dario** - Well, actually, it was because a lot of refugees from Guatemala and El Salvador were living there as well as I and [a female friend] and some other people that came from Mexico and also a Canadian fellow there

- Was there any talk about AIDS in that group?

**Dario** - No, they wouldn't even mention the sex theme at all . . . at all; they would make jokes and things like that but nothing really serious, no a really serious conversation about even sex, so never mind AIDS.

- What happened after that, after

**Dario** - I met [my ex-lover] and, like I said, I didn't know enough about this thing, I disregarded it completely and it was after I came back from [my home country] because I went back [there] by that time I was aware

- When was that?

**Dario** - Oh, in November 86 and I came back in 87, but when I was there then I was aware of AIDS, but still, it wasn't that frightening and I was aware of it but not really afraid of it or afraid of getting it

- What has changed?

**Dario** - What has changed? When I came back to Canada I started watching on TV all these shows about AIDS and prevention and people dying and things like that and . . . when I really got scared of it was when this lady I know started to talk about it and "AIDS here," "AIDS there," "There's people dying," "This other person died" and things like that, I was like [sound] confused and scared and it's like all these people are dying because of AIDS, so one time she came to my apartment and she said "J has AIDS" and what really stroke [sic] me was when she said, she has those two little words, when he, when she said "He has full-blown AIDS", that did it to me, that really scared me because to my mind it came a lot of things I was imagining this little self in the blood exploding and things like that, it really made me think about it and then I felt sorry and I cried and I was scared because of this man and I never thought that in my life I would see somebody with AIDS [ . . . ] By that time I was upset with my legal situation here and then [my ex-lover] told me once you shouldn't be that upset because at least you're alive, you have a house, you have food, bla, bla, bla, and he said there

are other people that are dying and then he said "I don't care who's dying bla, bla, bla, and life is being unfair with me and bla, bla, bla" and he says "Don't say that because you still can make it and there are people who won't make it ever again"[Latino man living illegally in Canada - September 20, 1991]

If I drew from a politicized HIV identity I would make charges of manipulation and abuse by the media, the health professionals, the scientific community and the local government authorities (including immigration). Experience cautions me against doing this. People who have taken on ACT UP, Queer Nation and other identities are considered obtrusive and disruptive. Their hands-on approach to politics and issues around HIV/AIDS is not welcomed. There are many conservative elements who advocate for a middle of the road gay identity that privileges classist and heterosexist values (see Kirk & Madsen 1990: 231).

Invoking "interpretive authority"<sup>46</sup> could lead me to "thicken" (Clifford 1988) the ethnographic text with statistical analysis, sociological and anthropological commentary, and opinions informed by politically correct standards. The analysis of, say, the phallocentrism that reduces HIV/AIDS education to condom usage and the ethnocentrism of "white men" who attempt to explain the AIDS crisis (and "coming out," "cruising," and "community") in their terms<sup>47</sup>. I could argue that the designing of HIV/AIDS prevention education programmes is done upon the basis of such a bleached queer

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<sup>46</sup> "A world cannot be apprehended directly; it is always inferred on the basis of its parts, and the parts must be conceptually and perceptually cut out of the flux of experience. Thus, textualization generates sense through a circular movement that isolates and then contextualizes a fact or event in its englobing reality . . . . ethnography is the interpretation of cultures" (Clifford 1988: 38).

<sup>47</sup> For a discussion of the issue of HIV/AIDS, race, and ethnic identity in the gay communities see Julien & Mercer's article "Race, Sexual Politics and Black Masculinity: A Dossier" in Male Order: Unwrapping Masculinity (1988) and Mehboob Dada's "Race and the AIDS Agenda" in Ecstatic Antibodies (1990).

theory. Finally, I could refuse to engage in HIV/AIDS prevention education because it is too late for some of us, the existing programmes are still based on the assumption that HIV positive people die at the testing site and do not need further education. This would be academically self-serving and would colonize the voices of the participants. Such elaborate concerns have been formulated in a North American context, expressed in European/American terms, and circulated in top-down information flow mode. Both, the experiential authority and the interpretative authority co-exist in many of the participants interventions:

Zane - . . . I guess because I've been involved in doing AIDS work for the last three years and because so much of it revolves around public speaking engagements I was able to serve as a role model to a degree, I was able to act as a catalyst for a lot of people, [I could] sort of shatter that myth that there is some sense of shame associated, or guilt associated with HIV positive, I don't feel any sense of shame because I'm HIV positive, I don't feel any sense of guilt [. . .] sometimes there is those feelings, sort of feeling contaminated, I don't feel contaminated, but there is . . . but I'm aware that I'm infectious so that knowing that I have, I mean, I have a life - threatening illness or terminally diagnosed illness and that bug into me when I'm with somebody else [unintelligible] so I could be responsible for putting another human being in that position, hey!! that's a weight to bear on your shoulders, but the fact is that that it could only happen in certain manners so as long as I take my proper precautions and alter my behaviour accordingly, that's fine.

Zane - [. . .] If you are HIV positive or you have AIDS and you live outside Vancouver, the lower mainland, where the hell do you go?, why do I have people constantly phoning me and wanting to meet with me so that they, you know, health care professionals, health care providers wanting to come and meet with me who is not trained, I'm a fucking volunteer, OK, trained so that I can tell them how to deal with the psychosocial needs of people with AIDS, I mean, don't you people read?, don't you people go to conferences, go to seminars?, I mean, what are you doing?

- As I see we have several issues, we don't have enough information

**Zane** - No, there is enough information, it's not being disseminated or people are not taking it upon themselves to acquire the information

- But, the information we have is not correct, we were just looking at this brochure before we began this [conversation] in which, I mean, we have problems with what it says

**Zane** - It's correct from whose viewpoint? I'm not saying that I find it correct or incorrect, I'm saying that I take issue with it because to me that information that is contained there says in big letters "You should not be having sex with somebody who is HIV positive" OK? It also uses the term "AIDS virus", HIV is not been 100% proved to be the cause of AIDS, OK?, Montagne and Gallo are even saying that, there's all kinds of other causative factors, your own fucking doctor will tell you that

- Does it frequently happen to you that you have to take issue with what is written in brochures and posters?

**Zane** - When I feel that people are disseminating . . . living with this means living with the most horribly stigmatized ever known to mankind and when I see that kind of information being put out there it reinforces the idea that I don't have a right to my sexuality, I don't have the right to be sexually active, who the hell gets to make those arbitrary decisions for me? why shouldn't I be sexually active? because I'm HIV positive? [Anglo man living with AIDS - June 20, 1991]

The issue to consider is that invoking these identities and creating either experiential or interpretive authority upon those bases is a process at odds with the subjugated identities of the participants; it disregards and undermines the authority of the participants as "experts" in the own lives and "inhabitants" of their bodies. Therefore, I attempt to shift from experiential authority to interpretive authority and from that point to validation through the recognition of the identities of the bodies of the participants. Each of the identities illustrated by the excerpts presented here - the HIV positive activist, the immigrant, the researcher - is valid and legitimate; they overlap each other and are unevenly emphasized across time and space. Identities are not fixed or static, but in constant interplay with public and private contexts. In validating observation

and interviewing through participation the identities contained in our self play a key role. Sexuality, sex, pleasure, desire, anger, necessity, and power struggles cease to be regarded as mere "experiences" or "analytical categories". They are re-conceptualized as expressions of the self and when surfacing and visible are recognizable as identities inscribed in the body. Thus, the body is fully recognized as a text.

Identities are recognized as the expressions of the self and the discourse of the body. Although it sometimes seems possible to make generalizations, the self (the realm of the psychological) and the body (the realm of the social) are not considered as individual and essential entities but fluid constructions within social contexts. The self and the body are socially constructed upon their biological possibilities. The body is the point of intersections of social forces (Weeks 1985); it is a text upon which social forces leave strong imprints<sup>48</sup>. I have attempted an approach suggested by contemporary feminists who "have begun to explore alternatives to traditional, mind-centered approaches to knowledge, revisioning the body's role in intellectual insight and insisting on the centrality of the body in the reproduction and transformation of culture" (Jaggar & Bordo 1990: 4). The very concept of the body as "formed in opposition to the mind"(4) has had to be reformulated to understand the body as a "cultural medium, whose changing forms and meanings reflect historical conflict and change and on which the politics of gender are inscribed with special clarity"(5). This makes their/our bodily texts (skin, voice, clothing) an appropriate and legitimate medium of communication. Finally, we are reminded that identities "who we are, where we are, are inextricably rooted in

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<sup>48</sup> The terms "body" and "bodily text" are used interchangeably throughout this essay.

a sense of place" (Riaño 1990). The body provides the roots for our identities and grounds them in the material world. This renders bodily expressions, that is our identities, valid messages<sup>49</sup>.

Identity<sup>50</sup> is not monolithic, it is "differentiation, affinities based on selection, self-actualisation and choice. It is therefore something we have to search for, something that has to be attained in order to stabilize the self, ward off anomie and despair" (Weeks 1985:188). Diana Fuss goes beyond this assertion to indicate that "sexual identity may be less a function of knowledge than performance, or, in Foucauldian terms, less a matter of final discovery than perpetual reinvention" (1991: 7). Judith Butler echoes this concern and adopts a "problematic" stance as a strategy to deal with the issue of sexual identity

[. . .] identity categories tend to be instruments of regulatory regimes, whether as the normalizing categories of oppressive structures or as the rallying points for a liberatory contestation. This is not to say I will not appear at political occasions under the sign of lesbian, but that *I would like to have it permanently unclear what precisely that sign signifies* [my italics] (1991: 13-14).

The concept of identity brings to the foreground the now traditional nurture/nature debate about homosexuality because the body is "squarely at the critical juncture between nature and culture [. . .] the inscription of cultural

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<sup>49</sup> The question remains about how to represent effectively all of these identities and their variations - the style (Riaño 1990) - encoded in the bodily text. One would probably need a multi-media, three-dimensional method to offer more aspects of the social situations (tapes, videos, and photographs).

<sup>50</sup> I have chosen to equate the terms "expression of the self" with identity and will use them interchangeably throughout this text.

codes upon the body is perhaps the principal means of detaching it from nature and transforming it into culture. The body and its actions [practices and identity/expressions], therefore, have richly ambiguous social meaning. They can be made to emphasize perceived distinctions between nature and culture as the need arises, or to reconcile them" (Marvin 1988: 110). Thus, sexual identity "professes to inform us what we have in common, what makes us all alike and recognisable, what is true about ourselves" (187). At the same time, it is fluid and allows for explicit choices. In participant observation that specifically deals with sexuality and other expressions/identities of the body both theoretical points, nature and nurture, stand on a continuum. One cannot expect people to fully assert that they/we "were born to be this way" or that they/we "chose to be this way" in the way one chooses a career.

**Pablo** - I have always thought that my personal history of how I became gay is rather confusing, many aspects overlap. It is very clear for me that when I was 11 years old I felt or started to feel really in love with a girlfriend, a woman. This love feeling has followed me I think even until today [ . . . ] Now I'm 33 years old and I always feel, I have always felt that I haven't loved anybody else but her and today at 33, sorry, 36 years old I understand that in some way she is still a person I admire profoundly, profoundly and I always feel, even now, a little moved when I remember this love feeling I had because it was important, I feel that to a degree it marked me and I don't know how I started to be a homosexual, I guess that maybe it not incompatible for me to have loved a woman profoundly, but having desired men in a sexual way [ . . . ] I have felt full of illusions, tied, I think I have had an idea of love with several men, but the love or this love feeling that remains throughout time, I have not only felt it with her, careful, the love that I felt for her was absolutely platonic, maybe if it had been more carnal, more real, and more grounded maybe it would not have lasted what it has lasted because it was a love that ultimately moved in the world of thoughts [ . . . . ] In spite of the love that I had for this woman I felt homosexual anyway, men excited me sexually in the buses and when I was a child, a high school boy, or before maybe I was



already getting profoundly excited by men and I don't know when it was, what is clear to me that when I was little, 6, 7, 8 years old or at 10 I thought how the hell homosexuality could exist, that whether it didn't nauseate homosexuals to be homosexuals, but I had a sexual awakening very violent and very strong, I was a very excitable type and at 12 I had homosexual games with friends. [. . .] it was violent because I was starting to have sexual relations and it was something that I couldn't control, even more masturbation is still a frequent practice in me but it was very much so when I was a child, as many times as I wanted a day, it was very easy [. . .] [Gay man living in Chile - January 24, 1992]

This rich narrative shows the intricate interplay of identities in one labyrinth that we simplify by calling it "personality" that is "innately cinematic, light charged projections flickering on the screen of Western consciousness" (Paglia 1992: 102). This narrative also shows an acute awareness and constant questioning of this participant's own identities, he does not try to determine their origin but attempts to map out their trajectory always travelling between essentialising notions - we are born like this - and constructivist views that point at external elements as determinants in the formation of identity.

The dichotomy nurture/nature that is discussed as part of the self emerges as the dichotomy presence/essence in the body. The researcher is put in the situation of either avoiding the whole conflict (particularly when it obscures more immediate issues and it has been invoked just to delay political action) or confronting it when interviewing and participating. A dilemma is thus to be faced when one wants to interview a "drag queen". Who should one interview, the woman or the man?, whose identity is more important?, and whose purpose is my selection of identity serving? are questions worth

reflection<sup>51</sup>. The dichotomy essence/presence and nature/nurture aligns with the dichotomy confession/dialogue in ethnographic interviewing(see figure 1).

Written texts are usually perceived as valid and legitimate, bodily texts in turn are perceived as "irrational" and "unreliable" and they become the sites of "subjugated knowledges" (Foucault). I appeal to both texts equally. Accepting bodily texts (voices, tattoos, sexual practices, clothing) supports the feminist slogan, "the personal is political". I mean personal not in the individualistic sense of the word but in the dialectical sense: the body that is immersed in a web of social relations and within specific material conditions.

I bring the "Other" into the text. I bring the body of the gay individual, the "contaminated" body of the person living with HIV/AIDS<sup>52</sup>, the voice of the immigrant with his broken accent, and many other bodily texts I may not even be aware of. I am the "native" who is brought consciously and morbidly into the spotlight. I ask myself those condescending questions that people ask one who is "different". I ask such questions with good middle-class intentions of

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<sup>51</sup> Examples abound in the performing arts. *M. Butterfly* (Hwang 1986), the play, thrives on the strategic exegesis of identity, and so does "The Crying Game" (1992 Jordan). Judith Butler raises some of these questions when writing about Divine's performance in John Water's film *Hairspray*: "Her/his performance destabilizes the very distinctions between the natural and the artificial, depth and surface, inner and outer through which discourse about gender almost always operates. Is drag the imitation of gender, or does it dramatize the signifying gestures through which gender is itself established? Does being female constitute a 'natural fact' or a cultural performance, or is 'naturalness' constituted through discursively constrained performative acts that produce the body through and within the categories of sex?" (1990: viii).

<sup>52</sup> This statement is redundant because homosexual, regardless of its HIV status has been construed as contaminated in order to secure the status of its alleged ontological counterpart: heterosexuality. Fuss argues that "For heterosexuality to achieve the status of the 'compulsory,' it must present itself as a practice governed by some internal necessity. The language and law that regulates the establishment of heterosexuality as both an identity and an institution, both a practice and a system, is the language and law of defense and protection: heterosexuality secures its self-identity and shores up its ontological boundaries by protecting itself from what it sees as the continual predatory encroachments of its contaminated other, homosexuality" (1991: 2).

"being educated" about the native's point of view "because I care"<sup>53</sup>. However, I make a subversive change. I go to the native's world as well. In fact, I live there as one of them, in the gay community, in Chile, in Vancouver B.C. I write this text and let it stand face to face to my bodily text and the bodies of others like me in constant confrontation with each other. In the course of this writing I pit the written text against the bodily texts. The participants may read and alter what they have said during the interview. A second interview to discuss salient aspects of the first has been arranged when possible. By doing this I attend more closely to ethical and epistemological issues around social research. I am able to take part in this complex textual game because I have a privileged standpoint. People in the margins and in social situations with greater plasticity have been sensitized to issues on "both sides of the fence". They/We have a more acute sense of the social situation. To give justice to the potentialities of the participants of ethnographic research "standpoint epistemology" has been favoured in this essay. It presupposes "that less powerful members of society have the potential for a more complete view of the social reality than others, precisely because of their disadvantaged position. That is to say, in order to survive (socially and sometimes even physically), subordinate persons are attuned or attentive to the perspective of the dominant class (for example, white, male, wealthy) as well as their own" (Nielsen 1990:10). In the following dialogue it is possible to see how the concepts of standpoint and performative identities are able to co-exist. Demetrio lives various roles in his life and adopts one of them, a standpoint, to speak to us about his process of becoming gay.

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<sup>53</sup> See Clifford's discussion on liberal pluralist ethnography in The Predicament of Culture (1988: 75).

**Demetrio** - I could see all my friends going out with somebody and all that jazz and I said to myself "What about me, I can't feel anything, I cannot go out [with somebody]" A series of questions were attached to this, you understand?

- How old were you?

**Demetrio** - Nineteen. On one side I rejected all that homosexuality was but on the other side it was my own sexuality that was demanding to be lived, you understand?, deep inside. It was a big conflict, you see, something happened, I kept on working at the parish after I left the seminary

- What happened?

**Demetrio** - I'll tell you in a second, at that time I was doing confirmation [catequesis] and there was a guy there I liked, you see. One day we went on a working retreat to the beach with all the guys of confirmation, guys between 17 and 20 years old. This 17 year old guy had a story with me, we talked about it, this thing was well agreed, but this guy later let his tongue loose, he told the priest, he told a bunch of people, so . . .

- What did he tell them?

**Demetrio** - Well, he told them the he was drunk that I had raped him and a lot of things, you see, although we had talked about it and had done it in common agreement . . . this brought a lot of stuff [upon me], I was expelled from . . . all the responsibilities I had within the "pastoral" were taken away from me, I mean, I couldn't exercise as a *catequista*/a religion student who teachers others], I couldn't do anything public, only go to mass and goodbye, this caused an even greater frustration

- What did you say? [ . . . ] Never occurred to you to deny this or to accuse the homosexual goings on among all of them

**Demetrio** - I didn't say anything . . . nothing, nothing, never, never, I never said anything because I felt guilty because I thought I was sick . . . so the others were right, not me. I started getting apart from all this church thing and I started to participate a bit more in what was "social" stuff. I realized that the social and political stuff was just as traumatic and frustrating as the other. Apart from declaring themselves as liberals and all that bullshit, I was working with left wing parties, people said that the ultimate goal was to fornicate in peace, you understand?, but it was for them, not for me. Now I realize all these things, you see. Many of these assholes, when "they had a story" with a woman, they were

fascinated, you see, but when they got it, sort of, that I was gay, shit, there was a "trauma", a lot of stuff.

- They told you something?

**Demetrio** - Well, no, they wouldn't say anything in front of me, but, there were, I knew, comments would come to me that they had, I mean, there were a lot of comments behind me, you understand?, this would screw me, it would screw me eternally, so I started all my working life I started to have "stories" with some co-workers, I had a gay friend, I still have him, and we started to meet people like very, very isolated, the first was before I went to [a neighbouring country], we prepared a fashion show with my friend and a hairdresser helped us, he was openly gay and new the *ambiente*/scene and the whole thing. I remember that the first time he brought an invitation to go to the Quasar [gay disco] I got angry, I said to my friend "How can you even think about us going there, it's full of fags" Yes, like this in those words. [Gay man living in Chile - December 12, 1991]

Demetrio's narrative illustrates the ambiguity of living in social positions that are both subordinate and vantage points to capture human experience with deeper understanding of its texture and richness. The following passages from fieldnotes show my own musings about identity and authority in participant observation, interviewing and textual representation<sup>54</sup>.

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<sup>54</sup> Here, an aside is in order to deal with the issue of translation/interpretation from Spanish into English. Some of the participants are Chilean men who have lived in the United States and Australia. Some men are originally from other Latin American countries and reside permanently (legally and illegally) in British Columbia or Washington State, U.S. These men are partially literate in English. My own experience as an interpreter for the Canadian Immigration Refugee Board has provided the expertise to attempt a full and accurate rendition of those conversations conducted in Spanish or mixed languages. Pilar Riaño (1990 unpublished SFU thesis) provides an excellent discussion of language translation and the interpretative task in the ethnographic text. She suggests that "Ethnographic writing is an activity of translation from experiences and observations to interpretative discourse (Cranpanzano 1988). The researcher constitutes the mediating element of such translation, between the experiences and the theoretical framework. The activity of language translation, however, involves another mediation that Benjamin defined as a 'provisional way of coming to terms with the foreignness of language' (Benjamin 1969 in Cranpanzano 1988)" (82). I find myself at the cross roads of many discourses that attempt to translate from language to language, and from understandings to practices and I can only hope to "challenge my task of representation, cultural interpretation and translation" (82).

[. . . ] I have thought of all the men I have met and I have talked with on and off the record. And all I can conclude is that there are no findings in my work. No, the gay people (those who felt and didn't as part of a community) know everything about their lives. What did I expect? I thought so much about pre judgements, pre dispositions, and look now. Gay men know about their fears, cynicism, humour, safety, responsibility, morality, prevention, etc. I expected them to not know, maybe. I expected to make them participate directly in this research, well, they don't usually care, and why should they? They have been kind enough to answer all my silly questions that intended to be intelligent and quick witted. [. . . ] I guess people's participation boils down to their willingness to spend this time with me (even those who are HIV+ and do have less time to waste) and their trust in me. I mean, I do love to have my picture taken but I refuse to let anyone take millions of photographs of me. This is what I have done with them as an ethnographer. Admittedly, I encouraged at least an acquaintance with them but that does not allow me to probe this much. [. . . ] One thing is certain: this research has changed my life and myself forever. I have gained confidence in me as a gay man, it helped me in my second coming out: to tell the world I was HIV+ and feel positive about it (bad pun, I know). I have also retrieved so many stories, so much book knowledge, I have done community work, I have travelled and felt useful and a glamorous AIDS diva, I have made money in a more or less dignified way ( I mean I have not prostituted this HIV condition more than any politician, church member, business person would prostitute their identities), and I have sometimes felt my presence was indispensable in the world and I didn't deserve to die in a million years. And I have also been a AIDS drama queen and I loathed myself for that, but Jesus!! it sure works sometimes. So that's that, I said it, I have gained more than anybody else including universal knowledge. With a bit of luck I will have gained a degree at the end of this. I might apply to work as a 7-Eleven manager or something like that.

[January 6, 1992] I have found myself trying to scratch the surface of all the conversations I have had about sexuality in 1991 and until now. I know people have trusted me and they have told me their truths. I have already said that that this truth seems to me almost common knowledge. "It is common knowledge that . . ." I can begin my final academic work like this? Oh no, scandal!!! But, what is common knowledge? For example this morning I have thought that most gay

men I have talked with on and off the record have showed that they know perfectly well what "safe sex" is all about. They know the basics, although there is a strong inclination towards that (I say) sexist idea that "using condoms" is what prevention, safety, responsibility and other "social virtues" are all about. Many of the heterosexual people (should I say "general population"?) I have talked with have also expressed similar views which seem to disregard women badly. People are now condom-oriented as if the phallus were the only source of danger.

Thus, I have two ideas: that condoms is what safe sex is all about and that most gay men know what safe is all about and say that they practice it. Now, the important, very important qualification to this generalization is that most gay men in Canada seem less prepared to negotiate their safety, however they sometimes do, they tell me so. Oddly enough in a country like Chile most gay men are likely to negotiate and compromise their safety, that is the condom use for the sake of just one important thing: love. Needless to say I am not referring to a monolithic, universally known, vague, esoteric, unattainable, sacred feeling. No, I mean love, the real one. Let us say a feeling that is defined partly socially and partly individually (do we still believe in the individual in our societies? Aren't we all forever crossed - penetrated? - by societal forces, codes of conduct, themes, etc?). Let us say that when Chileans mean love they mean something I can understand, I (MOI) the researcher and the key for the door between cultures (this is how I make money, you know?). [. . .]

[February 2, 1992] Last night I thought that the interview style I am exercising, the methodology imposed all throughout this work works well. It is like getting what I want to hear without forcing it. It is creating consensus in a civilized and humane way. J's words embody a lot of this. But, Oh, horror, consensus runs against the grain of what I'm trying to do. Isn't consensus what discursive deployments are all about? [Fieldnote - January 30, 1992]

Active participation in fieldwork makes the research schedule "historical". By showing significant "signposts" within the fieldwork, relevant methodological and epistemological implications of the ethnographic procedure are emphasized. Some caveats are warranted at this point; first, ethnographic research, no matter how participatory it intends to be is subjected to political

requirements. It has been noted that "Ethnographies are politically mediated, since the power of one group to represent another [or to represent itself] is always involved . . . . sponsors (or lack thereof) suggest and enforce domains of 'proper' ethnographic work. The practical worlds of budgets, scholarly interests, and academic politics all attach themselves to fieldwork" (Van Maanen 1988:5). Second, it is necessary to adopt procedures that are likely to cause the least harm to the participants and to oneself. Confidentiality and anonymity are not enough. Participant observation and interviewing can be obtrusive and negatively alter the historical course of what is being observed; "ethnography irrevocably influences the interests and lives of the people represented in them - individually and collectively, for better or for worse" (5). A continuum parallel to that between "dialogue" and "confession" (see figure 1) can be marked between "consciousness raising" and "assistencialism"<sup>55</sup>. In popular education and participatory ethnography practices the ideal to be attained is that of "facilitation". The researcher attempts to act as a catalyst for positive change. The other side of the continuum, "assistencialism" reproduces relations of dependency. Finally, research does not begin or end as one arbitrarily determines in one's reporting of the fieldwork. The researcher might cease reporting, but this does not mean that whatever effect one's presence has in the community immediately disappears. The passages I have reproduced in Appendix A belong to personal letters I wrote while doing fieldwork in Chile. They illustrate the development of one way of thinking about participant observation.

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<sup>55</sup> "Term used in Latin America to describe policies of financial or social assistance which attack symptoms, but not causes, of social ills" (Freire 1973:15).



## Interviewing Across Sexual and Cultural Identities

Issues of power and diversity are closely linked to those of representation, identity, and authority in ethnographic fieldwork (participant observation, interviewing and note taking). Questions about the information gathered and its filtering, selection, interpretation and representation become significant. Consider the following passage. Although the tone is light the implication is that the participant is not willing to yield power in spite of my all encompassing beginning. This process of negotiation is not uncommon in everyday life when we set the limits to our conversation, decide on the inside, outside, private, and public boundaries of our verbal exchanges. There is a parallel process of negotiation when dealing with our sexuality.

- I think that where you can start is by telling me who you are, where you're from, where you're going, what the meaning of life is for you

**Murray** - [laughs] All right, start with the easy shit

- [laughs] Start with the easy shit, that's right

**Murray** - Well, actually what you said before was, you know, "tell me the things that you don't want to tell me, then we start there," I have no idea, I'd find very difficult to try and say what I don't want to talk about because you don't admit to yourself what you don't want to talk about, you kind of, you know when you get there, and all of a sudden you go "Mmm I'm not comfortable here". [. . .] So where were we going?, you asked me . . .

- Well, we were trying to go, where else do you wanna go?, what else do you want to ask?, I'm kind of lost, I'm, we're sort of in a parallel universe and I can't get out of it, we are going around, I have the impression we are going around something, we're not falling into something.

**Murray** - Well, you have to, you have to sort of peel away the layers before you get to, sometimes, I don't know if it's a conclusion, but you can't just . . . even if I were to say this is my type or something it would be out of context if I

don't tell you a lot more . . . I can't be summed up in ten words , so you tend to, you have to go and explain a lot to get to somewhere, to sort of get an idea of the broader picture, you understand?

- Yeah

**Murray** - Takes a lot of tape maybe, but . . .[March 20, 1991]

When allowed to hear about someone else's life and deeds it is necessary to reciprocate, to strive to strike a balance of power. When given the opportunity to do community work at CChPS in Chile I needed to reciprocate their trust and honour their time and their goals. When standing in community worker's shoes I sought to reconcile theory (academic) and practice (popular education). An internal evaluation of the educational programmes of CChPS gave them a document that can be used to the advantage of CChPS and provided me with many contacts and direct participation in the educational activities of the organization. When standing in academic shoes I wondered how to transfer this information without completely mutilating it. In particular I wondered (somewhat defensively I admit) how to confront the standards of reliability and validity.

I attempted at all times (1) to be straightforward about who I am and what my intentions are, (2) to explain clearly what the gain is for me in this research at the moment of inviting the person to a first interview, (3) to explain his/my rights and commitment, and (4) to demystify the process by making it clear that this should not be perceived as a counselling session, a confession, or a testimonial.

To stimulate the formation of a safe space for the participants I turned the questions into clusters of topics (see appendix C) written on a page that I let them have sometime before the actual interview. Invariably, one of the first observations on their part was: "Will I have to talk about all this?", to which I

responded "No, but when dealing with one point we will probably touch on many of the others." And so it happened: I explained I did have questions in my mind, but I encouraged the participant to choose an area that looked interesting enough to begin. I warned them that I would purposefully try to engage them in discussing some points. It worked at times. Most topics I included in the interview schedule are topics one usually hears among gay men when dealing with HIV/AIDS, sexuality and relationships. In Chile I listened to many conversations and spoke with many gay friends before I sat down and translated the research schedule. The result is interesting, some of the topics are similar but new and different areas reflect the cultural identity of those to whom I listened (see appendix D). Recording conversations with men who have been my friends for a long time, or new acquaintances I had met when doing community work has been the most exciting part of my research. The conscious shift from confession to dialogue did not always happen. Some close friends felt "weird" about it, however, the relationship with most new acquaintances was strengthened and has since been sustained.

To energize the translation of research theory into practice I began by negotiating with the participants how these interviews would happen. Some years of experience working as interpreter for the Canadian Immigration Refugee Board were extremely useful in deciding what I did not want these interviews to be: cross-examination. The search for a confession of the refugee claimant's hidden truth. I understand confession in the Foucauldian sense as a "one of the most highly valued techniques for producing truth" (Foucault 1978: 59). This "truth" is represented in social research texts in the form of answers to

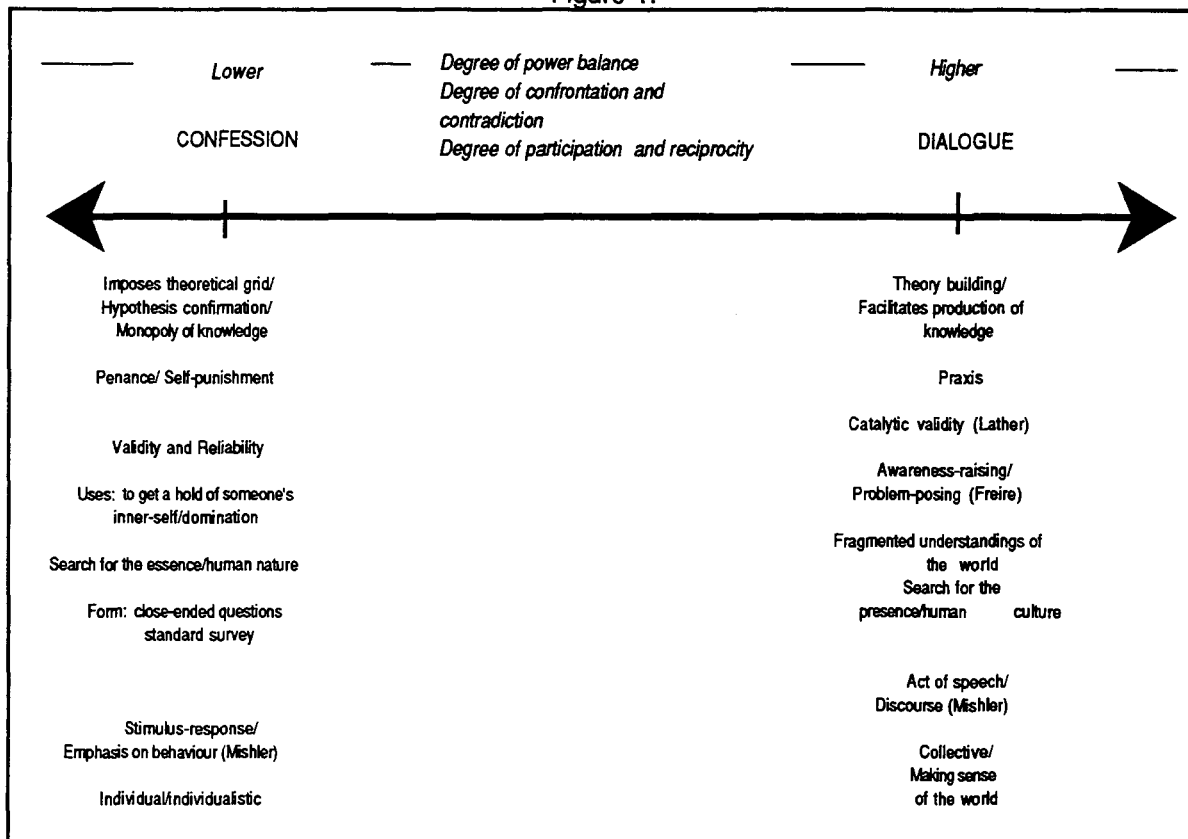
questionnaires, statistical analysis<sup>56</sup>, and structured interviews. Confession when not obtained "spontaneously" is "dictated by some internal imperative, the confession is wrung from a person by violence or threat; it is driven from its hiding place in the soul, or extracted from the body" (59). Sobbing testimonials of persons living with HIV/AIDS who offer their tragedies for public scrutiny and statistics tolling the number of sexual partners of gay men are interpreted as the irrevocable "truth" of the sin of "promiscuity". Confession is invested with great significance because it bears a close resemblance to the "coming out" process. The connections between confession, "coming out" and the biased constructions of bodily textual expressions/identity such as sexuality, desire, and pleasure needs to be recognized. Foucault argues that "from the Christian penance to the present day, sex was a privileged theme of confession" (61). He adds that "the confession was, and still remains, the general standard governing the production of the true discourse of sex" (63). "Coming out" always involves a certain degree of power release to another person. Thus, when interviewing it is critical to acknowledge not only that gay men "come out" (as men who have sex with men and as men living with HIV/AIDS) from a position of lesser power, but also that the very concept of "coming out" might be an ethnocentric "white" construction that works against other cultural and sexual identities. This problem might not be entirely avoided but it should be reformulated as Mercer and Julien have argued (1988) in order to give a safe space for the "difference" to be spoken. In the search for a more balanced

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<sup>56</sup> I side with Jesus Ibañez' (1991) assertion that "statistics has to do with the State: it is the science of the State. Through statistics, the State [se reserva] "keeps a hold of" randomness [uncertainty] and [sets the norm] attributes to the norm. In Protocapitalism [statistics allows the State to] reviews the resources (descriptive statistics); in production and accumulation capitalism [statistics] allows [the State] to fight against entities without strategy (prescriptive statistics); in consumerist capitalism [statistics] allows [the State] to fight against entities with strategy (symmetric strategies . . .). Statistics allows for the domination of dominated classes without their being aware of such domination" (41).

relation of power within the interviewing process I marked confession and dialogue as separate points in a continuum (see figure 1). The term dialogue I have borrowed from Paulo Freire (1973) and his critical pedagogy. The term lends itself not only to popular education but also to critical ethnographic research. Confession represents a highly institutionalized point in this continuum where practices are rigid and manipulatory. One individual asks questions, analyzes, appropriates, interprets and represents the bodily texts of others (description of the bodies, the situations, the "truth" about the individual). Dialogue represents the possibility of greater power balance between the individuals, the acceptance of more fluid social roles and the sharing of practices of representation.

Figure 1.



I understand that there is some appropriation and co-optation of the "other" that cannot be escaped<sup>57</sup>. The ideal of interviewing and participating as "popular", dialogical and awareness-raising is what I strive for. Bristow and Esper (1988) distinguish three dialogical processes in ethnographic research: "(1) the researcher's internal dialogue, (2) the dialogue between researcher and participant, and (3) the dialogue between researcher and society" (74). There is an ongoing dialogue between the researcher and segments of the society in formal and informal conversations with fellow students and teachers, in the community work, in workshops, and presentations. There is a strong dialogical instance in the form of urgency, anger, advocacy, and action.

Internal dialogue has been extremely significant in the course of this research. The formation of an academic and a community worker identity deserve separate exploration. But, I digress, I do not concern myself with these aspects here. The dialogue between researcher and participants has occurred at various levels, not solely when tape recording the interviews. Many conversations leading up to such moments and heated (and always funny) post-interview verbal exchanges are irretrievable. So are the accents, intonations, emphasis, gestures, laughs and tears that gave rich texture to the interviews. In an attempt to recuperate some of these qualities, I have placed the participants face to face with the written text of their narratives. During the interviews I have directly asked the participants to comment on safer sex guidelines we all know and during the second interview I have asked them questions about what is written in the transcription of the first interview.

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<sup>57</sup> In the analysis and textual representation stages of ethnographic research I am also unable to escape the capilarity of power relations. There is however a conscious attempt to part from absolute "editorial control" to "polyphony" (Clifford 1998:51).

However, it is difficult unilaterally to assess the degree of dialogue I have obtained with the participants. What seemed an slow and painful interview might feel like an engaged conversation to somebody else. I made a point of asking participants at the end of the interview how they felt and what they thought of the process and for the most part the answers were encouraging. In many cases I did not need to ask because the rhythm of the conversation was kept after the tape was over. In general I would say that our dialogues have gone beyond those interviews. I am able to provide indications (not examples) of the atmosphere, involvement, and tone achieved in the course of recorded conversations. An instance of self-dialogue and reflection on the part of the participants is also evidenced during these conversations

- What other comments have you heard about HIV positive people?

**Dario** - From gay men, I don't really know because I don't know that many gay men, as matter of fact I don't know any other than [my ex lover] and these people where he works, this other guy who has had AIDS for years and . . . he's there and he talks, I mean, I'm talking strictly as a person, never mind AIDS or no AIDS or whatever, he is not the most likeable person or he is not the person you would talk to because probably he doesn't have much education or imagination or he talks very superficially about things, about the weather and about . . . stupid things [ . . . ]

- He's never talked about his experience?

**Dario** - No, I barely know him, I met him a few times in the bar and we talked bla, bla, bla, a little bit here and there and that's it [ . . . ] what I'm trying to say that I don't know enough gay men that I have established some kind of relationship or friendship or lover or anything like that

- How does that make you feel? Well, that's a kind of loaded question I know, but . . .

**Dario** - It makes me feel sad because you know I see [a female friend] she has so many lesbian friends and I see women whether they are lesbian or not, they are capable, what I've seen, they are capable of making this bond between them, they become friends, they are together, they go here, they go there,

they see each other, often, fairly often, and they don't fight and the only thing I do not like in gay men is that the attitude is that I'm better than you are, I am more beautiful than you are and therefore you don't deserve my friendship or you don't even deserve me talking to you and I find so frustrating not to be able to establish at least a sensible, honest conversation with a gay man, gay man, because straight men, that's not problem, I get along with them anytime, anywhere, a gay men, to establish, like you and I right now, it is very difficult for me or probably for everybody else and yet I go to the bar and I see them coming "Oh hi John, or hi Mike or hi whoever" and they go to another group and bla, bla, bla, and I wonder "Damn it, what is wrong here?, am I ugly? they think I have AIDS or something?" I try to talk to somebody and . . .

- They look down on you or something

Dario - Yeah, right, exactly

- The two things that surprise me the most about relationships here, and I'm afraid of saying it anymore because I have been chastised in the past for saying that this is an Anglo problem, might be a problem of the culture altogether I mean Anglos and Asians and Latinos altogether in this mix, the problems that seems to happen or that I see, the lack of strong relationship and difficulty of establishing long lasting relationship and emotional friendship and the other, we talked about it the other day, is what I see as an incredible lack of curiosity, I mean they always ask you where you come from, is it very hot there, and all this "Andale, Andale!!" all this shit, but this lack of curiosity about

Dario - You!!

- You as a person, your experience, what you have been through and not because I'm HIV positive but in general, I mean, how come you became gay

Dario - I know, I know I've had two experiences, one of them [. . .]

[September 20, 1991]

In the course of interviewing two challenges have become particularly significant and they bear relation to the issues of reliability and validity. (1) people change their minds (Weeks 1985:121); the research schedule and structure should allow them/us to do so, and (2) material and historical conditions under which the research is carried might also change and this



needs to be reported. No other point seems more difficult to explain in one's ethnographic research than these two issues in relation to validity and reliability. I always end up feeling defensive about them particularly when it comes to accepting the unstructured dialogue with the participants as legitimate "evidence", as certificate of proof and presence. I "was there" and I "talked to this person" and this is "the truth". Evidently, I must adhere to certain standards imposed upon academic work, but there is a need to re-think their/our self and its bodily texts (expressions/identities) as something fluid in time and space.

I found myself doing my "personal best" not to harm the "population" that is under scrutiny. I consciously attempted to make the interview a moment of reflection, negotiation and meaning-making for all of us. This purposeful shift of emphasis from discovering what someone is hiding (confession) to negotiating representations (dialogue) that do not only serve the purposes and theories of the researcher. There is a shift from the researcher's needs to the participant's needs, an emphasis on advocacy that is political rather than an emphasis on scientific means that is seemingly neutral. There is an emphasis on discovery, meaning-making, and negotiation rather than on verification of a particular fact (Mishler 1986).

Sometimes a moralistic judgement is attached to the issue of consistency, coherence and rationality in people's understandings and practices. When doing ethnography we might expect informants to be truthful, consistent, coherent, and rational in their responses. Often researchers secure interviewing strategies that help them lock the participants into trapping structures that are only useful to their investigative purposes (see Clifford 1988: 55-91). Any departures from what was originally stated by the individual are construed as unreliable, subjective, weak, moody, intuitive, and emotional.

Any interventions outside the rigidly set boundaries of the questionnaire or scope of the leading questions are usually described as insular wisdom, soft data, anecdotal information, in brief, as "subjective". It is argued that such data "should not infect objective truth - evaluative concerns of the subjective knower should be excluded" (Nielsen 1990:4).

It is interesting to note here that women and whatever is "feminine" has been traditionally stereotyped as unreliable, subjective, emotional, soft, intimate. Culturally, the stereotypes - and the connections made upon those bases - attached to women bear close resemblance to the stereotypes attributed to homosexuals. Desiring men is, by definition, debilitating. AIDS does not come as a surprise in such homophobic narratives. In fact, to be gay is not to be a man, but by binary opposition, it is to be a woman or like a woman. Academic practices and standards are not alien to these stereotypes.

Doing research about the sexuality of men who have sex with men - and men who desire men - still entails adopting a confrontational attitude<sup>58</sup>. I had to challenge subtle, but pervasive and historically constructed equations such as feminine=subjective, personal=unreliable, subjective=not rigorous<sup>59</sup>, "hetero=sex=life, and homo=sex=unlife" (Case 1991: 4). Much of the stuff of participatory ethnographic research is contained in the bodily texts of those who are being represented. There is a need to secure a valid and legitimate place

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<sup>58</sup> It is difficult to exactly determine whether most of the fear, reluctance and mistrust is generated in the inside - internalized homophobia - or the outside - homophobia and compulsory heterosexuality -.

<sup>59</sup> These equations are part of a larger and firmly entrenched "set of interrelated assumptions" in the social sciences. In brief, (1) the the social world is knowable and objective reality to be observed and recorded, (2) there is a subject-object separation, (3) the "verification of one's claims about the social world should be based on the use of senses", (4) "there is order in the social world, social life is patterned, and this pattern takes a predominantly cause-and-effect form", (5) "there is unity of sciences (including social sciences) insofar as they share the same method of going about learning the world" (Nielsen 1990: op.cit. 4-5; also see introduction to Gender/Body/Knowledge 1989:3).

for these bodily texts in the textual representation of ethnographies. The final write up of any project only provides a mutilated fragment of such bodily texts; loose limbs that have to be considered as part of a broader picture.

**Joaquin** - I wanted to speak about . . . I found it very, what I was going to tell you some time before, about being a bit effeminate, is that the word?

- Yes

**Joaquin** - I love that!! sometimes, I feel, when one walks somewhere in front of so many men to appear like this, effeminate, I like it, I feel well

- I like it in the intimacy [of a place] but not in the street

**Joaquin** - Well, depends

- I'm not comparing, I'm telling you my experience

**Joaquin** - [voice raises a couple of octaves] Oh, I'm sorry, sorry [laughs]

- I'm telling you how I like it, in an intimate place, in the street I get scared, I get inhibited.

**Joaquin** - I see, I don't know, I might be very daring but I like [to do it] in the street, when I see a little group [of men] which looks interesting and "cool" I love it, I like to see their reactions, not all of them have enough "personality" to say something to you

- Are reactions similar here in Chile and in the United States?

**Joaquin** - No [. . .] one can "break oneself" [be limp wristed] and be very effeminate there and no one says anything because it is very normal, it is very normal

- Well, my experience is that straight men are not going to pay attention to you at all

**Joaquin** - Nothing, that's right, but here, you go in front of a [straight] group, one "catches the wavelength" when it is going to be comforting, one knows whom one is doing this with, but when I see a group like this, "cool" that I know they are not going to say anything but a swear I love it, to be ambiguous, because it makes me feel good, it is a compliment, it makes me feel young, that I haven't lost my "spark" [giggles]. [Joaquin has lived extended periods of time in U.S. - November 11, 1991]

The connections between that which is feminine/effeminate and that which is homosexual/unhealthy are long standing (Case 1991). Note the connections between femininity and illness, in particular hysteria, agoraphobia and anorexia (Bordo 1989). The bodies of men (and women) living the critical phase of the HIV/AIDS continuum prominently flashed through the media during the nineteen eighties came to feed these collective stereotypes. The bodies are the "flash-point[s] of conflict between desire, and the various institutions which regulate the look of the social world" (Watney 1987: 125)<sup>60</sup>. Epidemiological studies have utilized the bodies (and needs) of women and men to obtain confessions that support hard scientific truths. Women and men living with HIV/AIDS have volunteered in clinical trials and interviews in order to obtain what they needed at a certain point; treatment, a cure, a hope. They have systematically been placed in situations where they are forced to mis-report or openly lie.

**Joaquin** - [In Chile] I never got the idea of having [the ELISA test] done here . . . I don't know, never . . . maybe it's because I'm so sure about what I do, why do I have to go if . . .

- In the United States you weren't so sure?

**Joaquin** - Yes, I was, but I did it more out of curiosity, because I read in a newspaper for Latinos, it said "If you want to have the AIDS test, it is with a translator, there is an interpreter here and bla, bla, bla and it's free, and call us and OK" So one day I said "I'm gonna have it done" I did it because, now I recall, because I wanted to maintain relations with this poet [I have told you about] . . . so I phoned, asked for an appointment and . . . at that time I was getting to know this poet, we were . . . I said "I like this man, I'm gonna do it just in case" I had heard through other people that it was asked, if you wanted to maintain relations with

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<sup>60</sup> Some HIV/AIDS research has done nothing but "re-vamp" literary themes such as the contamination of blood (vampirism) by the "Other's" desire (e.g. promiscuity). An interesting analysis of this theme is presented by Case (1991).

somebody and somebody asked you "Did you have the test done" so I could say "Yes, I had it done and here it is". So I went and had it done, there was a Chicano, I told him I wanted to have the test done out of curiosity. They asked me many questions, where I was from, what I was doing there. I was very honest I told them that I had come with a tourist visa, that I was here working illegally.

- How did they treat you?

**Joaquin** - They treated me very well, they told me that I was a person with a lot of courage to have gone like this to have this test done, that they admired this and went to have this famous test done, they asked me how my sexual life was and I told them [laughter] at what time I started, they asked me if I had prostituted myself, I have never done that, I have only done this for pleasure, because I like it, so that's that, so we did that [. . .] so I was there with the doctor and this Chicano man asking me questions, well, I have to make a great side comment [giggle] I liked the doctor, I found him very attractive

- And you let him know this, I gather.

**Joaquin** - Of course, I told him "If I had the chance to go to bed with someone I would do it with you, if you wanted so"

- What did he say?

**Joaquin** - They were plop!! both of them.

- The doctor was gay?

**Joaquin** - Gay, he said nothing, he looked at me like this, The Chicano was open mouth, I said "Good things have to be told, when I find something good I say it, I feel it". The questions were very good, I liked them . . . they asked me about my relations if one was "pasivo" or "activo", which positions I liked most, oral, if one maintained relations high or drunk, how were the relations that one had, I explained to him that I liked alcohol but not to go and get inebriated, a bit is OK, I do not smoke and if I go to bed is because I feel it and I feel desire, that innate desire one has, not that I need a stimulus [. . .] after the test was done asked me if I wanted to fill out a form, answer a [written] test, I said "yes" he would pay me U\$15 and it took two hours and something that I had to be there answering all these questions. After I left the "exam" [ELISA test] I went to another room to answer this test. I was relaxed, pretty curious, I felt OK, I didn't have to speak English, I knew there was another person doing it for me at that moment [. . .] the questions were about how I maintained relations, whether I would maintain relations with an active or passive person, whether I would use a condom or not and after, what I told you about, if one met someone in the street,

so one would say "I'd like to be with you and maintain a relation, but we don't have condoms" Any of the two men had condoms, so one said "Only masturbation" and . . . and so this man asked me "What else would you do?" I said, when I said that I could suck it without condom, well, I would do what I feel, so he was accommodating this thing the way they wanted me to answer.

- How did you realize this?

**Joaquin** - Because the man translated this to me "How come" first I was speaking of safe sex, of taking all the precautions and think about it all, thinking with my head and then I said "Well, if I like this dude, why not do it without a condom?" So that answer made them upset . . . the man tell me "You are contradicting yourself, you don't have to answer like this" [He said] that I have to follow my own standard . . . what I thought at the beginning, that the condom, and my head and later I come up with this

- They were visibly upset or just like this?

**Joaquin** - I noticed the reaction, they were upset in both ways, but I said to myself "Well, this is just a thing, they were the ones who asked me to answer their form, I didn't ask to fill it out" I kept on answering their questions. There was another thing I responded to that they didn't like it very well but at this moment I don't remember. [Joaquin has lived extended periods of time in U.S. - November 11, 1991]

## **Coda: let us now reflect . . .**

**Damian** - They taught me how to listen, how to be there for people, how not to be judgmental, how to allow people to be themselves . . . what's, what is, oh God a whole lot of things, what's appropriate behaviour for a friend basically.

- They taught you about AIDS as well, did you know about AIDS long time before?

**Damian** - Yes, I mean, one of the reasons for joining this group, in fact, the principal reason for doing it is because that I realized that I was a single gay man in a very gay environment, I was in one of the gay capitals of the world and I knew that, unless I hammered home what AIDS was about, I would probably very

likely end up getting it . . . and I did it basically to educate myself and to . . . it was like I always remember hearing that drunk drivers would go to the casualty wards and be cured of drunk driving . . . hospitals and that is what I wanted to do, I wanted to be cured of the possibility of getting AIDS.

- Were you cured?

**Damian** - No.

[Anglo-Canadian, he has lived extended periods of time in Australia - February 13, 1991]

Let us now reflect on the different topics I have covered and how they might influence educational understandings and practices. Ethnographic tools, practices and understandings offer the possibilities of reflection, awareness-raising, and ultimately conscientization. Interviewing as dialogue and participant observation as facilitation are helpful methodological tools and orientations to part from assistencialism (i.e. reproduction of hierarchies, colonization). Ethnography can be evaluated not only by the soundness of its theory, its rigorous implementation, and participation of informants, but also by what Patti Lather calls "catalytic validity"(1991) which is based on reciprocity and self-reflexiveness. Catalytic validity "represents the degree to which the research process re-orientes, focuses and energizes participants toward knowing reality in order to transform it a process Freire (1973) terms conscientization" (68). This is a decisive element in validating the research process in the community that is later re-presented in the written text. Neither ethnography nor any other methodology might necessarily have any direct educational/pedagogical application. Notably, ethnography lends itself to educational work. In fact, it is often linked to educational interventions. For example, when doing research on sexuality and HIV/AIDS is is necessary to furnish the participants with basic information about HIV transmission and

prevention, if they do not have it already. Not to do so moreover would be unethical because it would place the participant at risk due to ignorance.

From confession to dialogue marks a passage from theory about how to interview and observe to what really happened in the field. It is also a passage of my voice from a hesitant question to a voice more active with certainty and power, a voice empowered by the stories I was gathering in the field, a more powerful voice, sometimes an overpowering voice. From now on when "I" appears in this text it does not mean "individual me," but it attempts to capture our voices, our concerns and fears, it means "I" talking to you, and all of us talking together. The following chapter presents dialogues that read like stories and speak to us, about us, about our experiences, and about safer sex.



## IV

### Sex: translations, explorations and intrusions into safety

I got the word on the street  
from people we never liked.  
They told me that you were sick,  
and they think you're going to  
die.

And although I was surprised  
I didn't act sorry then  
'cause you've led the kind of life  
that feels good  
right through the end.

How lucky those fools would be  
to have friend like you and me.

[ . . . ]

So I'll visit you when I can  
and bring you the things you  
want.

And if the day when you leave  
I'm not around to say good-bye,  
remember to take my love,  
remember the laughs we had,  
and how lucky two fools can be  
to be friends like you and me.

Take care.

(The Letter - Rubén Blades  
1988).

### The Social Actors

I have explored the relationship between gay men's cultural practices (sexual and other) and a more or less unified form of official safe sex discourse in North America and South America. I have helped to orchestrate their/our voices in an "unlikely" dialogue. I say unlikely because I am aware of the difficulties I face in trying to bring these twenty men together between four walls even if they resided in the same geographical area. As I describe in the methodology chapter I followed the fieldwork sequence initially proposed. However, it is important to point out that these stages (gaining access, interviewing, preparation of transcripts, second interviews, etc.) are not

discrete. Many of these activities overlapped and I found myself conducting second interviews while preparing transcripts of first interviews and so forth. Finally, the transcribed interviews were coded according to major cultural themes, similarities and contrasts. I especially favour observations across cultures, between Anglos and Latinos, and between those who have migrated or lived temporarily in a place other than their home town. Here, in no particular order, I note some of the overlapping processes that occur when transcribing, reading, listening, and coding these interviews (one could call it a multi-media, multi-sensorial approach to analysis):

First, there is a “thinning” of the reality, that is to say, the realization that these transcripts had lost “soul” */ánimo* and texture. These texts could never give faithful renditions of what the conversations were all about, or of *how* we were, our warmth and interest, and what we thought we saw in each other’s eyes. The reality I thought we had during the interviews (as well as before and after) seemed to melt like ice under the dazzling sun of the screen/page just when we thought it was most solid and present. Memories can be made strong, but they are not artifacts of the past that one can display in museums. Memories are in constant growth and whatever feeling and “objective” comment I may have today about these interviews has undergone a process of change already.

There is also a process of re-interpretation that is both dangerous and fascinating. I perceive this process as overlapping the process of thinning of reality. This might be closer to what Clifford calls “thickening”. I perceive it as dangerous because I could be distorting the participant’s words too much, skewing the data, and slanting the results. At the same time as I enter words in

my computer, print transcripts several times, read them, and in particular, as I carefully listen to the tapes I realize aspects and subtleties that had gone unnoticed before. Having three other participants look at the interviews was a way of gauging this *thinning* and *thickening* of the interviews. Their comments and suggestions kept me contained and did not let the poetics of the interpretative writing run far afield from the “realism” of the interview. During these two years I have also continued talking and exchanging letters with most of the participants. These relationships have greatly contributed to my understandings of these interviews. These relationships represent the dialogue between research and participants (Bristow & Esper 1988) I discuss in the Chapter IV “From Confession to Dialogue”.

There is a dialogical process that is self-reflexive, intimate, and personal that occurs between the words and the individual, myself. I can see my life parade in front of me. I compare and contrast my understandings and practices with the stories these men are telling me. This places me in a constant process of change. Important life events happened to us during this period. Events such as losing or establishing relationships, mourning and grieving lost friends and acquaintances, travelling, and starting on treatments. These events have occurred during the “fieldwork” and the “deskwork” and they have modelled the final shape and the conclusions of this study. This is what a dialogue between the researcher and the society looks like; a dialogue between what is “personal” and what is social and belongs to a broader context.

It is important to note that I did not see these individuals, I did not see us, as a group of participants of this project that I could extract information from and easily dismiss. We are social actors, a small part of a social scene. At one

point in time, we might be in close contact, far away, emotionally distant, on bad terms, but in one way or the other we are an extended circle of gay men. I hereby acknowledge the seemingly domestic fact that research only has a point of departure and a point of arrival when on paper. It seems a simple process to go from A to Z ( as in AZT?), but in fluid and dynamic reality it is an on-going exploration. The participants were living their lives before I met them and will hopefully live long lives beyond these pages.

### **(De)composing Dialogues: identities and boundaries**

'Love him,' said Jacques, with vehemence, 'love him and let him love you . Do you think anything under heaven really matters? And how long, at the best, can it last? since you are both men and still have everywhere to go? Only five minutes, I assure you, only five minutes, and most of that, *hélas!* in the dark. And if you think of them as dirty, then they *will* be dirty- they will be dirty because you will be giving nothing, you will be despising your flesh and his. But you can make your time together anything but dirty; you can give each other something which will make both of you better-forever-if you will *not* be ashamed, if you will only *not* play it safe (James Baldwin, Giovanni's Room).

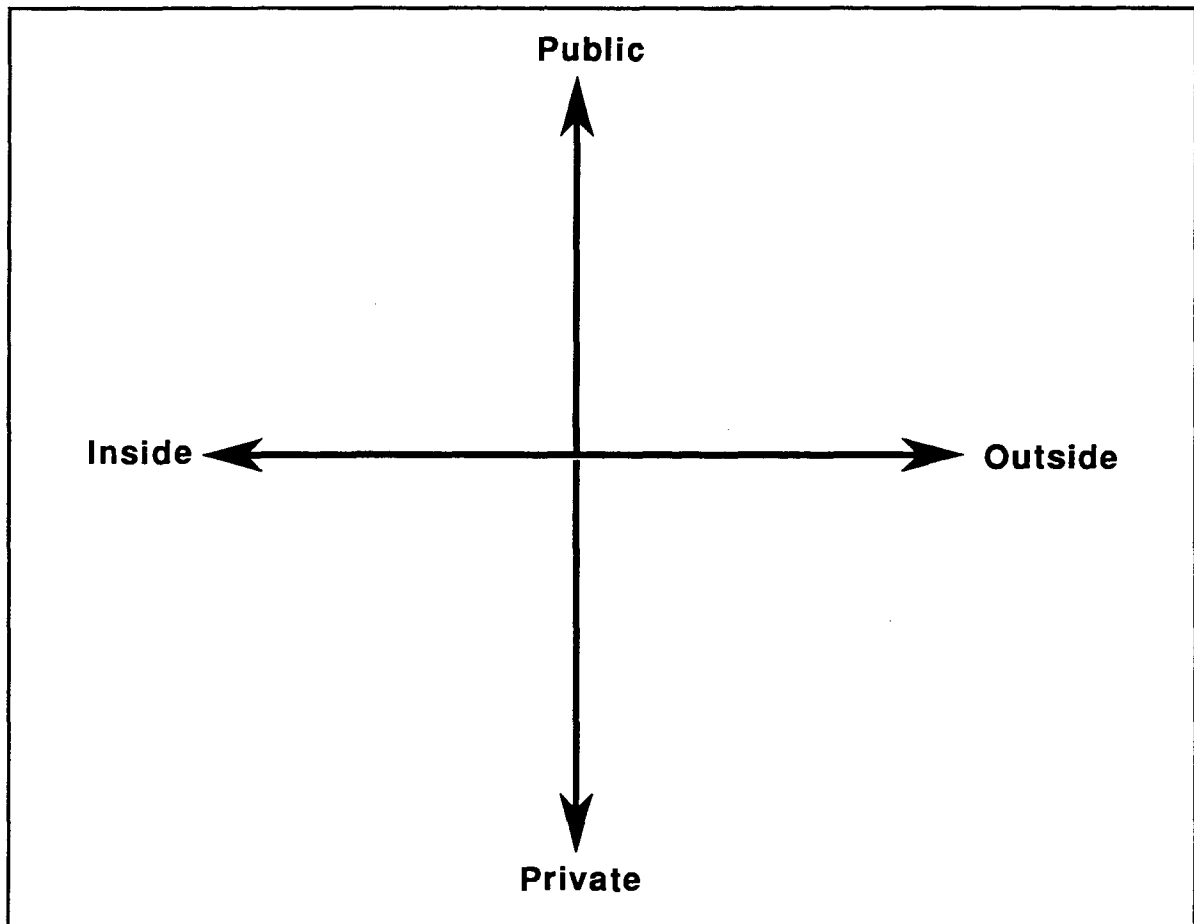
The “style” in which I present these dialogues directly reflects one of the thematic strands that establishes coherence and continuity between and within each of these interviews: identity. I suggest that an identity (e.g. “being a man”) is a series of performative acts that are inscribed in our bodily texts<sup>61</sup>. These

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<sup>61</sup> I have extensively borrowed from Judith Butler's Gender Trouble (1990) to develop my ideas. In particular I have focused my attention on the chapter entitled “Subversive Bodily Acts” (79 - 149).

performative acts constantly interplay between the inside (psychological being), the outside (socio-cultural being), the public sphere (looking like a man), and the private sphere (performing our male sexual duties). These interviews reflect in form and content these identity (identifying?) games. They decompose and compose along the axis of the outside/inside and private/public continuums, they are at the cross roads of these concepts (see figure 2).

Figure 2



In our interviews I asked the participants to talk about safer sex and sexual practices, but once a dialogical mode was struck most of our dialogues drifted and gravitated around issues of identity: who we are (e.g., what we feel, how we look, and where we live). I wondered if this was attributable to the stereotype that gays are hedonistic and egotistical, a reflection of a paranoid and unsatisfied personalities always looking for identification, or mere denial of HIV/AIDS. Although, there might always be a grain of truth in each one of those stereotypes, I did not venture unsatisfactory psychological explanations. I looked directly into the participants' narratives and honoured their ways of describing this reality.

When asked to speak about understandings and practices of safer sex gay men spoke about their understandings and practices of identity. Long and titillating sexual scenes were not at the core of these interviews. Identity - the fine thread that seams these interviews - emerged as a contentious point, a rupture, a difficulty, and a sore wound. Identity makes it problematic for us, gay men, to constructively deal with safer sex. The construction of identity in the discourse of safe sex stands out in the dialogues. Gay men do not accuse, they all hover around the point of identity, who we are, what defines us, and where we are heading are some of the questions. Gay men do not dismiss safer sex; they point out their concerns about it.

The concept of gay identity both brings us together and separates us (Weeks 1985, Fuss 1991). Allow me to borrow Bakhtin's words when he refers to heteroglossia and the utterance and says that identity is "a point in which centrifugal and centripetal forces converge"(272 - 273). Being gay (whose problematic connotations I discuss later in this chapter) allowed me in my role

as researcher to gain access and enter these participants' lives more directly (the doors to my life were flung wide open as well).

Participants did not "confess" their innermost secrets because, as I have explained elsewhere I accepted their voices - representations of themselves - as valid and legitimate. I demystified the research process, acknowledged that we are all members of our communities, and we do not represent the community. The burden and responsibility of representation was shared equally. I consciously expressed my interest in hearing what they wanted to say and made my expectations and intentions clear at the outset. Thus, there were no sordid or painful secrets, what was said was expressed unabashedly, frankly and sometimes rawly. There was emotion, intuition, and committed analytical thinking. The performative displays - butch, flirtatious, frivolous, mature, effeminate - were not prompted the way talk show hosts squeeze the role out of their guests - pathetic child molester, victimized woman, dysfunctional family -. I understood that there were aspects of the participants' lives they would not want to disclose in the same way that I understand that I do not have to go around the block telling everyone that I am gay or HIV+. Disclosure is strategic and gay men know this very well.

The outside/inside and private/public dichotomies facilitate the description of the performative games of identity in which we take part. Gay men are acutely aware of our social roles, identities, and the risks and demands of such investitures. I accepted at face value whatever image, words, social roles they wanted to play during the dialogues. Admittedly, many times I thought "Cut the crap, tell me the truth" and sometimes I said it. Other times I understood that I would have changed the direction of their answers to suit my strong feelings, educated guesses, or pre-fabricated

arguments about these topics. I had to accept that the participants were walking a fine line between their inside and outside, between what they saw as private and what they were willing to divulge. It became one of the points of this academic exercise to describe the limits that gay men impose themselves when speaking about safer sex discourse and practices. These limits are seldom explicitly stated - "No, I don't talk about that" -, but gay men make it clear and bold that they know the art of social performance.

**Brad** - If any single thing has characterized my gay sexuality, that's different from perhaps most gay men as I understand their histories, it would be that I've never ever felt guilty about these things, ever. I've felt guilty about doing specific sexual acts for one or another social reason, but never about an attraction to men sexually, hence, I've been able to, from the start, to be a very active learner in how to do it because none of us comes into adulthood with models, or few of us, at least, with models of healthy gay sexuality.

So that had to be constructed from scratch, the whole and entire sexual morality of it and from the start, well, because the first eight years were while I was married to a woman . . . . it was, my whole sex life was composed from one-night-stands, at the most two-nights-stands, while I was traveling on business, the result of that is that I didn't develop anything other than a casual sex morality and or ethic . . . . that that challenge didn't begin to happen until at age thirty eight my wife and I separated and I was able to live gay. One of the excitements about that time was that I could then think about continuous relationships with men, something that I'd never had the opportunity to do . . . . Perhaps, and this is all new thinking as of right now, two things about my sex life [ . . . . ] as an older person, age thirty, the encounters before that were insignificant, three total. Second thing that is related to that is that because of the one-night-stand aspects, the meeting in bars and that, I always regarded my partners and myself to be independent and creative and the very basic morality was in a fact which is "don't do anything not nice."

- May I ask you a question about this? My experience has been that, although I have been very determined maybe to act this way, I've always tried to see that the man in front of me is a free agent and I don't have to do anything that



is not nice to that man, there is always an aspect of power relations that I haven't been able to escape from, and I've always played on that power, sometimes I've been the powerful one, the person who is dominant, or the subordinate or submissive one. . . and I'm not talking about sexual roles, of course, I'm talking about the actual power relations . . . . Does this have any connection to what you're saying? Do you see any connection?

**Brad** - It may have because to the extent that one sets up social habits as a . . . . let me define terms, in the period between thirty and thirty eight I'll call my restricted period, thirty eight to the present my free period OK?. During my restricted period, perhaps because I was married and making babies and doing all the macho things I had a self confidence both sexually and socially in the casual sex environments that was probably greater than the average's person self-confidence in those same environments, because sex was always casual I never came into contact with social dilemmas like: jealousy, like fatigue, fatigue of the relationship or fatigue that night!! right? One doesn't go out for casual sex and then say "I'm sorry I'm tired" right?

- Not always, but I have.

**Brad** - Not normally, right? During my restricted period the morality that I constructed had a very restricted purpose, it didn't have to cover the whole gamut of situations that a morality for a continuous relationship has to cover - [low as if to himself] never thought of this before - very simple morality "be nice to everybody" including the ones you don't want to be with, and c'est ça!!

- OK, let me challenge you I'm not sure I was that clear when I asked you about power relations and I'm not sure you're addressing that.

**Brad** - Sorry, I intended to, but I got distracted. Power relations has been into it in that sexually and socially within the sexual moments I was a very powerful person I ran the show . . . . I considered I had everything to learn, nothing to lose and I wasn't likely to hurt anyone given my simple little ethics, except inadvertently perhaps, but that is unlike in a one-night-stand . . . now the relationship between that and the dislodgement of my morality as a free agent, in my free period is that I viewed . . . . continuous sexual relationships to be high quality one-night-stands repeatedly indefinitely.

- A question: How should I construe this? How does this dichotomy you have, you are expressing, between my 'free period' and implicitly 'my not free period' . . . I can construe it a a certain way, but how would you like it to be

construed? What do you mean basically when you say "my free period" and implicitly "my non-free period"?

**Brad** - My "non-free period" is that the sex was clandestine, I was married, right? It was clandestine, it was only as opportunity presented, it couldn't be repeated, or be continuous, and each episode had a very clear beginning and end that was largely not determined by me, it was determined by when my flight left, it was determined by . . .

- Business schedule or something like that.

**Brad** - Yes

- What were the implications for your actual marriage. [I guess] a lot of people [when reading this] are going to say [I exclaim] "Oh [He] was so immoral by doing this!!" You understand these reactions? I know you, so I wouldn't like that to be construed that way, to be honest with you.

**Brad** - It was flagrantly dishonest, although I'm not certain that my wife didn't suspect it, she's never said she has, that she did or if she did that it happened a bit, but she had no idea of the extent and still doesn't. I was an archetypal bisexual, I would stay on the week when I was on the road on business, no it's not that simple, but just a moment, and I was straight when I was home, we had a good sex life, she would have tested that on the weekends. That was the first year or so of our marriage, the second [marriage] for both of us . . . after that we went to [somewhere in U.S.] to live and, everything that I have said about my restricted period isn't true because I had no sex, homosexual, no "homosex" at all in that two years period. Then we went to a [major Eastern Canadian city]. I also didn't know "homosex". It wasn't until I was in [my mid thirties] then . . . that I came for my interview at my current job and I went to a bathhouse, the night before my interview. I went crazy!!

- Let me stop you there because I see your mentioning this as a door to get into a more specific field, except that you feel that you want to ask me something now or you have any specific question or something else that you would like to add before I use this as an excuse to get into a different path.

**Brad** - I'll add one thing which goes to your question which I didn't answer. I really thought . . . that my interest in men was no threat to my wife and should be regarded by her if she had known as no threat. At one point it came up that I was homosexual, that I had had a homosexual encounter, this was during the marriage . . . she was upset, I said "Why are you upset?" "It is not threat to you, it's not as if I had been with a woman," she said "It's worse," I was amazed

and I asked why, she said "If it were another woman I can change my hair style, I can become more charming, but I cannot grow a dick." This was . . . . I conceded to it immediately and I understood immediately and was absolutely surprised . . . . thereafter I felt guilty [giggle] more or less, but . . . . I guess my answer to people thinking I might be a terrible person for my double life [is that] I felt my double life was morally sound because one was not a threat to the other, that they were not intersecting lives and to a certain extent is fair to say, or accurate to say, I doubted that any of the changes in my feeling for my wife over the period we were married were changed by my relationships with men during that period, that is was as if it was only the interaction between her and me that was constructing in the evolution of our heterosexual culture, now you may change directions. [Gay man living with AIDS. In the comments to this transcript he wrote "Too oppositional. There is dialogue and then there is confrontation" - February 28, 1991]

This interview and previous conversations with Brad allowed me to see the intricate labyrinth of interrelations we spin to secure the existence of all our identities. It also allowed me to understand that "being closeted" (one of the favourite attacks on some men who have sex with men while sustaining heterosexual family lives) may also be an identity sustained collectively. In this interview and in other situations I have observed (particularly in Latin America) men maintain ambivalent and ambiguous social and emotional situations for many different reasons. The point is that "being closeted" or "in the closet" might also be an oppressive and rigid category that does not necessarily acknowledge the reasons for those it labels and the complicitous attitudes of those around the individual.

The point is well made: gay men walk a thin line (sometimes a tight rope) between social constructions of private and public everyday. An individual may safely harbour homosexual desires as long as this is not expressed in the open by kissing, hugging, and touching. An individual male may be effeminate (or

what we perceive as such) as long as he does not speak about it. This places gay men in privileged yet unfortunate cultural standpoints where we observe what surrounds us. This bears much resemblance to the position occupied by the ethnographer in participant observation who needs to be inside and outside. The lines between public and private and between inside and outside (e.g., in the closet, out of the closet) regulate the amount and the quality of what we want to give of ourselves. Gay men are particularly skillful at issues of disclosure even in environments where we know we are "safer" we constantly measure how much of ourselves we want to tell, how much is prudent, what is not going to upset the liberal minds and so on.

I speak of identities, in the plural, not because I believe gay men (or people in general) have multiple personalities, chemical imbalance, or schizophrenia, but because there is no single monolithic "being" but a series of performative acts that provide a social effect by overlapping, sequencing and grouping together. For example, it has been clearly accepted that most men have homoerotic experiences (physical or emotional) at some point in their lives (Freud 1953). These experiences tend to be isolated and do not create the effect of "homosexuality". Gay men carry out a series of performative acts and decision-making (coming out, sexual practices with other men, emotional involvement with other men) that provide them with the (not always) desired social effect: being gay. This does not mean that this is the only way to be gay. This is a common misunderstanding that occurs in gay identity politics. When I speak of identities (gender, sexual, professional) I speak of intentions, motives, emotions and ideas and I also speak about bodies and what bodies can do: movements, gestures, practices, and performances. When I speak of the body I speak of a bodily text, not a *tabula rasa*, an empty vessel, a natural

“thing”, I speak of a bodily text in which various performative acts, that is various identities are exercised<sup>62</sup>. Judith Butler (1990) states:

Such acts, gestures, enactments, generally construed, are *performative* in the sense that the essence or identity that they otherwise purport to express are fabrications manufactured and sustained through corporeal signs and other discursive means [ . . . ] [they] create the illusion of an interior and organizing gender core, an illusion discursively maintained for the purposes of the regulation of sexuality within the obligatory frame of reproductive heterosexuality (136)

Identities or performative acts are not haphazard or self-regulated, but are socially conditioned. We willingly (not autonomously) decide who we want to be. In order to theorize the collective aspects of our society that guide these identities, their “inner” (or psycho-social) workings and their physical workings I have focussed on dichotomies that set the boundaries of an identity: outside/inside and private/public.

## **Inside/Out**

Dianne Fuss (1991) states that the “binary structure of sexual orientation, fundamentally a structure of exclusion and exteriorization, nonetheless constructs that exclusion by prominently including the contaminated other in its oppositional logic” (3). Later she adds “Those inhabiting the inside . . . can only comprehend the outside through the incorporation of a negative image” (3).

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<sup>62</sup> For further discussion see Michel Foucault’s “The Body of the Condemned” in section one “Torture” of his book Discipline and Punish (1979), Epstein and Straub’s “The Guarded Body” in Body Guards (1991) and Leather-Folk: Radical Sex, People, Politics, and Practice (1991).

This explained how perceptions of men who have sex with men about their own practices and understandings are greatly influenced by the negative views held by society at large. This could explain the underlying struggle to resist views that "all we [homosexuals] do is bad" or "we [homosexuals] are doomed". Just as in the private/public debates I had to accept that these spheres and the boundaries surrounding them were fluid and dynamic. Fuss states

The problem, of course, with the inside/outside rhetoric, if it remains undeconstructed, is that such polemics disguise that fact that most of us are both inside and outside at the same time. Any misplaced nostalgia for or romanticization of the outside as a privileged site of radicality immediately gives us away, for in order to realize the outside we must already be, to some degree, comfortably entrenched on the inside (5).

This inside/outside shifting position has led me to important realizations about this work, the dialogues and the representation of the dialogues. I appreciate Dorothy Smith's attitude when she refuses the pompous task of writing "theories" and expresses her concern with "how to write the social, to make it visible in sociological texts, in ways that it will explicate a problematic, the actuality of which is immanent in the everyday world" (1987: 106). I embrace the alternative that Smith proposes

To begin with people as subjects active in the same world as we are situated in as bodies. Subject is located at the beginning of her acts - work and other practical activities; through these she joins with others, known and unknown, in bringing into being a world that they have, but do not necessarily know, in common. The objects of our worlds, whether concrete (cigarettes, tables, horses, or microchips) or relational (commodities, gifts, capital) are accomplishments of ongoing courses of action in which many are implicated.

These actual activities; their concerting or coordering is an ongoing process (1987: 141).

Figure 2 permits the situating of gay men as social actors, that is, active subjects in both the outside and the inside<sup>63</sup>. In fact inside, outside, private and public can be represented as quadrants in this design which allows us to chart the “expanded social relations” embedded in the translations of safer sex into lived experiences. The inside cannot exist without the outside, a gay identity cannot survive in one realm only; put simply, a male cannot survive “inside the closet” nor can he be totally “out”. Both the concrete and the relational are ties that bind and differentiate gay men. For example, a heterosexually married man who sporadically has sex with other men may not be willing to disclose those activities to his wife, nor would he be willing to be “out” or to be labelled bisexual or homosexual. This man however is likely to frequent public gay venues (bars, parks, bathhouses, “tearooms”) to “cruise” and “pick up” men. Similarly, this man may not be willing to go to a STD clinic, a safer sex workshop, an ASO, or a gay store to obtain information because he perceives those places to be openly gay and excessively public. The (de)composing of identities along the outside/inside and private/public axis captures the “interpenetrations of different levels of social organization by the professional discourse”(171). Thus, a brochure that reads “Choices made with power and pride, as a gay community we can be proud of the leadership we

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<sup>63</sup> This is based on Smith (1987) who proposes the creation of a “design” to “provide a preliminary sketch of the relevant relations, that is, those implicated in the everyday experience that is our point d’appui. The design describes as an area for investigation the relations implicated in and organizing the everyday world. It is a means of extending the analysis from the level of the everyday analyzed as a work process to the expanded social relations in which that work process is embedded. It shifts the scope of the inquiry to refer back to an earlier instance, from the little girl who buys candy at the store to the social relations in and through which that is a possible act” (170).

have shown in the fight against AIDS" (AIDS Vancouver 1992) does not appeal to one who is Latino and lives in Canada illegally (see figures 3 and 4). This brochure, in spite of its massive call to all of those who perceive themselves as gay, collapses diversity into one single category of gay men. It alludes to "gay pride" which is grounded in the North American history of the gay liberation movement and is not intelligible to all men who desire men. "Power" has also become a buzzword in social sciences and grass root movements is not readily intelligible to all. In short, this brochure leaves men who desire men, who are supposedly literate and educated, outside the scope of its appeal.



Figure 3

# A life worth living • A life worth keeping healthy

**Man to Man** is AIDS Vancouver's education project for gay and bisexual men. Through **Man to Man** we provide information about HIV/AIDS and safer sex. **Safer Sex: Choices For Life** means:

- ▶ Learning about sexual safety.
- ▶ Being aware that what we know about safer sex and what we do are sometimes two different things.
- ▶ Knowing that with the right information, we gain the power to make informed and responsible choices.

## Operation Latex Shield

You may have seen some of our "Agents" in their neon pink T-shirts in a bathhouse, on the street, or in the park handing out condoms, lube, and pamphlets. Our volunteers make regular visits to these locations to anonymously answer your questions and concerns about safer sex.

## The AIDS Vancouver Info Centres

Help yourself to information about safer sex from any of our 20 "Info Centres" located in all Vancouver gay bars and bathhouses. Read and pass on information about the risks that go hand-in-hand with unsafe sex.

## Special Events

At Gay Pride Day, the Stonewall Festival, the Coronation Ball and other community events, **Man to Man** offers information about our programs and helps you make choices with power and pride.

For more information about **Man to Man**, AIDS Vancouver, or any of our other programs, call the AIDS Vancouver Helpline at 687-AIDS (687-2437).



For additional information, contact:



6 8 7 • AIDS  
6 8 7 • 2 4 3 7



## Choices: Man to Man



Figure 4

**Man to Man** helps gay and bisexual men learn about sexual safety by providing them with a number of ways to learn about safer sex.

### The RubberWear Party

A 2 1/2 hour workshop held in the privacy of your home to help groups of gay men and their friends learn and talk about safer sex. You invite your friends and we do all the rest.



## Choices made with power and pride

As a gay community we can be proud of the leadership we have shown in the fight against AIDS.

### We chose:

- ▶ To establish the first organizations that could give strength and dignity to people with AIDS.
- ▶ To set a new standard of medical care for our partners and friends.
- ▶ To stand up to a society that often blamed us for the disease that has taken too many of us.
- ▶ To gain strength from our losses.
- ▶ To have safer sex while continuing to live and love as gay men.

After 10 years of living with HIV and AIDS, we remain energized and committed.



**AIDS YACQUEER  
MANTO MAN!**

The inside/outside category has also been useful to define the identity of this text, what should remain within and what should be left out. In this text there ultimately are a series of benign transgressions, "power-trips", categories imposed, assumptions invoked, and biased words chosen by this researcher in order to give these interviews a life. The acts of (de)composing are by no means innocent or safe. I suggest they are the least harmful to the participants, the researcher, and the body politics. Had I not been arrogant at points and decided upon many of these issues of representation I would have drowned myself in some sort of desperate nihilism or relativism that is politically stagnant and academically would be considered a failure. What I have chosen to present here are "unlikely" dialogues, re-presentations of dialogues that were performances. This text is yet another performance, Fuss's (1991) explanations about identity that "Sexual identity may be less a function of knowledge than performance, or, in Foucauldian terms, less a matter of final discovery than perpetual reinvention" (7) ties in and supports the concept of identity as a process of becoming, exploration and border-crossing as I explain later in this essay.

### **Private/Public**

The dichotomy private/public is deeply connected with inside issues of the ethnographic work (identities, main themes) and outside issues (confidentiality, discourse of representation). This dichotomy sets the boundaries of an identity. The identities expressed by gay males in these dialogues have a great deal to do with sexual orientation. Although homosexuality or "being gay" cannot be reduced to men having sex with other

men, it is the ultimate bodily expression of male desire. Gay males may express their ex-centric identity in a plurality of ways. The sexual/animal and social/membership practices can be described by being "out of the closet", that is, openly gay, or inside the closet. They can also be described as private or public. The private/public axis adds a new dimension to the identities of the participants. In safer sex discourse, for example, it is possible through the application of both dichotomies to recognize inconsistent demands placed upon the "users" of the discourse. Safer sex discourse is all about being "out", proud, self-reliant, and empowered. It reassures people about their private lives and what they are free to do with them. However, safer sex does not acknowledge the context - the public sphere - in which all these magical internal and behavioural changes take place. Little has been done to educate people about their - human and legal - rights to have sex, to express their sexuality, to pursue relationships, to obtain same sex benefits and others. It is rarely seen that a brochure or poster has been developed to advise HIV positive gay men on the implications of their having sex (safe or unsafe) in public places, disclosing HIV status (being "out" ), having sex while in treatment, and travelling restrictions. Illness and "contamination" are hidden in the realm of the private. HIV positive gay men, not unlike disabled people, are disregarded as sexually active or sexual at all.

The private and public spheres concern the right to engage in consensual sexual practices with other adults, the right to publicly express our sexuality, the government's attempt to sanction and regulate what goes on with our bodies, and the role of the religious and medical organizations. What is private? What is public? Yes, it might depend on who defines it, but I believe we all share a latent notion of what the private and public phases of our sexual

identity are much as we share an unspoken notion of gay morality. Richard Mohr (1988) offers various reasons why "homosex" (and by extension same sex sexuality and sexual identity) should be conferred a substantive right to privacy. (1) "Consensual sex acts conducted out of sensory range of nonparticipants ought to clearly invoke substantive immunities from government intrusions", (2) "sex acts are inherently private. They work to exclude the world from their participants' perceptions and conversely, in order to work, require such exclusion", (3) "Even if the perimeter of what counts as a self-affecting action is fuzzy, the role of sexual behaviour in a person's life clearly gives sex a central place among self-affecting activities . . . Any right that protects central self-affecting values, then, will also protect the right to consensual sex", and finally (4) "Because a person's body is a necessary source for all free actions . . . then the individual must be able to act reflexively on his own body to make it as he wills and to instill value in it . . . the state blocking a person's reflexive actions on his own body is an offense on a moral par with a direct violation of person's body by the state. To be raped by a policeman and to be prevented by the police from having consensual sex are moral equivalents" (Mohr 1988: 125-6). These statements are indeed helpful steppingstones to initiate a discussion on what is private and what is public.

However, Mohr's theoretical vision becomes problematic if one considers that a substantial portion of sexual activities are indeed public. For example, voyeurs not only consent to other people's sexuality, but they also participate. A church of any denomination that silences and denies charges of sexual abuse on the part of their supposedly celibate personnel is not only condoning such practices but might also be promoting them. A religious institution that forbids the use of condoms in their sexually active youth puts them at risk. An ASO that publishes pamphlets about safer sex and distributes

condoms in bars is acknowledging that attitudes and behaviours are to be changed collectively. Sexuality, of which sex is only a minor part, is a series of collectively carried out practical and symbolic activities. Mohr also seems to take as a provision that most human activities, including sex, are performed self-reflexively, a term that suggests a traditional notion of rationality and a critical outlook on life. Considering sexual behaviour and sexual identity along the axis of inside/outside and private/public allows for the contradiction and the paradox to be described in theory. In the field I could better understand Latino men who consider themselves "liberated," but would never acknowledge their heterosexually challenged sexuality or discuss their "private lives" with family members or co-workers. I could understand issues of age and sexuality among men who have sex with men that are defined as illegal by mainstream codes. I could also understand the specific cultural articulations that give homophobia particular traits both in Latin America and North America.

HIV/AIDS has given a new twist to issues occurring in the public and private spheres (Bayer 1989); it has stimulated the urgency to re-define what is private and what is public. Issues such as "private acts, public consequences" have come to the foreground and are discussed at all levels. These issues have put gay men in the position of having to re-define what they understand by public or private and how their identities fit into these now shifting parameters/boundaries. Meeting men in various places and under various circumstances, men I have been intimate or more or less intimate with, interviewing them, listening to the recordings, talking about them, keeping in touch became a sophisticated interplay between the private and the public. We were the ones to decide at which side of these boundaries we wanted to meet and which direction we wanted to take.

## **(De)composing: identities in motion**

Our dialogues centered around a carefully selected list of topics, a combination of those topics I had found while involved in HIV/AIDS prevention education interventions (workshops, brochures) and every day topics I heard in gay men's conversations. The latter are commonplace topics that build the "getting-to-know" another gay male in most situations and that are dealt in different ways. The flow of these conversations was spiral and I was always surprised at the lack of interruption in this flow.

I claim humble authorial expertise and control when I orchestrate<sup>64</sup> these voices into one common dialogue. I do not suggest that this writing is empowering. I believe that empowerment, in the form of awareness-raising, has happened during the interviews. This orchestration of the voices is more like a photography, a "certificate of presence", a thinned reality. I have adopted Marchand's technique of using a "filmic notion of the displaced narrator". Thus, I have listened to these interviews to find common topical points, similar and contrasting concepts, our concepts, their explanation is again theirs/ours. Following Marchand's example (1987 unpublished Ph.D. thesis) I have reflected on this material and on why I selected it. I struggled to escape my own presence. This is a process of "decomposition" in which the

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<sup>64</sup>I could have chosen a less negative term, one more flattering of my participation in this work, but I like the sincerity of this one when it comes to acknowledge manipulation in the best sense of the word, the "maestro" does not completely manipulates the music and the musicians, it is in the end a team effort, a complicity and a resistance to which the maestro brandished its stick and tries to conduct, to give unity to a piece, there is in this case no single predetermined piece but a series of themes, motives that are played and re-interpreted culturally)

textual body of these conversations was altered, maimed into small limbs of conversation, and extrapolated to foreign contexts. As I struggled with myself, my assumptions and my intentions, I felt the pain of decomposition and the fear of getting irredeemably lost, decomposed like a "contaminated" body dying of AIDS as they are flashed in the media. "Each day I face crises, potential disintegration (=decompose) in a hostile environment, and each day I must survive and face (= compose) self" (Marchand: 107): this powerful statement sums up the second movement of this orchestration: the composition.

In her essay "Feminist Scholarship: Ethical Issues" (1989: 42-8) bell hooks discusses representation and authority. I have been greatly influenced (and comforted) by her words. The importance of composing oneself cannot be underestimated. To compose oneself and this "unlikely" dialogue is important because if we don't do it ourselves, somebody else will do it from the outside and not on our behalf. It is likely that those who see themselves as detached and outside as less ex-centric and more integrated to the mainstream will have their words more rewarded, appraised and respected than ours. (De)composing are necessary strategies for people living in the HIV/AIDS continuum. In the following personal letter I tell a field story about participation, authority, and representation.

Dear : Mea Culpa, I confess I have sinned, after our wonderful phone talk I haven't been very good at sending you the letter that I already had prepared. So I'm attaching this second chapter. I can tell you that I haven't been very good at taking care of this horrible cold either. Most of all I wanna tell you that I am very excited about next week conference. I got excited after the meeting with VIDA (2 guys) and Arriaran group (5 guys) all of us HIV+s and full of energy. It was tremendously empowering. I can tell for the first time since I'm here that I made an impact. They started the meeting without much stamina, which they had hidden, they said that maybe a professional could say some things and speak and bla, bla,



bla. I got a touch impatient and I said that if a professional was about to speak for us I wasn't participating, thanks, I said I am only one guy but I do not accept others speaking FOR my experience which makes me expert. T. was present at the beginning of the meeting and helped spark this rebellious flame in their hearts (in Chile anything like this is sheer terrorism). I also disclosed my HIV status for the first time since I'm here because I thought it appropriate at that time. They needed to hear that there is someone like them who's not about to take any more shit. It's not that I am a guerrilla of this AIDS business or something, but I feel I have gained a confidence over the years. Being very sensitive as I am to cultural differences (I confess I make mistakes sweetie) I told them I understood that I was in a powerful and privileged position in certain areas. My experience with HIV is a North American one and restricted to that. In any case they understood that it can be carefully considered. After T. left there was a moment of impasse in which I asked to decide first whether they wanted to participate and in which terms. It was like a Freirian dream, real participatory stuff, I guess we all understood we could win and lose a lot with this and it was no child's game. They decided to go ahead but they didn't know how, they have never done something like this before, this was true "concientization" opportunity in my shaky hands. So I acted for the first time since I'm here as a facilitator, I helped them bring out of their hearts and minds what they knew well but hadn't articulated. We came up with a wonderful format that I hope will work, no sad shit, no confessions, no paternalistic shit. [Letter, November 25, 1991]

Composing oneself becomes an act of survival, we need to carry on, not only those of us who participated with voices interrupted by the anger and the frustration of carrying the virus, all of us need to go ahead tomorrow, later today, and to compose ourselves endlessly. Za-Za forcefully sings as she applies another stroke of mascara before waltzing into the stage of La Cage aux Folles:

Once again I'm a little depressed by the tired old face that I see, Once again it is time to be someone who's anyone other than me, with a rare combination of

girlish excitement and manly restraint, I position my precious assortment of pencils and powders and paints.

Gay culture decomposes and composes itself constantly; gay , sexual , cultural , and ethnic identities are constantly undergoing transformations. Identity, Diana Fuss explains, is neither a solution nor an end, but a constant process of becoming that reminds us of the stigma of the vampire. Certainly, for some of us living with HIV/AIDS the stigma and tragedy, the rare combination between power, lust and the isolation of the vampire resonates endlessly in our minds (see Anne Rice's Interview with a Vampire 1976). In an essay, bluntly titled "Undead", Ellis Hanson refers to Randy Shilts' (1987) re-vamping of the theme under the guise of "patient zero" in his "docudrama" as "a kind of vampire film" (331). Hanson offers an alluring review of this metaphor:

To comprehend the vampire is to recognize the abject space that gay men are obliged to inhabit; that space unspeakable or unnameable, itself defined as orifice, as a 'dark continent' men dare not penetrate; that gap bridged over or sutured together, when men cease to play dead and yet cease to accept the normative sexual role (in Inside/Out 1991: 325).

The stigma of our situation and who we are: discriminated, intolerable, but resolved/determined to live our lives as sexual, spiritual, intellectual and professional beings puts us in front of a constant mirror in which at times we never see our reflection. The re-constructed ethnographic dialogue I compose here is an attempt to re-capture our reflection, to be self-reflexive, to leave the cursed invisibility (the self/imposed seclusion) of the vampire, and to vindicate the distorted reality of the (HIV/AIDS carrier) vampire.

**Jonathan** - I've been involved in doing AIDS work in the last few years and because so much of it evolves around public speaking engagements I was able to serve as a role model to a degree I acted as a catalyst for a lot of people, I think what shatters that myth that there's some sense of shame or guilt associated with HIV positive, I don't feel any sense of shame because I'm HIV positive, I don't feel any sense of guilt, I don't feel any of that sense of, well, maybe not [. . .] sometimes there's feelings of being contaminated, I don't feel contaminated, but there is that [moment in which] I'm aware that I'm infectious, so that knowing that I have, I mean knowing that I have a life-threatening illness or terminal diagnosed illness and that [. . .] with somebody else [speaks fast] so like I could be responsible for putting another human being in that position, that's a weight to bear on your shoulders but the fact is that it can only happen in certain manner so as long as I take my proper precautions and alter my behaviour accordingly that's fine

- Sorry to interrupt, but did you feel contaminated at the beginning [after the diagnosis] ?

**Jonathan** - I don't know if I felt contaminated at the beginning, I had a very bad experience at the beginning with somebody, I had been seeing somebody for a little while who I'd only slept with once and after I tested positive he was very supportive and about two weeks after I was out with him and a couple of friends and he and a friend of mine started arguing and he got up in the middle of conversation in a very busy place and told me to take my AIDS virus and fuck off and die and go to hell with it, I was so shocked I wanted nothing further to do with men, I wouldn't even let a man hug me for about six or eight months, I remember about a week after that experience I had sort of come down and two friends of mine dragged me out for a drink after work and I initially didn't want to go and I went to the club with them and ran into the guy that I had met, gone home with about a month ago or sometimes before I'd gotten my diagnosis and he sort of came up to me, he was very nice, he said "Oh it's so good to see you and I've been thinking about you and I was hoping I would see you again and I, every time I think about you I think of what a nice time we had" and I looked at him and I said "Go put a fatal attraction on somebody else, fuck off"

- When was this?

**Jonathan** - This was 1988, this was about a month after my diagnosis

- Coming back to the personal experience of feeling contaminated

**Jonathan** - I don't think that I felt contaminated, it was just that I felt so disgusted by the insensitivity and the fickle nature, I guess, of gay men, I mean I've seen that so much since I came out ten years ago but I guess maybe, everything, I think all your experiences are really intensified when you're HIV positive, everything in my life is taken a real sense of immediacy for me

- What do you think about our [friend's] claim that maybe we tend to overplay too much the HIV positive status?

**Jonathan** - Well, maybe we do, you know we're all guilty of being overly dramatic or melodramatic on various issues from time to time but . . .

- The fact that gay men are dying all over the place is a reality

**Jonathan** - Well, I've buried enough of my friends, I've lost two lovers to AIDS, I mean, I don't think I accuse myself of wallowing in self pity, I get down and I feel depressed, I just went through a really unhappy situation with somebody whom I still have very strong feelings for, I'm having the hell of a time with this emotionally and I guess my feeling rejected, I mean my sense of self-worth has been a little diminished, if I wasn't doing the kind of work that I do and if I didn't see the positive results that I do and get the support of my colleagues I would be feeling even more down on myself, you know, but I guess the fact that doing counselling for other people, PWAs, or people with HIV gives me the chance to help them feel good about themselves and when I help someone feel good about themselves that helps me to feel good about myself, so I guess that sort of mirror effect of the work I do is very rewarding for me, it's a sort of a self-healing process [Anglo man living with AIDS in Canada - June 20, 1991]

These dialogues are interrupted by the voice of the researcher who guides the attention of the reader and connects the different themes. Again this evidences the interplay between the inside and the outside. The ways in which these messages are delivered influence their use, and their decoding on the part of the social actors. It is not a question of whether "the medium is the message" or the message is self-standing, but an interplay of various factors in play at the point of decoding: social matrices such as compulsory heterosexuality (from where the reader reads the message), discursive

practices that are culturally specific (the media that carries the message, the modus operandi of the media), and preferred semantic intentions deployed in the safe sex discourse (from where the privileged vantage point where the message is constructed). The dialogical mode of the interviews and the dialogical style of this text are conscious efforts to part from the bite size information format that characterizes most safer sex discursive practices such as posters, brochures, and workshops. A critical look at them requires a moment of reflection that a dialogue can provide.

## **Let's Talk About Sex**

Let's talk about sex baby  
let's talk about you and me  
let's talk about all the good  
things  
and the bad things that may be  
let's talk about sex.  
(Salt'n'Pepa 1991)

It was clear from the very beginning that gay men resist - sometimes quite noticeably - addressing safer sex directly. Now after a long time I understand it, safer sex language does not really speak to gay men, it does not invite them to dialogue, it prescribes and commands without explaining why, without leaving a safe space for discussion. One of the alternatives to safer sex discourse is to opt out of it, another is unsafe sex. Gay men talked about the aspects that they fail to see in safer sex discourse: the acts of exploring and acts of border crossing. Gay men resist the monolithic, ethnocentric and phallogocentric identities imposed by safer sex discourse. Insidiously, safer sex discourse is deployed by and amongst gay men to coerce exploration and significantly

change us from deviants into "safe people" as if this was the most desirable option.

These excerpts of dialogues, I should say these "chunks" of dialogues (they are not self-standing or self explanatory) are presented here as possible outcomes of how a particular theme, say, "being gay", is likely to occur in a conversation. Being gay may emerge in discussions about piercing and body jewelry. Gay men refer to their bodies, the bodily text, and how they transform it to be what is socially perceived as gay, in this case by using nipple rings, nose rings, or Prince Albert piercings. The most significant story lines that unraveled after several consecutive readings and after listening to what the participants had to say are (1) Exploration (e.g. "promiscuity," becoming gay, "love") and (2) Border-crossing (e.g. coming out, HIV diagnosis). These story lines/themes/aspects are expressed in different ways by all these men during the recorded conversations. They are present in various forms in the cultural themes and cultural narratives of both Latinos and Anglos. I also suggest that these two aspects are particularly accented in gay men's narratives and cultural practices.

Gay men open their hearts and volunteer all kinds of words, funny and silly, profound and classic, reminiscent of Jennie Livingston's Paris is Burning (1990). The treasure of these dialogues is in the intriguing weave of styles, the juxtaposition of voices, and the weaving of times and themes. In particular I focus this analysis on the comments these men make about sex and sexuality, HIV and AIDS, relationships and love, and safer sex language.

It is important to reiterate that both strategies, exploring and border-crossing, are intimately linked to the social construction of identities. I have extensively applied Judith Butler's discussion about gender identity to the discussion of "being gay" and "being HIV positive". I understand the dangers of using theory as "one size fits all" and I only borrow from Butler's ideas to re-organize mine. I work in an uncharted territory where there are no "role models" to follow. Theory about gay men who are HIV positive has not been forthcoming for many reasons, but chiefly because of the social conditions in which we live. I have resorted to the interviews, my gay family, our musings about "gayness," and literary work about the experiences of being HIV positive.

## **Dialogues I: explorations**

**Gabriel** - [I believe] that if I had [assumed my identity] as homosexual long before I was 21 years old which was the time I [assumed] my homosexuality

- Now you're 27?

**Gabriel** - Yes, I would have been happier before, I was very lonely, an enormous solitude was surrounding me. I was scared and frightened in particular of my family.

- Did you have many problems with your family?

**Gabriel** - No, in this case my vision was completely wrong, it was the way I perceived [my being homosexual] was going to be received by my mother and my brother (Latino man, HIV positive, now living in Chile - January 30, 1992).

**Damian** - In February of 87 I moved overseas and I found myself hunting the backstreets . . . cruising the same way I did when I was 19 years old and terrified to go into bars . . . and I was a 30 years old man and still wasn't accustomed to gay bars and I didn't feel comfortable and then I met a group of gay friends [overseas] and it was once again a very similar lifestyle to what I had grown up with in Vancouver (Anglo-Saxon man in his thirties - November 11, 1990).

**Brad** - I became single [from a heterosexual marriage] in 1980. Single and free. I realized I knew nothing or maybe I should say in principle I considered that I knew nothing about how to develop and maintain a homosexual relationship continuously. I declared myself a learner, a researcher if you will, and I declared [ . . . ] that if you're going to find out about that kind of thing there are two ways to do it, one, from others, typically from reading or talking, two, yourself. If you do it yourself, you generate data. I became the most promiscuous 30 [something] man in South Western British Columbia, not the most [promiscuous], I'm sure. I was every night out cruising, picking up any man who was or looked half like a good person and interested in me. I was a major hit, I was a good [?] and worked well in bars, I held my alcohol well and drank a lot (Anglo-Saxon man - February 2, 1991).

**Demetrio** - [When I went to Argentina] I lived so many things, I learned how to pick up guys, wink an eye and tell them "I like you," just like this, blank faced, face to face, "you're beautiful, you're cute". Sometimes in the street there were terms that they wouldn't understand, for example to tell a guy who is standing fifty centimeters away "you're rich!!" [hot in Chile] or "handsome". They would put a face on like "I don't understand" but because of our looks they would understand that we were evidently gay and we were telling them something like "you're strong" [hot in Argentina] . . . they would laugh and this would surprise us. Out of a hundred per cent of guys would would look at us only one per cent would be bothered by this, the other would laugh, well 40% would crack up and the others would hook up with you and would go to bed, as simple as that

- This was in 1988?

**Demetrio** - Yes (Latino man now living in Chile - December 10, 1991).

- [And you] How old are you?

**Randy** - 31 now, so I was 20 or 21 when AIDS first became an issue and I wasn't sexually active then, I had very few partners, I'd never had anal intercourse, I had never taken drugs so I felt safe . . . and I didn't feel too vulnerable, but certainly when exploring my sexuality, having affairs, and sleeping around I went armed with an awareness of HIV and AIDS that maybe people . . . if it had been five years earlier, I wouldn't have had that . . . I was lucky,



I consider that to be what's kept me HIV negative, it's the fact that about the time I was becoming sexually active was also the time that this information was pouring out [ . . . ] If I had chosen an life of crime and robbed banks for living my family would be happier, you know, that's how they are . . . you know, they would consider that nothing, [they would say] "he robs banks, he didn't get away with it, he ends up in jail, that's unfortunate." That would be less of a shame for them than to have son who has slept with other men, that is considered vile and . . . so my coming to Canada was the greatest liberating thing that ever happened [to me], I just got here and I became a very sexually active [person] for the first time in my life, of course, I don't know if that was because, I wasn't inactive back there, I was active but not greatly, you know, not to the extent that when I first landed in the U.S. originally and I basically slept my way up the West coast [laughs].

- That's some way of being a tourist, let me tell you!! (Anglo Saxon man now living in Canada - August 14, 1991)

**Eduardo** - I have always thought that my personal history with regards to how I became gay is quite confusing, many aspects get superimposed to each other. It is very clear to me that when I was eleven years old I started to feel very much in love with a girlfriend, a woman, and this feeling of love will be after me until the day of today.

- How old are you?

**Eduardo** - Now I'm thirty six [ . . . ] I don't know how I started to be a homosexual, I suppose both feelings are not incompatible for me: loving a woman profoundly and desiring men sexually [ . . . ] In spite of the love I felt for this woman I felt homosexual and men excited me in the buses. When I was a child in grade seven or eight I was already getting profoundly excited with men [ . . . ] I had a very violent and strong sexual awakening, I believe. I was a very excitable type. When I was twelve years old I already had homosexual games with friends

- Why was it violent?

**Eduardo** - It was violent because I was having sexual relations, it was something I couldn't control, to say more, masturbation is still one of my frequent [sexual] practices, it was even more so when I was a child, the number of times I wanted to do it a day, it was like very easy (Latino man now living in Chile, he has never been tested for HIV - February 24, 1992).

While I was "coming out" I became interested in the sexual and social lives of men who have sex with men. When diagnosed HIV positive in 1986, barely six months after my arrival in Canada, I became interested in why this has happened to me and to many other immigrants like me and why it seemed so sudden, so unexpected. When I became a graduate student I began an exploration in which, contrary to scholastic demands for objectivity, I was unable to dislodge body and mind. My body was a vehicle for exploring other bodies, their surroundings, movements and energy. Later, drawing mainly from the experiences of women (as scholar feminists and friends), I realized that I could frame research (and community) interests without completely denying my body. I began to explore academically why, we, gay men, those who love with a love that does dare speak its name are still having sex, safe or unsafe, and what sense we have made of the safe sex discourse. I never abandoned my original exploration and I struggled not to let it become an addendum to my work. I have seen this exploration labelled as sodomy, promiscuity, addictive behaviour, metaphysical rambling, hedonism or liberation; I prefer to name it fucking<sup>65</sup>. Rarely, it is seen that any legitimacy is given to fucking, substance (ab)using, S/M, cross-dressing and many other Body/Mind explorations; these are territories carefully charted by psychologists, sociologists, policy makers, theologians, and educators who usually position themselves as visitors; not often as inhabitants. Outside the fiction and poetry literature there are few and disparate attempts at publicly retrieving the power and meaning of these explorations:

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<sup>65</sup> I strongly subscribe to the feminist slogan "the personal is political". I interpret "personal" as to be a part of a community that is not always explicitly defined and "political" as the alliances and mis-alliances we enter in our everyday contexts. I also work on the premise that the binary Body/Mind is, at best, problematic and needs to be re-conceptualized.

The S/M scene is the perfect arena in which to confront one's fears of crossing the color line or breaking the most rigid taboos. One thing's for sure: You *will* find support, and with diligence and luck, partners to play out your scenario, if you need them. At least, you will find people who won't ridicule you for being weird, even if you are - instead, they'll applaud you, because you are a kindred soul (Tina Portillo in Leather-Folk 1991: 50-1).

One of the problems that most vexed me in my meditation on sex is the promiscuity of gay men. Again and again, I was astonished to learn from gay friends of hot spots in notorious toilets at the diner, the bus terminal, or, Minerva help us, the Yale library. What gives? Women, straight or gay, do not make a life-style of offering themselves without cost to random strangers in sleazy public settings.

At last, I saw it. Gay men are guardians of the masculine impulse. To have anonymous sex in a dark alleyway is to pay homage to the dream of male freedom. The unknown stranger is a wandering pagan god. The altar, as in prehistory, is anywhere you kneel (Paglia 1992: 24-25).

Fucking with men in North America and Latin America has given me significant insights that guide this academic work. Many of the men I have informally talked with or formally interviewed during the ethnographic fieldwork mention that through fucking they have come to a deeper understanding of their social situations and their possibilities, assumptions, and roles in them. Themes of body/mind explorations are at the centre of the conversations I had with many men. Exploration is deeply intertwined with border-crossing and might be mutually conditioned<sup>66</sup>. In this section I describe what exploration is

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<sup>66</sup> Exploration parallels the ethnographic fieldwork and interviewing as dialogue. The choice of exploration as a metaphor to mean the performative movements of identities across the inside/out and private/public axis is arbitrary. It was chosen given the necessity to find a term that would describe what was central to the narratives I was gathering, the activities I was involved with, and the theoretical process in which I engaged. In the stories of gay men, in our conversations, in my theoretical musings, and in my fieldwork I found no major "discoveries" and certainly did not "conquer" a field: we explored.

and how it takes verbal form in the narratives of gay men. I also describe how safer sex discourse obscures and neglects (to discuss) this important aspect and the implications it has for men who have sex with men. Exploration in so far as it is a search, a reaching out, and awareness-raising is a form of education. In order to explore the individual is required to be free, to have access, to see (both figuratively and literally), to know. The explorations these gay men talk about have been done in an atmosphere of archaic terror. Where society has been able to shelter its individuals from the forces of nature, it has also created discriminated categories, such as "being homosexual" where exploration must be done on one's own, completely unsheltered.

Exploration parallels the relationship between gay men and the discourse of safe sex. The way that men translate the safer sex discourse into practices is by exploring it (trial-error, tentatively, intuitively) not by adopting it (the way safety precautions are universally taken by anyone who boards a plane in North America - "Please, fasten your seat belts, make sure the tray in front of you and your seat are in the upright position, and extinguish all smoking material"). My explorations of Body/Mind sparked this research, and the slow (and sometimes painful) realization that I was not the only one (i.e. the only sinner, deviant, man desiring other men, man living with HIV) helped me understand that this is not always a positive exploration. It might be seen that the conversations and what these men have expressed have both constructive and destructive connotations. However, without disregarding the psychological connotations of these behaviours, my interest has been to observe the common social elements that shape these situations of exploration.

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MAJOR DAD

Needs recruits for bedroom action. Dad is 6ft. 2 inch., brown hair, blue eyes, 47 y/o, HIV+, healthy and in shape. Like all kinds of men. Reply to SGN Box 0000, 40/2 (Personal ads column, Seattle Gay News, September 25, 1992: 42)

MELBOURNE INNER. Wanted strict daddy to 45 for attractive, intelligent, medium built obedient son (36) requiring discipline, SM interests, especially tit work. Long term involvement sought to expand my limits. Photo respectfully requested sir. BOX 0000 (Personal ad, Campaign, Australia, May 1992: 62).

HIV+ BOTTOM. Mature, cute, clean, lovable, spankable, very receptive hungry buns need well endowed, loving top, any race for once or twice a week slow penetrating morning love sessions in my Lynwood apt. Love loose uncut foreskin. Possible compensation for time and travel available to very young slender adult. P.O. Box 000, Lynwood WA 0000 (Personal ads column, Seattle Gay News, September 25, 1992: 42).

TRIAD? Handsome G/W/M couple, 34: 5'8", blond/blue, HIV+; 39: 5'8", brown/brown, HIV- seeks G/M, 20-35, nonsmoker, must be honest, spiritual, fun, cuddly, romantic; to share our lives. Beautiful home. Be free to be! Reply to RELATIONSHIP Box#000 (Personal ad, The Advocate, September 22, 1992)

VIRGIN WANTS TO BE SLUT !! I need 4 well-hung, good-looking, AIDS neg[ative], young men who enjoy good and nasty sex, come in me and party at my expense. I'm AIDS neg[ative], handsome, in good shape and hungry. Reply to SGN Box 000. 40/3 (Personal ads column, Seattle Gay News, September 25, 1992: 42).

ALL AMERICAN GUY OF ASIAN DESCENT. Masculine, 21, 5'10", 160, techno-rave, into 'guy things'. Workout, friendly, responsibly irresponsible, seriously non serious, moderate drinker, recreational drug user, not abuser. Seeks a similar non-sleazy GWM under 30 to pal around with. Possible long term monogamous relationship based on equality, friendship and trust. Tell me about yourself. Reply to SGN Box 0000 (Personal ads column, Seattle Gay News, September 25, 1992: 42).

Slim, young Orientals/Asians/Natives/Blacks under 25 who enjoy being sucked and rimmed, phone D. (slim 48), 000 - 0000 (Personal ad, Angles, Vancouver, B.C., September 1992).

The choice of these personal ads to initiate this discussion although amusing is not entirely frivolous. Personal columns offer evidence of the extent to which all kinds of gay men engage in exploration. They form an intricate net of desire and pleasure that travels enormous distances both geographically and experientially. Personal ads represent a public dialogue about sexuality, exploration, and border crossing. Although these ads are mostly fictional and glamourized desires (they say most gay men are interior decorators, don't they?), they set collective guidelines to what is acceptable and necessary<sup>67</sup>. Many of the abbreviated themes and concepts that frame the search for "Mr. Right" in these columns in North America and other English-speaking locations (they are rarely found in Latin American homosexual culture) are also present in the conversations with the participants of the ethnography. Paradoxically,

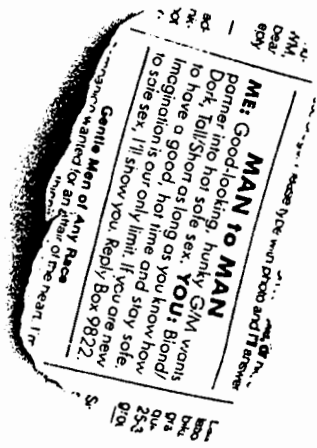
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<sup>67</sup> Party phone lines have been equally successful as a collective "safe" dialogue for gay men. However, their development is closely linked to the advent of the AIDS epidemic. Although interrelations over the phone might seem more immediate, they do not provide the safe space for exploration that personal ads seem to offer. My experience (and conversations with early phone workers in New York City) tells me that there might be stronger (self) censorship of what gay voices can tell - over the phone - than gay writing can tell - in personal ads, pen pal letters, and political activism.

these themes are conspicuously absent (or conveniently camouflaged) from the safer sex discourse. It is remarkable how the idea of exploration - being "a hungry bottom" or a "demanding top" - is framed (sometimes gaged and coerced) by HIV status, social class, race and roles.

Most participants (in particular Latinos) mentioned in one way or another that exploration has been a very important aspect, a positive one, of their "becoming" gay. I understand the concept of "becoming gay" as a search for the appropriate conditions in which gay men could foster our emotions and our sexuality. These conditions vary greatly and the use of the word "becoming" allows for these differences and similarities to co-exist. In gay men's discourse "becoming" emerges in tales of change, travel, and understanding. In safer sex discourse "becoming" is either reduced to a series of steps, not unlike Elizabeth Kubler-Ross' well-known seven steps, that have a rational progression towards serenity and safety, or is completely obliterated by border-crossing terms such as being gay, bisexual or straight (see Figures 5 and 6)

Figure 5



**More Information About AIDS.**

*Talk* with your partner about Safe Sex in advance. He wants to avoid AIDS, too.

*Alcohol and Drugs* can cause you to make bad decisions. Don't mix alcohol and drugs with sex if it makes you have unsafe sex.

*Love* will not protect you or your partner from AIDS. Always have safe sex unless both of you have been tested, are free of the AIDS virus, and have no other partners.

*Stay informed.* Find a doctor who knows about AIDS. Ask your local health department for information. Call an AIDS Hotline to get the facts.

By working together, we can stop the spread of the AIDS virus in our community.



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# AIDS

*is a disease that*

*kills. It is spread to gay and bisexual men in only two ways. 1 Unsafe sex. 2 Sharing needles.*

Thousands of gay men are already infected with the AIDS virus.

But the good news is AIDS can be prevented. That's why everyone is looking for a man who enjoys safe sex.

AIDS prevention means always using condoms and never sharing needles. You can still enjoy sex.

And, you can protect your life and the life of your partner:

You cannot look at someone and tell if they have the AIDS virus. A person can look healthy and still pass the virus to others through sex or needles.

There is no reason anyone else should get infected.

You may meet men through ads, bars, cruising, or friends, but always use a condom.

## How Can I Prevent AIDS?



# 1

Always use a condom. It is dangerous to have anal or vaginal sex without a condom. Use latex condoms only.

# X

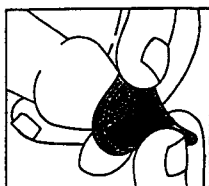
# 2

Never share needles. It is dangerous to share needles. Always clean needles with bleach between each use. Call an AIDS Hotline to learn how.

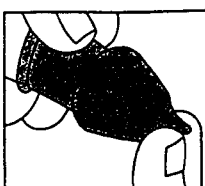


## How to Use a Condom

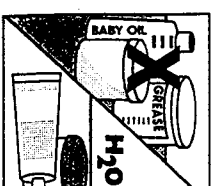
When penis is hard, squeeze air out of tip of the condom and place on head of penis.



Hold tip of condom and unroll completely.



Use only water-based lubricants on condoms. Oil-based lubricants like Vaseline, Crisco, hand lotion or massage oil make condoms break.



After cumming (ejaculation), hold base of condom and pull out. Never reuse a condom.

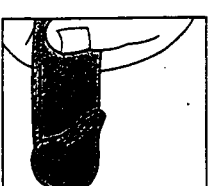


Figure 6

This discourse is successful in the early stages of information delivery and in setting the issue of HIV/AIDS in the collective mind. There are many brochures like this in North America. They are considered successful because of the frank language and no-nonsense approach to the mechanics of sex. However, the discourse that is deployed in them presupposes that people are rational in an Anglo-Saxon context (i.e. share the same cultural repertoire, the same “ways of doing things”), share symmetrical socio-cultural circumstances that are conducive to following those guidelines (e.g. middle class comfort and expectations), and are willing to give up the pleasure of sexual exploration.

### **Exploration as Promiscuity**

I agree with Sade that we have the right to thwart nature’s procreative compulsions, through sodomy or abortion. Male homosexuality may be the most valorous attempt to evade the femme fatale and to defeat nature. By turning away from the Medusan mother, whether in honor or detestation of her, the male homosexual is one of the great forgers of absolutist western identity. But of course nature has won, as she always does, by making disease the price of promiscuous sex (Paglia 1989: 14-15).

**Question** - I Have been in a relationship for one year. We’re in love and plan to spend our lives together. Our problem is sexual. My partner has a very promiscuous background. I knew that pattern was going to be hard for him to break. I wasn’t so naive as to think we’d “cleave” only to one another for the next forty or fifty years. So we agreed that our sexual explorations would be pursued together *only*. We did that, no problem.

Months later, I found out that he has been “exploring” on his own whenever the opportunity arises. He argues that he has no control over it. My view is that after violating my faith and trust in his promises, he’s asking me to accept his promiscuity as an illness. Is it lack of commitment on his part? Is it

something I must accept because I love him? Is it something he can't change, or is it that he won't change?

**Answer** - Your lover may really feel that he has "no control" over his promiscuity, but has he ever said to you that he *wants* to gain control over it and stop? Since there's no desire on his part to change, counselling would do little good. Everything he's said to you would seem to indicate that if you can't put up with this, you'll have to leave him.

You have to stop worrying about how you can change his behaviour, and start thinking about yourself. You don't feel loved unless your partner can give you some degree of sexual exclusivity. Can you ignore his exploring, or will it constantly enrage and threaten you? . . . .

The other thing that you have to think about is your health. Is he practicing safer sex? Can you trust a man who's been lying to you for a whole year to tell the truth about that? [ in Pat Califia's The Advocate Adviser Boston: Alyson Publications, 1991: 45-6].

Promiscuity is a widely used theme among gay men and speaks not only about lifestyle, habits, and behaviours but also about a way of living, an ethos that contains its own sense of morality and ethics. In the narratives collected by this study promiscuity<sup>68</sup> streams forth. The tones and accents vary, they can be positive as in "cruising," "getting one's rocks off", and "playing", subtle as in "sleeping with someone" and "making love," or negative as in "bed hopping" and "one-night-standing," but they usually evidence the underlying presence of one unresolved question that might make us feel like eternal adolescents: is this natural?. Promiscuity in these interviews sounds like confession; one gives up, forgoes further explanations, and declares oneself promiscuous, for lack of a more positive word. I maintain that promiscuity is a term used to mean exploration. Let us hear a dialogue about promiscuity:

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<sup>68</sup> For a parallel discussion of this term see Denis Altman's "contagious desire: Sex and Disease" in AIDS in the Mind of America (1987: 140-173).

**George** - My [home]country is basically a very conservative country, right, they said in the papers about five years ago they came out that there was an AIDS case, but after Rock Hudson died, right, that's how AIDS became a big thing in [my country], I mean that's the only idea that they have, that homosexuals have AIDS, and if people have AIDS they won't report it as AIDS, they'll say they died of natural causes . . . and many people don't understand it, they think it's a gay disease, and I think it has probably spread to a lot more that they suspect, I know a lot of people are very promiscuous there, specially the younger set, the 18 to 28 group, I think I can raise it up to 35 because I know a lot of people down there, and I know people sleep around a lot, and I know a lot of people sleep with prostitutes and lot of people frequent male prostitutes and on top of that they sleep around, they could be bisexuals, right, and I think AIDS has probably increased and no one knows about it, no one even thinks about it, we get a lot of western magazines and they probably read a lot about it and say "Gee, it's happening to white country, I don't think that any of this will happen to us." They think they're really distant from it and I wished they wouldn't think that way, and the government has not been allowing any overt AIDS awareness campaign, well, we have an AIDS campaign going on, but is still targeted a lot at homosexuals, it's not targeted at promiscuous people which I think should be the case, right?

- What is to be promiscuous? what do you understand by that?

**George** - What do I understand by promiscuous? To have many sexual partners in a short amount of time.

- Well, that might is not the main concern, the main concern is . . .

**George** - Is unsafe sex, yes and I can assure you one thing, although [my country] is one of the biggest producers of rubbers many people don't use rubbers because they still think, you know, skin is still the best, their own skin, that's why I use promiscuous, meaning they don't [use condoms] . . .

- Meaning irresponsible?

**George** - They are not responsible

- I have a lot of problems with the word promiscuity, I think that gay men get infected with HIV because they are promiscuous has sometimes been an excuse to discriminate against us

**George** - They get it because they're unsafe

- I think that's the point, wouldn't you say?

**George** - Okay, maybe you're right, you can do it just one time unsafely and still get it, but I think if you're promiscuous and you get lucky more often you stand a bigger chance of being exposed to the virus or at least someone who has it, and I would like to use the word promiscuous in this case because . . . in my my view the word promiscuous is also attached to sex at the end of the night and promiscuous also means different sexual partners and promiscuous also means unsafe sex because I can assure you that that is the way a lot of people are [Asian man who has lived extended periods of time in Canada - June 21, 1991].

**Joaquín** - Not everybody accepts the use of condom, the fact that you say "we're gonna use a condom in this relation" they believe that one is the most promiscuous, that one goes to bed with Pedro, Juan and Diego

- Instead of taking the side that one is more cautious, that one takes care of oneself

**Joaquín** - Right, but not all of them are gonna think that way, that you're the most cautious (Latino man now living in Chile - November 26, 1991)

**Brad** - I probably became HIV positive, which probably happened in 1984 due to my promiscuity, 1984 was three years after the discovery of the HIV virus, I knew about it and I joined a [research] study immediately in my home city because I wanted to help find out [about AIDS] (Anglo Saxon man, HIV positive, living in North America - February 28, 1991).

**Andrew** - [In 1985] It was just beginning to dawn on me that [AIDS] was something that could touch me and people that I was around, I don't know, I always seem to had seen it as a very remote, distant thing for promiscuous people to worry about . . .

- You weren't promiscuous?

**Andrew** - No

- What's the difference?

**Andrew** - Well, I had never really been part of that whole gay scene in the States, one reason that I didn't stay there is that I never plugged into it, never felt comfortable with it, never understood how people could enjoy it . . . I was

always looking for something that was not around, not present, and not available, I mean I went out and did all those things that one does in the gay world, once . . . (Anglo-Saxon man, now living in Latin America - January 27, 1992).

- Going back to your coming out and into the gay community here in particular, what was your first impression, I'm sure you had read about safe sex before you came out, What did you think about those words? What did they mean to you? Do you remember any of these words in particular? How did you make sense of them?

**Richard** - They are something to make sense of, I've always been a bit of an academic so I don't have any problem with integrating new information like that but didn't really mean a great deal to me, I guess it had some meaning 'cause the people that I first met when I was coming out were just outrageously promiscuous, the first gay people that I had here as friends were just outrageously promiscuous, I mean, it's still shocking . . .

- What is to be "outrageously promiscuous"?

**Richard** - Well, having a ten day holiday and losing track of the number of men that you . . . you know, while you're in a relationship, you know, and by my standards that's a bit outrageous (Anglo-Saxon man, now living in Canada - May 29, 1991).

**Eduardo** - [AIDS] caught us because we have an "untidy" sexual life !! Promiscuous, period. I think that's real absolutely real [. . . ] I have a pessimistic position [with respect to these issues] I sometimes think that at one point I will also "catch" an AIDS because evidently my sexual life hasn't been a "tidy" life. Now, the problem is that I don't feel capable of changing my sexual life, I feel truly incapable.

- Why?

**Eduardo** - Because I enjoyed sexuality so much !! And because sometimes when you're, say, with a guy on a bus and you start touching each other [secretly] or you're in a public restroom, not too public, of course, but public and you begin these things, evidently, I'm not insensitive, I'm absolutely sensitive, you see, it must be, I should also explain, maybe if I found a person who would "fill me up" a lot, maybe I would "tidy up" my sexual life. Maybe the

person with whom I felt [satisfied] was with R. and I was faithful to him except at the end [of our relationship of five years], I wasn't absolutely unfaithful to him.

- Are there degrees of fidelity and infidelity?

**Eduardo** - Of course, my dear!! Values are not absolute, they are relative (Latino man, not tested for HIV, now living in Chile - January 24, 1992).

Promiscuity appears a form of breaching a semantic gap, that which has not been named or is unspeakable. The term has been identified as a sign of low self-esteem, guilt, or an easy way out to explain a semantic gap, but it is a preferred metaphor for exploratory behaviour. Gay men do not have many words available to positively name the act of exploration. When left to our own devices, we resort to an old word, we empty its original "sinful" connotation, we re-thematize it, and re-use it. I found in my conversations that in general gay men do not see moral wrongdoing or ethical problems in having many sexual partners even while sustaining deeply committed relationships. I found that those times gay men take issue with exploration they do it from a heterosexual viewpoint and measure the situation with heterosexual norms. This may at times evidence internalized homophobia, but mainly it evidences what Adrienne Rich has termed compulsory heterosexuality. It seems contradictory that promiscuity is used as a derogatory word to point fingers at the slut/*loca puta* on the one hand and to point out a practical fact that gay men in their lifetimes will probably have sex with multiple partners.

In HIV/AIDS education promiscuity does not appear but its presence - the theme of the promiscuous man - is invoked when it is suggested that "the best way to avoid HIV is not having sex" and "the more partners one has the higher the chances to acquire HIV". These two statements are not necessarily wrong or false, but they do carry the "sinful" traditional connotation of "promiscuity",

the "patient zero" (Shilts 1987) and the vampire. Let us analyze the aspect of exploration in relation to safe sex discourse. I see "exploration" as the subjugated aspect of safer sex discourse and HIV/AIDS prevention education. Education (as opposed to information delivery or accumulation) is exploration, finding one's level of comfort, making one's decisions at one's time, and changing one's understanding over time. By the time gay men have reached adulthood they would have probably spent endless hours of anxiety, internal brooding, existential angst (this makes us a bit paranoid, thus the grain of truth in the stereotype of the hysterical queen) trying sexual practices at the risk of being caught, catching a venereal disease, or being harshly judged by our peers. We also spend hours pursuing dangerous pleasures, with or without company, those delicious tips learnt from others, literature, acquiring and perfecting our sexual practices. It has taken over ten scary years to acquire, find, and adopt sexual practices that permit odd bedfellows to co-exist: prevention of transmission of the HIV virus (or any other STD) and pleasure. This is a new exploration, the social rules for this game changed in mid-stream for many of these actors. Most importantly, this is an on-going, dynamic process. Exploration leaves room for the (unspeakable) possibility of having anal sex without a condom, having committed relationships with more than one partner, or accepting one's own submission as a way of loving and living. Safer sex discourse reads like a laundry list of refusals, limitations and restricted touching points. It hardly reads like a map of possibilities for exploration. Douglas Crimp in his essay "How to Have Promiscuity in an Epidemic" states:

All those who contend that gay male promiscuity is merely sexual *compulsion* resulting from fear of intimacy are now faced with very strong evidence against



their prejudices. For if compulsion were so easily overcome or redirected, it would hardly deserve the name. Gay male promiscuity should be seen instead as a positive model of how sexual pleasures might be pursued by and granted to everyone if those pleasures were not confined within the narrow limits of institutionalized sexuality (in AIDS Cultural Analysis. Cultural Activism 1989: 253).

During the 1980's, safer sex discourse began what is commonly perceived as a desirable shift in the discourse about (white) gay males, it was sensitive to some of their needs, rights, and desires. It also became a political platform for lesbian and gay issues<sup>69</sup>, but this is rarely acknowledged at present HIV/AIDS prevention education. Safer sex is usually presented by overly polite AIDS educators as a moment to superficially discuss issues such as homophobia, heterosexism, and sexual orientation for educational purposes only. This discussion rarely goes beyond a mere listing of buzzwords that must be used without critical questioning.

Safer sex discourse has established visible connections between public discourse and the practices of gay men (other than what literary work has done). Although, safer sex phrases, catchy words and slogans were initially coined and circulated by and among gay men to promote sexual safety, this discourse has gradually come to be used outside the gay circles for the so called "general population". During the nineteen eighties epidemiologists, counsellors, and educators tried to find out what men who have sex with men

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<sup>69</sup> In particular the latter as lesbian sex drifted into some sort of "safe" oblivion because lesbians were perceived as not being in danger because they do not have penises that could penetrate. This shows the obsessive focus of HIV/AIDS prevention education on male penetration (specially between same sex partners) and society's careful interest in containing this troublesome sexual activity. Further discussion can be found in Chiaramonte, "Lesbian Safety and AIDS: The very Last Fairy Tale," *Visibilities*, vol.1, no.1 (January-February 1988).

were doing with their bodies and how they spoke about those things. The key to decipher a vernacular that had been exclusive to a few and unintelligible for many was obtained and circulated. The connections between body moves and words was emphasized. The psycho-social and historical processes men who have sex with men had to go through in order to go from discourse to practice did not receive the same attention. Safer sex became what seems to be a safe discourse for all parties, it is understood as belonging to gay men, is medically monitored, and is under legal sanction and surveillance by the "general population". What had to be changed in order to make it "safe" for all ears was never properly explored.

But, how much do gay men rely on what safer sex discourse? How much do they believe what they read, hear and see? One evidence of the extent to which gay men's understandings and possibly their subsequent actions might be influenced and shaped by the discourse is presented by David Bergman in his book Gayety Transfigured (1991).

[White] Gay men's reliance on printed materials is reflected in the enormous volume and sophistication of the literature already published about AIDS. The medical profession has never before encountered a patient population so well informed about such esoteric matters as immunology, pharmacology, epidemiology, and drug testing. Local gay papers publish articles that regularly employ technical language found nowhere else but in scientific journals . . . . Such technical information - written in the alphabet soup of medical acronyms - testifies to the [white] gay community's reliance on literature for its information, despite the notorious gay grapevine whose speed (if not accuracy) remains a monument to oral folklore (9).

This excerpt reflects the reliance of AIDS educators on safer sex discourse more than the reliance of all men who have sex with men. AIDS educators

tend to rely on this discourse because it delineates the boundaries of this fairly new field. However, arguing that gay men (not all men who have sex with men) rely heavily on the HIV/AIDS discourse, and by extension on one of its main sub-sets the safer sex discourse, raises some concerns. First, the belief in written material, in any specific media, or in any specific expression of that medium is culturally based. An individual must be literate and inclined/motivated to select and read a brochure from a stand<sup>70</sup>. It seems that written media have been emphasized in North America to the detriment of immigrants and second generation individuals from cultures where a strong oral tradition remains<sup>71</sup>. Second, the fact that gay men read about HIV/AIDS and safer sex does not necessarily lead us to act upon or practice what we read. Third, the shift of the HIV/AIDS and safer sex discourse to accommodate the diversity of the "general population" that begins to perceive themselves as affected by HIV/AIDS might lead to a homogeneization (and "bleaching") of the discourse to include vernacular, legal, and medical concepts and words. This might mean that gays and lesbians will be seen as more "normal", we will perceive ourselves as part of the mainstream, with conservative interests, that have traditionally been present in the glorified discourse of gay men and in the consumption practices and stylization of bodies and products. That a community or sub-culture is accepted in writing does not necessarily lead to

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<sup>70</sup> The U.S. and Latino-Canadian communities have demonstrated effective uses and formats of media to do safer sex education when the financial support is provided. *Ojos que no ven* a video in the form of a *teleserie*/soap opera, *Noticias del Sida*, *Tres Hombres* (Novela Health Foundation 1989), and *Gracias Amigo* (Planned Parenthood, Manitoba, 1992) newsletters in the form of a *fotonovela* are all excellent examples of culturally sensitive material that fosters credibility and reliance among Latinas and Latinos.

<sup>71</sup> This is the case in Central America where an urban and rural popular culture relies heavily on verbal skills (i.e. by word of mouth, gossip). During my fieldwork in Chile I observed how some songs aired on the radio about *el SIDA* (that I have reproduced at the beginning of sections in this thesis) were very popular among gay men and could easily prompt conversations about the topic.

absolute change in attitudes. Forms of personal and institutionalized homophobia are kept underground. The concern is whether this blissful vision of having finally being accepted into the mainstream is held on both the inside (those who are gay and “out”) and the outside (“absolute” heterosexuals). The other concern is whether this shift in discourse is not merely “tokenistic” and politically debilitating. Fourth, safer sex discourse seems to set guidelines for the containment of (what are seen as) gay men’s most aberrant practices and the heterosexualization of gay men’s interactions. Both trends would probably fit the sensibilities of conservative groups in society. This might entail the exorcism of the raw eroticism gay non-stream culture or at least a “polishing” of rough edges to allow people like Elizabeth Taylor and Lady Diana Spencer to refer to issues of privacy and body parts without blushing. The stylized tragedy of artists such as Nureyev and Rock Hudson is likely to be more welcomed in the public sphere than the “unnaturalness” of SM or ACT UP activist’s deaths.

## **Bodily Explorations**

**Daniel** - I would [miss] men who come straight to the point and say “I want to go to bed with you,” straight to the point, or when you meet someone, to have a place to go

- And [would you miss] older men?

**Daniel** - And older men, yeah, I’ve always like older men, I do find young men attractive, but I don’t know if I wanna go to bed with them

- What are you gonna miss the most in Australia when you’re back there?

**Daniel** - It would be that all the men are so [sexually] passive [bottom in bed] here [laughs] !! I think I will miss things like, I love to have sex without S&M, without having a heavy leather scene

- You’re gonna miss that

**Daniel** - Well, I don't know if I'm gonna miss it, but I long to do that too, there was a stage where I couldn't have sex without some form of pain or S&M, I'm not saying that I don't enjoy that, I love that, but I forgot how to be soft and gentle with someone, and that's nice

- Are people here soft and gentle?

**Daniel** - Yeah, I find them quite soft and gentle, sometimes too much

- Yeah, to the point that they fall in love, it's not so much that they do fall in love but they enjoy the drama of being in love

**Daniel** - And then being in pain for it, you know, sort of suffer because this person is not there, the other thing that I would miss is that I know there's a lot of fucking going on in this country, intercourse, and I really enjoy looking at that, watching it . . . .

- Isn't much fucking going on in Australia?

**Daniel** - No, not like here, I think that people have already realized that having intercourse with someone is not everything, that you can have sex without intercourse [penetration] and still enjoy that

- So it's not only AIDS and HIV

**Daniel** - Because of that the gay community realized that you can have sex without intercourse and still enjoy that

- Intercourse? What do you mean by that?

**Daniel** - Fucking . . . penetration, at least in my scene, I'm involved with the leather scene, there's not much of that going on either, I enjoy S&M because it is so safe to have sex, safer than two queens fucking each other crazy (Latino man living abroad, HIV negative - February 11, 1992).

**Gabriel** - [In 1987] I met M. and then I had R. These are two relationships I have very good memories from, they were really nice, both of them, and some other "encounters" in-between [laughs]

- Where did you meet these people?

**Gabriel** - M. was introduced to my by a friend, they had done the military service together, and he fell in love through my letters [laughs] we met by letter and the first time that we were going to get together he got lost, asshole !!

- How romantic, I love it!!

**Gabriel** - We were desperate to meet and he got lost . . . I met R. on the bus stop, we were waiting for the same bus [laughs] on August 26, it was

pouring, it was downtown, these are two relationships that I remember very dearly, we still talk, they call me

- To do what?

**Gabriel** - [laughs] M. still calls and says "I want to make love with you, can I see you?"

- Really?

**Gabriel** - Yes, they call me on the phone, the two of them

- That's wonderful!!

**Gabriel** - Unfortunately, I cannot see them, they don't let me, I don't have enough freedom to go out and see them, not only to go to bed with them, but to see them

- There's nothing wrong in going to bed with people, I think is great, mind you that I've morally disqualified in this country [laughs]

**Gabriel** - You know, what happens is [. . .] that I have a lover, I cannot say I love him, but I have him in high esteem, and the same feeling that was there in the beginning does not exist [anymore]. He knows, I told him one day

- Is this related to your sexual activity?

**Gabriel** - Yes, I think that the fact of having a stable relationship, it is my viewpoint that it is important to have "adventures," to have other people in between in order to maintain [the relationship] at least for me, I think that keeps me quiet sexually speaking and emotionally I think, but sexually [quiet] in the sense that I get bored always going to bed with the same person, I don't like it

- Now, you understand that in Chile it is said that this is bad [. . .] unfaithful, sinful, deceitful [. . .]

**Gabriel** - I think that in general people are hypocrites, when I started to go out with M. I didn't have experience or anything and I told M. that if he wanted to do something with somebody else at point that he should do it, that it wouldn't bother me at all, I knew that [he would have done it anyway] while staying with me [in this relationship]. Basically, I think people are hypocrites, I think that many people who don't do it would like to do it, specially inside the [gay] scene (Latino man in Chile, living with HIV - January 30, 1992).

- What other experiences have you had with safe sex after that?

**Andrew** - I'd say it's been a slow transition over the last few years that at the beginning period, 89 and 90, people would go along. If you said safe sex,

they would go along, but you would be left with a clear impression that if you had proposed unsafe sex they would have gone along with that too. Now I would say it's a little less so, people tend to be a little more hip, a little less surprised when you whip out the condoms and sufficiently aware of the possibility, not terrible comfortable with it, maybe not that familiar with it, but less resistant. I feel there has been some progress in that regard and also there's the whole idea of having sex without penetration. That has also been catching on, I find.

- What's going on with "parejas"?

**Andrew** - One of the most dangerous things that happens is that people say "Oh, I'm safe because I have a 'pareja' so I don't have to use condoms because I'm in an exclusive relationship." Well, I have a friend who's HIV positive because that was his reaction, but he didn't realize that he was with a "pareja" who was HIV positive. The "pareja" didn't know it either until they both went to the doctor and found out and then it was too late. Plus the whole question of what an exclusive, monogamous gay relationship is in this society in this day and age and how long they last and how long they are exclusive, you know, all that and all the complications that come along with that. That's really tricky, and it's one of the biggest obstacles for us to convince people, for people to convince themselves, I should say.

- What remains as the biggest obstacle for you when you have sex?

**Andrew** - I think the main obstacle is that there is a lack of basic understanding of what a sexual relationship is or should be -- or the sexual "experience," not even "relationship." The one I had last Saturday night was very different, and I would say it's one of the few experiences, one of the few people with whom I have had sex, who sees the things as I do and feels as I do. That's why it's easy to have safe sex with him. I don't feel there's any role-playing, there's no attempt to be "activo" or "pasivo" or any of those roles that dictate what is gonna happen in bed, because you can do that even by being the "pasivo". The "pasivo" can sometimes impose a style on you and say, "This is what we're gonna do" you know, but I don't feel that with him, and the biggest obstacle I feel comes along is that people have, well, men have a very limited view of what should happen in bed, of what sex is and what can be satisfying for them. The most extreme example: I met this guy in the park the other day, [at night] and he was out looking for someone to get his rocks off. I mean just as simple as that, he almost said it that way, you know, he wanted to find someone who would bend over so he could fuck him. Of course safe sex didn't come into his picture,

probably he'd never heard of it or maybe he had some vague idea about it, maybe not.

- Did you mention safe sex?

**Andrew** - I did. I said that I didn't do that. I said that I didn't engage in unsafe sex, less so in a public place.

- How did you say that?

**Andrew** - He tried, we were making out and he tried to turn me around, and I said no, *no lo hago . . . no lo hago sin protecciòn y menos en un lugar público*. But the real thing is that I didn't like the way this relationship was going down, but that was a way of putting an end to it by saying "It's unsafe."

- What did he say?

**Andrew** - He said "Oh, okay, why don't you leave" basically [laughs] we kind of zipped it up and started walking away and he kind of told me to get lost . . . It was totally consistent with had happened up to that point. But I would say that in a less extreme version that happens a lot when you get into bed with someone. They're not interested or capable or aware of how you go about letting the erotic, sexual thing flow out of themselves, it has to do with being attentive to the other person and it also has to do with being attentive to yourself and I find that men are so genitally oriented that they have very little concept of how to have a pleasurable sexual experience, they are so uptight, they don't lean back and relax, they don't let it flow. It's a very high pressure, rushed, neurotic sexual getting-your-gun-off sort of experience, this thing that they need to satisfy, you know, like a drug addiction. So there's no real way to introduce safe sex or condom use or something into that . . .

- . . . desperate kind of search for the orgasm or whatever, not even an orgasm just to come. It sounds like every time we look for casual sex that's all we're doing, a neurotic search for getting our rocks off

**Andrew** - I think that casual sex can come in all sorts of different packaging, I don't think the problem is the projection - I mean as a "relationship" or a "trick" - that you put in the sexual experience with someone . . . because I think you can have a good casual experience too. After all this [positive sexual experience I had] last weekend, that's casual, there's no thought of projecting into the future or being a "pareja." It's a very friendly thing, someone whom I have been friendly with for a long time. It's happened twice over a nine-month period. It could happen again next week or nine months from now or nine years from now, so it's casual in a way, but it's not alienated and it's not faceless. I



know with whom I was having sex and I have a good memory of it, a nice glow and I think I could have that experience with a total stranger too, if it was a total stranger who was on the same wavelength with me.

- Have you had many of those experiences over these years in Chile?

**Andrew** - Yeah, I have but not lately, I can't remember the last time, aside from [last weekend], the complications are of many different stripes. Often times the economic thing enters into the picture and I feel like that the sex was nice and it was intimate and so forth and so on, but this guy doesn't have any place to live and seems to be coming around a lot. I've been through that already so I sort of pull back a little bit, or any number of other possibilities, but for the most part I am the one who pulls back because I just don't find the sex that satisfying after the first time . . .

- I guess desire has lot to do with the unknown

**Andrew** - No, in my case it doesn't, not because I need to be with somebody different. On the contrary, I like it to be repeated, but I find that people do not understand me in what I wanna do in bed or they are not all that interested in finding out. The way I say it in Spanish is *no son capaces de conocer mi intimidad/they are not capable of understanding my intimacy*, they don't seem particularly interested either, they're not even aware of what they're missing [giggle] and I know because I've had it, not often, but I have a few times and so I think that's why I never really got into a lot of sex in the States. It just wasn't that good!! [Anglo man living in Chile - January 27, 1992]

Fucking is one of the most important territories for exploration; within safer sex discourse it is coerced by other imposed identities such as "being HIV positive" or "being gay". An HIV negative man (tested or untested) might choose to have sex with HIV positive men as long as his partner does not disclose himself as HIV positive, as long as he does not hear he is HIV positive, as long as they themselves have not been tested to really know what their status is. The educational premise that leads AIDS educators to advise individuals to sexually (and socially) deal with others with the assumption that they - and we - are all HIV positive (Yeo 1991:78 in Perspectives on AIDS)

seems not to have been widely adopted. Why? The gay men interviewed in the course of this research prefer to "trust" most men they have sex with and look at them as "normal" and "safe". In more ways than one they express their fear - and resignation - that they might turn HIV positive anytime in the future, but they look at themselves as HIV negative, or more accurately, as healthy and "not infected". In a Latino context this attitude is not one of pessimism or self-defeat, it is an understanding of life as fraught with dangers but worth living. Popular phrases like *de algo hay que morirse*/we have to die of something anyway, *nadie esta libre de peligro*/no one is free of danger, and "shit happens" convey deep seated cultural notions of destiny, fate, danger and risk that are immanent to life. Although one cannot speak of universal aspects of gay culture and gay sensibility, there are themes such as this that traverse cultures. As it can be adverted in the following excerpt Brad describes a similar outlook on life.

**Brad** - I probably became HIV positive, which probably happen in 1984, because of my promiscuity, 1984 was three years after the discovery of the AIDS virus, I knew about it I joined a study immediately in my home city because I wanted to help find out about it again though it was all from the distance, I knew no one who had AIDS or anything else, no , no personal contact with it . . . . I took [a leave from my job] in Europe in 1984, before I left my doctor said to me he said "You're HIV negative now, have a good time, but don't get fucked without a condom" I said "You have to be kidding" He said " Well that appears to be the way it's transmitted and it means death" . . . . I heard what he said, but I couldn't conceive of the social embarrassment and disruption of sexual or continuity of sexual episodes and so forth that would be produced by having to use a condom, the embarrassment because people would think it was dumb, I considered condoms when I first came into the sex scene as a free agent long ago as a way of controlling for STDs, and there was a herpes scare about three years before the AIDS scare, I rejected then all the time because the probability was low and they were all curable. You get gonorrhoea, go to the doctor, get penicillin, go home,

stay off sex for four days and then get on with it, AIDS wasn't really . . . AIDS entered these scene in a special way, it may have been death, but at the time that I first became in an important way aware that the probability of getting contact with the virus was quite low something in the order of 25%, 20% , if in only if you were in San Francisco, New York, Paris or London or Berlin . . . given that 25% probability of getting in contact with the virus there was a probability that you would get sick and die if you had the virus

- Did you rationalize it this way at that time

**Brad** - Oh yes the arithmetic is very clear, at that time and you can find this in published data, in published data and and sources of a variety of types, in the early mid-eighties that is was only 10% chance of death if you got the virus, 10% of 20% is .02% chance of dying of AIDS, that was not high enough, at that time the often used rationalization of I-can-get-hit-by-a-truck made sense . . . because that's not much more than [lowers the voice and becomes almost inaudible]] and so I became HIV positive I did not use safe sex . . .

- You did what?

**Brad** - Scoffed [safe sex] until I got back to Canada in 1985 and then suddenly people were dying of it in my community . . . and I was [sero]converted and I found out about my [sero]conversion sometimes in the summer of 85 and I immediately became a safe sex advocate . . . and used safe sex in all encounters except those in where I had used unsafe sex with that person before so with my boyfriend that I had through 84 and I did not start using safe sex in 85 and didn't believe in , in didn't think reinoculation was likely then and it turns out that it isn't now.

- Now, one question: How would you feel about the . . . arguments that people come up with about the so-called social responsibility and your behaviour before 1985, like have you been in a situation where people tell you "You were irresponsible" I'm being devil's advocate in this case and I'm asking you how do you defend yourself because I'm saying that from a personal perspective because people do attack I think and ask "If there was AIDS why were you behaving like that? Why should I believe that you are going to behave more responsibly now?" . . .

**Brad** - Now, I'm reporting it's not a question of whether you believe me, I mean, I mean if you believe in any thing I say then you have to believe that, now . . . [long pause] There'd be some environments where I didn't use safe sex and those are environments and situations where nobody used safe sex, there were

some steambaths environments in 1985, 86, 87 where no one used it, for example, in Europe, in the saunas you didn't see a condom . . . . but amongst my friends I did, when I visited M. in 1985 [Spain] I insisted on condoms he thought I was really dumb, the same with my sexual friends in Germany and in England, they thought I was dumb cause AIDS, of course, reached there later than it hit here, I went over there crusaded for safe sex and they considered me a fool!! In 86 the information came out on reinoculation, or on the non-existence of reinoculation and so then I instituted the policy that I use to this day which is if I encounter or meet someone new I simply tell them that I'm HIV positive and I ask them if that's a problem, if they're a user of safe sex or an HIV positive person who uses safe sex thorough goingly and they say "Yes that's a problem and I don't want to be with you" which is very rare or they say "No, it's no problem so long as we use a condom" and we do, I always carry three of them in my back pocket, and everything works fine [Anglo man living with HIV - February 2, 1991].

### **Exploration: a silenced educational premise**

The narratives that show the theme of exploration sexual and emotional learning theme help us retrieve for new understandings the occluded aspects of the "official" safer sex discourse. Exploration can be compared with Paulo Freire's definition of education "as an act of knowledge (knowledge here is not to be restricted to a specific object only) on the part of the very subject who knows. Education has to take the culture that explains it as the object of a curious comprehension, as if one would use education to question itself. And every time that education questions itself, in response it finds itself in the larger body of culture" (Freire & Macedo 1987: 52). Through exploration gay men become aware of their sexual surroundings and sexual boundaries. Exploration enhances a critical view of the world and of other human beings, when this process is impaired gay men are robbed of an important basis to

critically think and act upon the oppressive circumstances that surround them. A brochure produced by the San Francisco AIDS Foundation warns gay men that "*Alcohol and drugs* can cause you to make bad decisions. Don't mix alcohol and drugs with sex if it makes you have unsafe sex" and that "Love will not protect you or your partner from AIDS. Always have safe sex unless both of you have been tested, are free of the AIDS virus, and have no other partners"(1988). In a recently published brochure AIDS Vancouver Society (1992) invites to "Consider how drugs, alcohol and poppers may lead to bad decisions. Know your limits". An advertisement created by the Northwest AIDS Foundation for the African American community in Seattle, Washington (1991) suggests that "Having fun doesn't mean that you have to be unsafe. Use your imagination. Surely, you haven't tried everything". What do all these ads and many other produced in Canada and the United States have in common? They are all positive toward having sex and some of them are even encouraging. However, they all set unrealistic limitations. Some of them advise refraining from sex, drugs, alcohol, or love on the basis of some reportedly shared social responsibility. Others do it on the basis of reportedly enhanced pleasure or spiritual benefit. Men who have sex with men are never formally educated about their possibilities and responsibilities. Having sex with another man is socially sanctioned. Men deduce their possibilities and what they perceive as their responsibilities by exploring them. Safer sex education should offer real possibilities of making more life-affirming choices based on understandings of their situations. Nonetheless, questions linger: Why would gay men, in particular those who are at greater risk and who happen to be at the bottom of the social scale, be in a position to evaluate and modify their sexual behaviours? Especially when they draw direct pleasure ( and sometimes survival) from having sex or shooting drugs? Why do gay men

need to “use their imagination” in order to be safe? Is imagination a safe realm? Why would gay men, particularly those who are new to “the scene,” be inclined to abstain from drugs, alcohol, love and sex in a society that glorifies them? Sex, drugs, and alcohol are at the core of western capitalistic systems and popular culture. They are construed and reified as basic problems and effectively hide issues of class, race and gender. For example, in safer sex education there is little or no discussion of the circumstances that lead a high number of gay men to alcohol (ab)use or teenage suicide. Circumstances such as unsupportive families, lack of gay and lesbian youth services, lack of support within the community, and need to “fit into the scene” count among the many reasons that are rarely examined in the “party” format of safer sex workshops. A high number of safer sex messages revolve around “being a gay man” with “high self-esteem” and other fussy phrases. These phrases appear as a magic result and not as some of the possibilities for exploration and learning.

## **Conclusions**

Cultural narratives, such as what I call “gay sexuality as a passport,” that allow travel across genders, ages, social classes, ethnicities, and sexual boundaries are not openly discussed in safer sex education (during and before the interventions). That gay men have sex - and sometimes become “fuck buddies” - with a diversity of gay men with whom they might never have socio-cultural relationships (friendships, business partnerships, political alliances) is taken for granted in safer sex education. In the setting of a gay bathhouse, for example, an odd form of democracy is enacted where gay men stripped of their

clothes (and their discourses for the most part) dance to the heightened sensorial tunes of common desires and pleasures. Exploration is wrongfully and unfairly brought to the spotlight only when discussing characteristics placing the groups at risk. Going to bathhouses is framed by statements such as “the more partners you have the more the possibilities of contracting the HIV virus” and - because it is usually associated with the “sleaze” of public bathhouse behaviour - “High = High Risk”. ASOs recently have initiated outreach programs in bathhouses and other public sex environments with pre and post-test counselling, safer sex advice and appropriate paraphernalia. This outreach aims at making it safe when it appears inevitable that two or more individuals will engage in sexual activities. They rarely make sex or sexuality interesting and available as an object of discussion. The initial “aversion-oriented” campaigns with their dreadful posters that loudly proclaimed “AIDS Kills” and their “sole reliance on negative symbolism with its potential for stigmatization of certain groups” have been gradually modified to pay attention to “issues of respect and self-esteem” (Sabatier 1989: S10). However, this gradual acceptance has not fully uprooted the moralistic contents of these initial aversive messages. The moralistic and prescriptive elements of safer sex discourse have simply been “sugar coated,” using marketing techniques capable of selling cockroaches for truffles. The glossing over dangers and fears does not appear to shelter individuals from harm, but rather is prone to backfire and to become an obstacle to critical thinking about issues around sex and sexuality. A return to aversion-oriented messages might not be the answer, but a clearer examination of the dangers is necessary. For example, the message “AIDS kills fags dead” written in graffiti by ACT UP Seattle (1993) might only be understood as an imitation of the highly criticized health promotion “AIDS kills”. AIDS is presented as purely biological result of HIV

infection (which has also been the subject of heated debates over the last five years). AIDS - the development of a syndrome of opportunistic infections - is also a result of poor housing conditions, lack of health services and internalized homophobia in the gay and lesbian communities.

Although it is acknowledged (and discouraged) that gay men are likely to explore, have multiple sexual (and emotional) partners, try alternative sexual practices, and experiment with alcohol and drugs, there seems to be a widespread institutionalized and internalized reluctance (partly due to the pressure of funding agencies that regulate the flow of the larger HIV/AIDS discourse) to grapple with exploration. In workshops and training sessions it is acknowledged that participants are sexual beings, but it is rarely acknowledged that participants could engage in explorations that are deemed risky. HIV positive men rarely feel "safe" to discuss their sexuality in these occasions. One of the participants of this study, an AIDS activist and counsellor living with AIDS, clearly talked about his desire to be able to be a slut in the community and the boundaries imposed by his volunteer activities. A Canadian street nurse explained how he switches into a different personality when he is out partying and he has learned not to pay much attention to gossip about his behaviour.

There seems to be a need to revitalize the forum about risks and gains (what we gain compared to what we lose, can pleasure be weighed against health or longevity?) that exist in the sexual territories. Educators have grappled with the issue of "cost/benefits" in theory, but in community action it is a faux pas to suggest that some "normal" gay individuals might be willingly and rationally taking on some risks in order to enhance their sexuality and



emotionality. Issues of trust and monogamy are treated as border-crossing, as either/or options between having one exclusive sexual partner with whom one practices unsafe sex, or having multiple partners and practicing safe sex with all of them. Although the official guideline is that anybody can acquire HIV, it is implied in safer sex discourse that monogamous couples are not at risk (Safer Sex Guidelines 1988: 34-6). In practice monogamy is loosely defined; a committed relationship can last one month, one year, or one decade. Gay men everywhere are likely to have more than one sexual partner in their lifetime, this appears to be denied. Trust is presented as a border and breaching it is deadly. Safer sex discourse, by obscuring the exploration aspects of collectively held values such as trust and monogamy, restricts gay men's perceived possibilities of increasing their sexual repertoire. It becomes manipulatory. Safer sex discourse seems more likely to be utilized by educators as an ideological weapon to fight promiscuity than a tool to expand someone's physical and psychological limits. When dealing with exploration of boundaries and terrains between partners the possibility of risk and vulnerability are enhanced. Concurrently, the possibility of higher awareness and understanding is also enhanced. Exploration, learning, enhanced awareness, and understanding appear to be proportionately related to any degree of risk taken by an individual. I propose to expand the slogan "knowledge is power," if accepted in the first place, to add that "knowledge is risk" and "power is danger". An individual or a group of individuals who are better informed and possess a better understanding of their biological possibilities (e.g. currently in the hands of the military, scientific, and medical monopoly) and their social rights (e.g. currently in the hands of bureaucratic and legal systems) would probably be more prone to excesses, errors, or changes that would democratically favour each and every one of the

members of the collective. Men living with HIV who have insisted in taking control of their medical and social situations have been displaced (e.g. evicted), dispossessed (e.g. fired), and ostracized (e.g. shut off within their community).

I am not suggesting that safer sex education should be entirely an irresponsible laissez-faire affair, that gay men and the population at large should be encouraged to learn by trial-error and intuition alone. I am suggesting that safer sex should be more than a restricted set of guidelines, it should help individuals examine risk in the broader scope of other social issues such as poverty and discrimination, it should be provided to broader segments of the population at an earlier age instead of trying to contain segments of the population such as gay men, people with disabilities, and ethnic communities. Containment and discrimination have done nothing but help create interest groups to which administrators and educators pay lip service. Safer sex education (probably the name would change then) would likely be a lifelong collective endeavour - in fact it is so already - that is sanctioned by society. We would still have cultural codes and legal rules on what is appropriate, responsible and accepted, but these codes and rules would probably serve the interest of a wider segment of society. These rules and codes would also contemplate such segments as a collective and would enhance their interrelations instead of fragmenting them into political interest groups. Safer sex would then be truly safer to a larger group of people. This does not eliminate the possibilities of using culturally sensitive and culturally relevant forms of education.

You leave in the morning  
with everything you own  
in a little black case  
Alone on a platform  
the wind and the rain  
on a sad and lonely face.

Pushed around and kicked around  
always a lonely boy  
you were the one  
that they'd talked about around  
town  
as they put you down  
and as hard as they would try  
they'd hurt you to make you cry  
but you'd never cry to them  
just to your soul  
{ Smalltown Boy - Jimmy  
Somerville - 1984 }

When I re-visited the dialogues obtained in the fieldwork, the clarity of the participants as to what they could or could not do sexually became remarkably clear. However, long segments of our dialogue seem to resist those sexual demarcations we hang onto as commandments. One of the participants I invited to analyse some of the written transcripts pointed out that these men emphasized their search for “love” over their maintenance of safe boundaries. Thus, the safer sex guideline that everyone should be regarded as a “AIDS carrier,” a “potential threat” or, to put it in more humane terms, “an HIV positive person” seems to run counter to the assumptions embedded in oral and popular culture. The optimism of these narratives makes them sound risky and proclaims an “impulsive” and “irrational” right to explore and trust. Popular premises appear to be that that everyone might at one point acquire HIV and this does not make the individual - and those who have sex with him - guilty or bad. An individual is usually regarded as innocent (HIV negative) until his guilt is proven (HIV test results as HIV positive).

## Border-Crossing as Unsafe Acts: do not trespass

**Brad** - . . . well now my current situation with [my lover] has complicated that. [my lover] is HIV negative . . . . [he] doesn't use a condom when he is the active partner, we met in the steam-baths, that's how we did it, I said "I'm HIV positive, you got a problem?" he said "No" and he proceeded to fuck me without a condom I presumed he was HIV positive, I didn't know until we've been together for a week that he was HIV negative and I questioned him on it, meanwhile he had always been top, he had never, never, at age 28 never been fucked and when that issue came up he pointed out that it was a non-issue because he didn't get it, and I said "It is an issue because I need to give it and so you get to learn" and that raised the issue of safe sex and I . . .

- You are aware that within the Canadian guidelines for safer sex being top, that is fucking somebody else without a condom is also considered high risk?

[He] knows that, he's a trained nurse except, [he] bases his position on a not very bad set of observations: he was with his lover who died of AIDS in 1985 for six years, fucking without a condom, always fucking remember, never getting fucked, he was with his subsequent lover for four years who was HIV positive, fucking without a condom, remember, never getting fucked, all his casual sex was top and done without a condom unless the receiving partner requested it . . . . and throughout this he is in [a clinical study] every six months he's been tested and tested negative. And so he concludes that either his probability is low as a result of being top or mainly top coupled with some kind perhaps of personal resistance that he, he like some of those rare people that do seem to be around, just doesn't seem to pick up the virus., cause he's certainly been in touch with it, right?, with a lover who died of AIDS and all that.

- Yeah, one would think so

- Yes, so he may have a case. My position there, you see, was made and so two friends did, in fact, discussed with me very seriously the morality of my allowing him to fuck me without a condom because they, as their doctor, and as my doctor say that he's playing Russian roulette and one of these days he's gonna catch it from this active sexual behaviour without protection . . . . with [him] so thoroughly knowledgeable about the situation to a level beyond that even of

most people because of his of his post-secondary education and medically related stuff so if he prefers not to, I decided that that's his decision, I use a condom all the time when I fuck him and that's my position, I can't , given the way he feels about it, I think my moral position is sound, I feel if he converts tomorrow I'll feel no guilt, I'll say "Sorry" as one always does in such situations, but I'll feel zero guilt cause I've been perfectly willing and happy to use safe sex throughout our relationship, the same is true of fisting, he doesn't use it when he fists unless he's cut his hand, he doesn't use gloves . . . . we do do one thing, all of our lube has Nonoxynol-9 in it and we use it, even though it's extremely expensive, we use it exclusively and in vast quantities so that to whatever extent it has any effectiveness at all as a as a prophylactic is in place [Gay man living with HIV in Canada - February 28, 1991].

The usual response of AIDS educators to behaviours like the ones described in the previous passage is to classify them under "denial," "lack of self esteem," "irresponsibility" and other all-encompassing labels. Although there might be a grain of truth in those accusations, it is necessary to keep in mind that when gay men consider these issues or act upon them we always begin from a position of disadvantage and discrimination. I suggest that many times gay men do not really care whether our partner is HIV positive or HIV negative and go ahead and enjoy whatever form of sex we decide to have. What gay men seem to deny, indeed, to reject, is the burden of signification that goes with "being HIV positive" identity.

### **Border-Crossing as Unsafe Identity: not gay enough.**

Much of the literature about AIDS treats HIV diagnosis as a point of clearance (if one is HIV negative) or death (if one is HIV positive). This is how

the discourse on and about HIV/AIDS constructs the HIV identities. Safer sex discourse takes off from there and consolidates these oppressive categories<sup>72</sup>.

“Coming out” is the favoured example of border-crossing offered by both gay men and safer sex discourse. This concept is validated and legitimated through a series of discursive practices (e.g. disclosure, confession) which might be repressive for those men who have sex with men but do not necessarily desire “involved” relationships with them. Coming out is emphasized in HIV/AIDS prevention education and implicitly (sometimes explicitly) required as a step to “sexual safety”. It is related to issues of self-esteem in a way that conditions it; the existence of a “healthy” self-esteem appears subsumed to the existence of a “gay” identity (and therefore “coming out”).

Coming out, sexually and socially, is mostly described as one of the main sources of liberation, well-being and self-esteem for gay men<sup>73</sup>. I suggest that the term “coming out” has been the subject of great (mis)(ab)use by AIDS educators and AIDS activists in North America, thus (over)emphasizing its border-crossing aspects. Coming out has been construed as a desirable

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<sup>72</sup> I suggest that the educational approaches to STDs, HIV/AIDS, and safer sex discourse have been transferred to the rest of the Americas. I have elaborated on some of these issues in Chapter “Mapping the Field”.

<sup>73</sup> This is not always the case. Sometimes coming out is closer to being pushed out. During the ethnography enquiry a secondary series of narratives that deals with the coercion that is implicitly violent in the early sexual experiences - usually involving inexperienced young men and older men - of gays was slowly unraveled. In the minds of many gay men the long desired initial exposure, the coming out, was lived as a intense experience that resembles border-crossing more than “rites of passage”. Early experiences range from purely emotional to various forms of male date-rape. I suggest that gay youth is placed at higher risk due to the extreme denial (both social and legal) of the possibilities of coming out as a series acts of exploration. Gay men mostly remember these shocking early experiences, but do not necessarily label them as rape because the term is mostly used in the popular discourse to describe a man's sexual aggression towards a woman.

end/result/effect in itself thus obscuring the complex articulations<sup>74</sup> within the identities of its users. Border-crossing as a educational concept is narrow and culturally restrictive and it does not provide the global vision that is needed to understand many cases that do not necessarily fit into the metaphor "coming out of the closet". Border-crossing is to move from one house to another, one town to another, a small town to a large urban centre. It takes more than a simple emotional realization and an act of painful confession (that gives up power that could be negatively used by the interlocutor). It requires (dis)placing one's body. It requires exploration. This is noticeable in the narratives of Latinos particularly in those cases in which the vernacular has not been yet entirely entrapped in North American gay liberation phraseology. The aspect of border crossing is particularly present in Latinos who have migrated to North America, the vantage point of being a refugee, foreigner or illegal alien gives them the extraordinary sensitivity to relate to this aspect of their lives.

The current emphasis on "coming out" that emerges from the gay liberation tradition is laudable, but it accommodates only those who fall into that category and whose lives are identified with the process described by "coming out" in workshops and brochures. Coming out is not an essential condition for men to have sex with men, to modify and sustain sexual behaviours, to harbour homoerotic feelings (athletes can be men who desire men - see wrestling matches), and to be "gay and proud". There are "straight" men who

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<sup>74</sup> It has been suggested that "identity is not reducible to the single logic of class. It is constituted out of different elements of experience and subjective position, but in their articulation they become something more than just the sum of their original elements. For example our class subjectivities do not simply co-exist alongside our gender. Rather our class is gendered and our gender is classed. This process of combining elements into a 'third term' has been called articulation" (Rutherford 1990:18).

have safe sex with other men and there are gay men - who are out and have a high degree of self-esteem - who have unsafe sex.

The explanations usually provided for this type of disclosure are insufficient and ethnocentric. Coming out is not a disclosure, a moment that is dealt with and overcome, it is dis-placement (extricate, ex-centricity), a border-crossing from one situation to another which seems to be more nurturing or safer for the gay identity. This is not to say that coming out is purely an individual process. Coming out acquires various characteristics in different cultural settings. In Latin America for example *asumirse* the closest parallel concept to "coming out" does not imply being confessional and public about it, it means joining some discreet gay social life, and having sex with men. This does not preclude gay men from marrying into heterosexual contracts or being macho within the extended family. This understanding of "coming out" as "border crossing" has been fostered by the experiences of immigrant, refugee and illegal gay men who live in North America. I have seen that in order to provide themselves with a better life many gay men leave their hometowns, neighbourhoods or countries; they cross a border of some kind and settle in other places that serves as their new safe space.

To feel comfortable about oneself and about one's decisions does not always mean that one is doing "the right thing," AIDS educators usually tell people that they have their decision-making power<sup>75</sup> and that they have to choose their level of comfort. There is an implicit message of fear within that

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<sup>75</sup> Which might not be necessarily true given that there is a considerable loss of autonomy in the modern individual, this loss is particularly acute in marginalized individuals. Gay men, especially when they have become HIV positive, see their lives increasingly regulated and under constant surveillance.



benign liberalism. A message that seems to whisper "something will happen to you if you do not do what the good people are doing". Some people perceive authoritarianism to be the only way to proceed to let people know what they have to do, and get them to do it, regardless of the moral implications or each individual's personal beliefs. This is one of the limitations of the safer sex discourse, it is not straightforward as to what its intentions are and gay men clearly perceive this. Some of the interviewed men advocate for the earlier approach to HIV/AIDS prevention education: fear. One of the older participants clearly stated that earlier safer sex messages were more straightforward than the current ones and the fear was necessary to make people understand the seriousness of the issue. Admittedly there are many interpretations that can be given to some of the lines of current safer sex messages, they might be more confusing and less helpful (see figure 7). This pretense of liberalism and power of choice might only fit the cultural styles of the privileged<sup>76</sup>.

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<sup>76</sup> Please note that the graphic style and "clean-cut" and "clonish" type of gay man, an type that might only inhabit trendy urban centres, has been widely favoured in the visual presentation of most brochures in North America. Some of these brochures, as it is in the case presented here, supposedly address men who have sex with men, that is, homosexuals and bisexual men. The question remains whether these men, say a man who has sporadic sexual encounters in secrecy, identify with the photographs presented.

# Children all over the world will soon know more about AIDS...



**20th CENTURY SIN**

The National Film Board of Canada has produced and distributed *Karate Kids*, an educational film targeted for children in the developing world and for native children and street kids in North America.

This video claims to teach the realities of AIDS using a highly charged story and stressing animated action over facts. The NFB has implicitly admitted the film's shortcomings by publishing a teachers' guide, a vain attempt to supply the information missing in the film. They also produced a simplistic little comic book from which the images on this page were taken.

**VIOLENCE AS A SOLUTION TO AIDS?!**



## WHAT KARATE KIDS REALLY SHOWS US:

Sorrowful images of grinding poverty leading to petty theft and prostitution the latter reality reduced to a dirty old man story. A wicked lighter-skinned pedophile who is blamed for infecting children other races and gets lynched for it. Women who serve only as accessories for men. Whimsical characters, trendy martial arts addicts and unnecessary violence designed to please children. Sick children propped up against garbage cans, labelled as "AIDS".

## WHAT THE FILM DOESN'T SHOW US:

The incidence of HIV infection from a lover, a friend, a familiar person. Condoms in the context of "survival sex" with strangers and prostitution. The very high risk of coming into contact with the virus responsible for AIDS by sharing unclean needles when injecting drugs. A constructive image of AIDS reality Canadian kids can identify with.



**"SCIENTIFIC" EXPLANATIONS!**

**HE WOULD FUCK YOU**

Karate Kids and its comic book version are dangerous. Instead of providing all the necessary information that could save lives, *Karate Kids* offers bigoted stereotypes and middle class morality.

Protect our children. Stop *Karate Kids*! Write telephone or demonstrate at the NFB. Encourage school boards and groups to refuse it.

**ACT UP**  
M T L  
514 527-2423  
**AIDS COALITION TO UNLEASH POWER**

## Border-Crossing as Empowerment and Negotiation

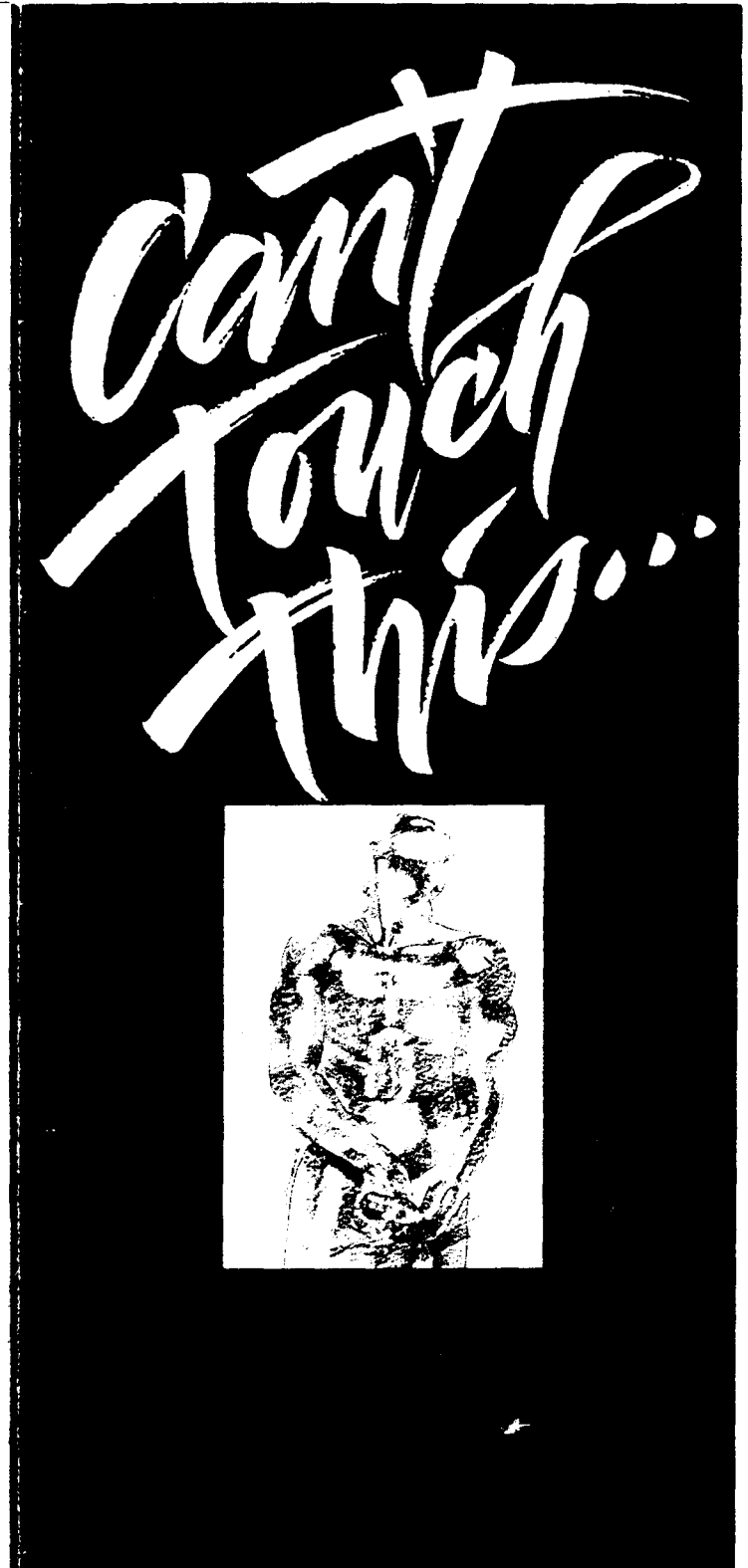
Unfortunately, empowerment has been (mis)used and (ab)used in education (Ellsworth 1989). AIDS educators in North America speak of empowerment<sup>77</sup> as if it were an unproblematic term that does not require explanation, thus rendering it into some form of mystical enlightenment. It is said that PWAs should be “empowered to make responsible and life affirming decisions about their sexuality” (Safer Sex Guidelines 1988:33). Empowerment appears as an act of border-crossing into a promised land of understanding where men can seek refuge. In this concept of empowerment political connotations have been largely obliterated. Empowerment is not an end in itself, but an ongoing process of “knowing the world”. The word empowerment does not appear as such in the narratives of the participants of the interviews. Men speak of their search for knowledge, pleasure and meaning and how this private/public quest has allowed them to get to know themselves better. It has allowed them to make mistakes and to do the “right thing”. Thus, empowerment does not appear as an act of border-crossing but as an ongoing exploration. Empowerment through exploration tests, transgresses, and questions the boundaries of what is imposed as public/private and the outside/inside. One does not get empowered one lucky day to understand, say an unfair and unbalanced relationship in which one is coerced into having unsafe sex. One does not follow a pop psychology recipe that results in liberation. Empowerment may never happen, may happen gradually, or one may have reasons to refuse to see it happen.

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<sup>77</sup> The term does not have a direct translation into Spanish. Sometimes the term *potenciar* is used. AIDS educators in Latin America use the term *concientizar*/awareness raising, but its connotations are quite different.

Safer sex discourse promotes a somewhat blissful and unproblematic view of what “safety” is. One of the buzzwords in which the theme empowerment is often encapsulated is “negotiation”. Supposedly, one is empowered to discuss one’s limit(ation)s and to negotiate the rules of the sexual game (see Figure 7 and 8). Although it is stated by hard line AIDS educators that safety cannot be negotiated at all, the concept became widely used once crude prescriptive brochures and posters were criticized for denying the differing and fluctuating degrees of power that partners’ (two or more) may have in a relationship. A man who does not perceive himself as attractive is likely to yield to the demands of a partner who sees himself in a more flattering light. Negotiation, as recommended by AIDS educators, is a contract that allegedly allows the individual to cross the border without danger and as such negotiation has several downfalls. Educators are warned that many gay men will not consider the act of negotiation to be their problem or it does not fit their “style” of doing things in a relationship (in Talking Sex . . . 1991). If an individual knows his partner is HIV positive and wants to have unsafe sex with him he will simply say “No” and no further negotiation is needed. Situations are depicted as border-crossing, if one stays on the safe side everything is all right. Negotiation presumes that there is a safe side to sexuality and an unsafe side to it. This binary opposition neither reflects the thinking or feelings of all gay men nor opens a discussion about “real” situations in their lives. The theme of border-crossing may leave men who have sex with men feeling inappropriate and unable to modify their - supposedly risky - behaviours.

Figure 8



**People of Color Against  
AIDS Network**

1200 South Jackson, Suite 25  
Seattle, WA 98144  
(206) 322-7061

Figure 9

*Unless you  
use this!!*

You don't have to be a rap star to know the importance of using a condom.

In fact, the reason for using one can be summed up in one word. AIDS. It doesn't matter if you are straight, gay or go both ways, you can get it. Don't fool yourself.

The AIDS virus can affect you, your friends, and your family. Did you know that 45% of all AIDS cases in the United States are people of color? And 45% of all injection drug users with AIDS are also people of color? Also, 90% of all AIDS cases are men and 41% of all men with AIDS are men of color.

So how do you protect yourself?

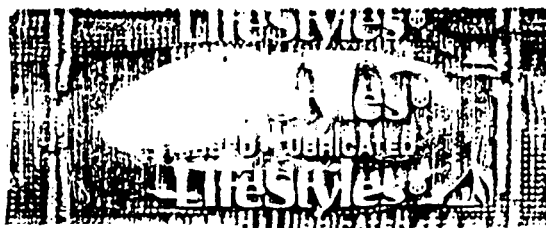
Besides having no sex at all, condoms are the best way to protect yourself against the AIDS virus. Safer sex is not only becoming more and more accepted, it's expected of you.

If you're an IV-drug user, make sure you use clean works. And never, ever share it with anyone else. No high is worth dying for.

You can't get AIDS from things like touching or hugging, toilet seats or showers, drinking glasses or dishes, mosquitoes or other bugs.

AIDS is a disease for which there is no known cure. Thanks to medical advances, more people with HIV infection live longer. Use the information we've given you, along with a condom, and you can avoid it all together. Condoms can also protect you from venereal diseases (V.D.). No affection without protection!

For information about testing and counseling, safer sex home parties, or HIV+ support groups for men of color, call 322-7061. Remember, it's rubber time.



**People of Color Against AIDS Network**

A subtle narrative runs through the dialogues with gay men contained in this study: gay men might not be willing or prepared to disclose their HIV status in a casual sex situation (and often in a relationship) and are not willing or prepared to know their partner's HIV status. In many situations of social and sexual encounter negotiation is not even initiated. Finding out about someone's status poses significant ethical questions that are not clearly addressed in safer sex education because they might open a controversial area and a discussion about civil rights and the like that is avoided by educators for being too troublesome: what right do I have to know or tell about my or someone else's HIV status (whether positive or negative)? Knowing someone's HIV status has lent itself to discrimination against the HIV positive partner as it is evidenced in the dialogues of this study. As presented by AIDS prevention materials negotiation only refers to the sexual activity and does not discuss the discrimination of HIV positive people. Also, there is no mention of collectively sanctioned rules of gay sexuality. For example, it is "sort of embarrassing" to bring the foreplay to a sudden halt cause one forgot the condoms and one's partner has shown clear signs that he wants to be penetrated.

Despite the fact that the incidence of new HIV infection among gay men is dropping in many areas, there were several presentations at the conference regarding continued high-risk sex among gay and bisexual men. The reasons cited for this continued risk included: drug and alcohol use, the belief that risk does not exist, an aversion to condom use, the belief that there is not risk if partners have the same antibody status, the belief that AIDS is curable, the relative inexperience or youth of subjects, the belief that safe sex is less pleasurable or erotic than unsafe sex, and the belief that others in the community practice unsafe sex. In addition, many men seem to believe that their primary partners cannot infect them (Brickman in Focus Supplement, September 1989)

The “unsafe” notions of gay men described above are framed in a discourse of containment that embodies a tension, poor fit, and a “discrepancy between how people identify themselves [or let their actions identify them] and how others would classify them” (Silin in Teachers College Record 1987: 11). Accepting exploration as learning entails an acceptance of its potential to lead gay men to a diversity of sexual terrains. The notion of border-crossing, when overly emphasized, not only means crossing from safety into hazardous terrain but it also comes to mean crossing from a homosexual sphere (i.e. abnormality) into a heterosexual sphere (i.e. family, nation, race).

### **Border-crossing as a Threat to Internal Security**

Many of the narratives gathered in the course of the fieldwork show how *gringos* in Latin America, returning immigrants, illegal aliens, visitors, Asians in North America, Haitians, Africans, monkeys and someone else’s blood are perceived as potential AIDS “carriers” because “In the hierarchical language of the West, what is alien represents otherness, the site of difference and the repository of our fears and anxieties” (Rutherford 1990:10). The connections between experiences of migration and border-crossing became evident in the conversations with gay men, in particular with those who have lived extended periods of time in places other than their hometown and country of origin. Border-crossers are aliens (much like viruses) who transgress the privacy of a body, a superior race, or a nation usually depicted as more desirable than one’s own (read the United States’ American dream). Seen from this perspective fucking becomes an act of extreme violation of a private shrine.



Safer sex discourse by emphasizing the border-crossing aspect of sex has contributed to the hysteria and xenophobia that surrounds HIV and AIDS.

When safer-sex discourse emphasizes border-crossing over exploration sexual practices such as fucking, fisting and piercing become acts of transgression to privacy and individuality. Safer sex as border crossing emphasizes the individuality and privacy of sex. Both characteristics exist, but they are bound by the collective arrangements/ living actions of society, the relational and practical interpenetrations. I argue that when one man fucks with another man he also fucks with an entire (extended) "family". When a white man desires a Latino he may be acting "as an individual," but he cannot deny the weight of stereotypes. They might not guide the white man's behaviour (and vice versa), but they certainly shape the social circumstances in which desires take form. One could say that stereotypes and collective actions prepare the bed for the interracial lovers.

Safer sex strongly suggests that fucking is crossing the latex barriers, the gloves, and the condoms that contain, segregate and separate the evil (HIV positive) from the good (HIV negative), the alien from the private; this is the point of no return. This aligns well with the traditionally held homophobic and misogynist belief that "*To be penetrated is to abdicate power*" (Bersani 1989:212). The situation is made even more complex when headlines righteously dictate that "Informe de Medicina sobre el Sida, PRESERVATIVOS SON INEFICACES" (in La Segunda, Friday, January 10, 1992) and "Sexe et Latex: La Fausse sècuritè du condom" (Saint-Jacques et al. in Le Devoir, Friday, October 23, 1992: B12). The article explains that

Rares sont les mèdeccins at les autres personnes impliquèes qui osent clairement faire valoir les avantages de la continence - *du simple point de vue de la santè* - et rares aussi ceux qui rappellent les risques sèrieux liès à l'usage du condom comme moyen de prèvention des MTS et du sida.

These popular media themes are spin-offs of safer sex guidelines that suggests that there is not safety in the sexual realm<sup>78</sup>; the array of cultural themes is dreadful: biology seems to be destiny, barriers eventually erode, and the anus is a very fragile membrane. Safer sex discourse in all its assertive character suggests that there are easy-to-follow and one-size-fits-all steps to obtain these admirable results. Safer sex does a good job at explaining the border-crossing aspects of identity formation and development but it obscures the exploration aspects of it. With what are men who have sex with men left? A series of physical barriers and psychological containments that are said to be unsafe anyway, a series of identity slots that might not be significant, particularly when one is not white, middle class, and Anglo.

Border-crossers do not find asylum, permanent residence or help in this new HIV identity that emphasizes its grotesque "positive" - HIV+ - side over its negative side; does it really matter if one is HIV negative? I believe the answer is no. There is no sanctuary for immigrants in North America, there is no sanctuary for HIV positives; we become border dwellers. We must play by the rules of two games, the healthy and the ill, cross the border from U.S. to Canada, from Mexico to U.S., live by the rules of both countries, be caught in

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<sup>78</sup> Except for reproductive purposes, of course. Intercourse is validated by religious and legal means. It is legally sanctioned as a heterosexual privilege. It has been suggested that for many heterosexual individuals wedlock is a form of border-crossing into adulthood, maturity, respectability and sexual safety.

this conundrum, and be exploited in this vulnerability. Gay men are border dwellers, no matter how much legislation there has been to protect and enforce our rights in North America. We have to live the gender operations of our culture, the classifications of sexual orientation, the labelling, and our being/not being here. As Dyer (1990) puts it in Now you see it [now you don't]<sup>79</sup> our presence is always that of ghosts. What happens in movies like The Colour Purple, Fried Green Tomatoes and Ghost where the lesbian act always is transformed at the last minute into a "normal" (read heterosexual) one illustrates this point. This happens to lesbians and gays in everyday life. Many times it is heard that "it is Okay to be gay, but do they need to flaunt it? to be so angry?" The following narrative clearly illustrates border-dwelling, migration and the hazard for an individual's safety.

**Gabriel** - I waited for the test results for three months, I was intrigued, I wanted to know. One day he phoned me to my office and told me that there was something strange in my exam, but I want to repeat them because I have doubts [ . . . ] they took another blood sample and all that shit, it came out definitively positive

- How did [the doctor] tell you this second time?

**Gabriel** - There is something very special, the fact that when they told me there was something strange in the [results of the] test . . . I didn't give it much importance, I didn't know about the test or any of that, nothing, I took it that way, didn't give it importance, I felt a bit worried but I always believed it was nothing, anything but this.

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<sup>79</sup> Dyer states that "The many gyrations of lesbian/gay film - to take only the instance examined in this book - are part of the ceaseless process of construction, reconstruction and deconstruction of identities and cultures, ceaseless because experience always outstrips constructions so that they are never quite satisfactory, never quite get it, and yet also ceaseless because we need constructions in order to make sense of experience at all. This is what means to live in society (and there is nowhere to live and be human). Lesbian/gay culture is different only to the degree to which the erasure of the gap between construction and experience is less naturalised than with many other human categories (notably race, gender and, supremely, heterosexuality) and thus in its high degree of awareness of that gap (285-6).

- Did you have a lover at that time?

**Gabriel** - No, the fact is that one day I got home and my mother broke the news to me, my mother knew the results of the test already

- How did she find out?

**Gabriel** - My mom works in the Health Services and she managed to look into my papers and all that

- What was your experience then?

**Gabriel** - She told me, she said "I can't hide this from you anymore, I've known this for days, I have to tell you" and she told me

- What did you feel?

**Gabriel** - I felt anger because she had trespassed into my life, that was something I want to keep for myself, I didn't want her to know, but I think in time it was a mistake to feel that she shouldn't know, I think the friendship and the communication so far is excellent, the person I can trust the most at this moment is my mom, blindly, she understand everything, everything . . . .

- What happened after?

**Gabriel** - When I started having all those [health] problems, a friend I had been with [sexually] called me on the phone, he said he had a problem and all that stuff, it was that too, that he had been tested and the result was positive

- What did you speak about?

**Gabriel** - Not much, really. He told me that inside the car, I said "No I get off here" [laughs] I was panicking . . . basically, I think one gets disconcerted, more than anything else, as long as they do not really tell you "you have it" one gets disconcerted and wonders about what's gonna happen, you see, one says "No, not me". The only thing [this friend] said was "Maybe you infected me", he told me that he had the AIDS virus, "I don't know," He said "I don't want to sort out blame"

- Has blaming been one of your reactions?

**Gabriel** - No, but I don't think I infected him though (Latino man now living in Chile - January 30, 1992)

- But what happened with this woman who invented that you had AIDS when you were working for her in 1986 in the East coast?

**Patricio** - Okay, I have always had a stomach problem, I have always carried these pills for diarrhea up and down, surely at the beginning everything

started because I was nervous in this new country, my lack of English, my family, money, I was homesick, feeling lonely and abandoned in this hell of a city, because it was such a big city that it could eat me, working in a job I hated with all my soul for 12 or 16 hours a day, the owner was a Uruguayan woman who would take pleasure in making our lives a living hell, I was always with diarrhea, besides I was eating poorly, like shit, I never had breakfast, I would eat a pizza at lunch and then I wouldn't eat until 11 or 12 at night and then I had to get up to go and work again, so I had diarrhea constantly and my stomach would hurt savagely, so I was going to the bathroom all the time, otherwise I would have dumped right there in the restaurant !!, so she invented that I had AIDS and told everybody, when I had my coffee she would give me a paper cup!! It was so shocking that someone would discriminate against you because you have AIDS, and more so among us, Latinos, we should support each other, I mean we're a minority, we live abroad and if we don't support each other no one would do it, particularly in U.S., one has to lend a helping hand in these kind of things, so this woman did a lot of things because she thought that I had AIDS

- What did you think?

**Patricio** - I believed it

- Really?

**Patricio** - Sure, one of the symptoms was diarrhea, or loss of appetite or loss of weight, my job made me lose 60 pounds, those were similar to the symptoms. One of the symptoms is to feel depressed and in that shit of a job anyone would have felt depressed, even the happiest guy on earth would have felt depressed, I hated that moment of the morning the alarm would go off to go to work, I felt without strength, without stamina, life didn't have much meaning for me, so I believed her [when she said I had AIDS] and I got bitter a lot, I mean not so much because of the [HIV] virus, it was just the same to me, after all, getting the virus was like having company, you know what I mean? There was a reason to live, we all have a reason to live, but there wasn't anything to look forward to, something divine, a reward, something enjoyable that I could say "Okay let's speed this task up so I can go shopping later, to go to the cinema, to do something", that didn't exist, you know what I mean?, besides the relationship with my [compatriot and roommate] got sour, we had fights often, he was constantly picking up tricks [in the bars] to screw with them in our [small apartment] and lots of other things, there wasn't a union, I felt left aside by society, I was working 12 hours a day, that was my society, that was my world,

besides my "social life" was very restricted, I was getting to know C. and H., I mean I had met them, but we weren't friends, I mean not the way we became friends a year after that, I mean, really close friends that we would have done anything for the other, but at that time we didn't have an active social life and I didn't have the connections I had in [my original country], I had problems trying to accept I was HIV, I knew more than what I knew before undoubtedly, but I had never seen a sick person, at that point I would have sworn anybody that I would take care of him until the end, but I didn't know but I didn't know what thin ice I was treading upon, I didn't know, besides, now I know, now I would also swear to a person to take care of him until the end of his life, but now I know the ground I'm stepping on, I would be willing to do it again, I have done it several times, I have not been the main caregiver for somebody, but I have been part of a team and I know what it takes, but, no [my roommate] and I didn't talk about [my supposedly being HIV positive] because our relationship wasn't open enough, and more than that I think I had this fear of being rejected by him, I was being rejected by the society where I was working

[ . . . . ]

- What did you do from that moment on [the owner of the restaurant invented that you had AIDS and you believed that you were HIV positive] in your sexual life?

**Patricio** - Well, there wasn't [any] sexual life, not beyond a "manual operation" here and there or something like that, I had no sexual life, my sexual life started when I travelled [to a resort place] with H, I mean in U.S., this was in February of 1987, so I believed [that I was HIV positive] and I couldn't shut up, it was not like having an infection in one of your toes or your nails that you can keep it to oneself, one puts alcohol and that is sooner or later gone, but this was something that one carries within, one is sure that one [is HIV positive], but one doesn't show it . . . No, let me rephrase that, you think you have [the virus] cause you're not sure, you're convincing yourself that you have it, this was my case, so you don't carry [the virus] in your blood, you carry it in your soul, I mean it's a nail that you have in your soul, in your mind, it doesn't matter whether your blood is infected or not, that doesn't matter, you cannot feel your blood, you know it must be there moving up and down, [the virus] is something you carry in your soul, it's there and you know it's there, and that you're not going to take it away until you accept what it is, until you know what it is, until you learn to live with it, you know what I mean?, so that was the problem, the problem was I had a nail through

my heart, if you get depressed, there is a moment in which you say "I'll keep on working to be rich, to have a house, a bicycle, a pair of jeans" whatever, you always have a reason to struggle, to do things, I think this is what motivates us: illusions, hopes, wishes and all that, but then I didn't have that, I looked into the future and saw the movie all cut up in pieces by that nail in my heart, it was there and there was no way around it, I think this was one of the reasons I used to run away from the city for a couple of days, a week, whatever, to forget about it, forget what it had done to me, so to speak, what the city had taken away from me or what it had given me, I could say a lot of bad things about that city, but it could have happened to me in any other city in the world, anyway, I accepted [that I was HIV positive], it stayed there deep in me, I had no social life, when we went to [the resort place] a told my friend, he told me I was crazy, that it wasn't true, you see, you know that you get [the HIV virus] through sexual intercourse, but I wasn't sure, at that time people thought that you get [the virus] by touching someone who had it, I mean I have never discriminated against people with AIDS, I think that only a few times I have discriminated against somebody, but one is so confused and so immersed in the shit that one lives that it is hard to see the light, had I known more, had I been more self-reliant I would have realized it was not true [that I was HIV positive], I hadn't had sexual relations in [the East coast city], in [my country of origin] I had had sex, but it was too early in the epidemic and the risk was one in a hundred, it was preposterous to have come to believe that I was HIV positive, but I **did** and I told my friend H., he said that [the owner of the restaurant I was working for who had created all this hysteria about my being HIV positive] was an asshole, he guided me (Latino man in his late twenties, now living in North America - March 30, 1992)

**Samuel** - It has never bothered me whether I live or die, I prepared my lover to die, he was scared of dying, he didn't want to die, I couldn't care less if I die, I would have exchanged myself for him any time . . . it doesn't bother me.

- You're saying you took the practical approach

**Samuel** - Well, shit happens in life, you know, there's nothing you can do about it, once you get it, you get it, I mean, what the fuck are you gonna do? You might try to fight it, but don't go crazy about it!! . . . Don't lose your mind because you're sick, the day you get cancer, you get cancer, what are you

gonna do? Cry the rest of your life? It doesn't help anything (Latino in his late thirties, now living in North America - September 20, 1991).

## Conclusion

When border-crossing is overly emphasized identities are presented as monolithic (and almost unattainable, what is to be the perfect homosexual?) and represent obstacles in the process of public/private exploration, the process of becoming that is negatively sanctioned by society and for which there is little critical guidance and education (e.g. teenagers and sexual orientation in public education system). For example, "being gay" and "being HIV positive" are widely promoted by HIV/AIDS discourse and subtly framed by the guidelines of safer sex discourse. Safer sex discourse obscures the exploration aspect that should be deeply connected to border crossing and makes frontiers appear as yes/no questions, true/false alternatives, and either/or possibilities. Admittedly, unrestrained, uninformed, and indiscriminate exploration (e.g. unsupervised use of syringes to inject steroids among gym athletes, unprotected sex with multiple partners, unprotected anal sex to avoid pregnancy) may lead to disastrous situations (illness, and more importantly, emotional harm - frustration, rejection, etc). However, I argue that the negation and exclusion of the exploration component from the safer sex discourse drives it underground<sup>80</sup> and makes it more dangerous by loading it

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<sup>80</sup> Analogous situations have happened with the over the counter selling of amyl nitrites, also known as poppers - other drugs and sometimes condoms - in the United States. Their use in rituals of sexuality is deeply rooted. Banning them, the way U.S. government did with poppers as of February 1992, does nothing but drive them underground. Declaring "a war" on drugs or unsafe sex should not be tantamount to declaring a war on people who use drugs or maintain unsafe sex practices (Illingworth 1991: 145).



with guilt and hypocrisy. The banning and censoring of exploration as an important discussion point in the safer sex discourse also creates the illusion that decision-making is entirely unilateral, individual and private. Safer sex, unsafe sex, exploration, becoming gay and other staples of the gay culture appear as autonomous decisions made at one point in time. Peer pressure is replaced in the safer sex discourse by the nice sounding phrase “peer support” (Illingworth 1991). It is important to open the debate around ethics and question whether an individual seeking unsafe sex, for example, is acting willingly and also autonomously, whether safer sex programmes based on the health belief model<sup>81</sup> run against the grain of the individual's autonomy, and whether the manipulation of some safer sex programmes will have long lasting and positive effects on the target audiences (Illingworth 1990, 1991).

The narratives of the interviewed gay men corroborate the theoretical work of authors such as Douglas Crimp, Paula Treichler, Cindy Patton and Simon Watney who have warned AIDS educators and activists about the sexism, heterosexism, body-ableism, classism, homophobia and xenophobia contained within the HIV/AIDS and safer sex discourses. Themes retrieved from the participants' narratives underline the potential harm caused by (over)emphasizing the border-crossing aspects of safer sex discourse. In this discourse viruses, sickness and death are fear-evoking and their carriers and whatever they do (sexual and social practices) can become hazardous to one's

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<sup>81</sup> This model was originally developed in the 1950s by social psychologists working in the U.S. Public Health Service in order to explain the failure of people to undertake disease-prevention measures. Since then it has been used widely as a framework for explaining and predicting people's response to health and medical care recommendations as well as for effecting behaviour change” (Illingworth 1991:142). This author mentions the Canadian AIDS Society's Safer Sex Guidelines and the Canadian Public Health Association's brochure “The New Facts of Life” as applications of the health belief model.

health. Considering sex becomes a moment to consider absolute borders. It can only be safe or unsafe, good or bad, positive or negative, violent or consensual, and normal or promiscuous. Those who attempt to cross these well delineated lines or to situate themselves between these polarities runs the risk of being perceived as immediate threats, sexual predators, irresponsible fools, and a menace and discriminated against accordingly. Safer sex discourse becomes xenophobic not only to foreigners but also to those who do not clearly define themselves as gay or straight. Individuals who share their sexuality with women and men become bridges between the safe and the unsafe realms. They also become "a stranger among us". These and other border-dwellers of the safer sex discourse may perceive they do not have any possibility of safety, that their alternatives are not viable, and their personal choices are incorrect. This marks border-dwellers with the stigma of the nomads, with no place to go, and at a greater risk.

**Coda: the translations, explorations, and intrusions of safer sex discourse**

At the end of this analysis one order of questions enquires about the discursive aspects of safer sex and participants' narratives about sexuality and sex. What are the main themes carried by the narratives of the participants of this study? How do they occur in these narratives? How do these themes occur in the official safer sex discourse? Do they? What are the similarities and differences between both sets of themes? How are these themes circulated or prevented from circulating? Which are the favoured themes? How does the current educational strategies and structure of ASOs contribute to the circulation of certain themes? These are some of the questions that need to be answered. Another order of questions enquires about the research and its educational possibilities. What does this enquiry contribute to what has already been theorized about HIV/AIDS and safer sex discourse in the fields of cultural studies and education? How does this enquiry contest or conform to those theories? Why do we need participatory and action research when it comes to HIV/AIDS issues? Yet, another order of questions enquires about the connections between the official safer sex discourse and the lives of gay men and men who have sex with men. What is the impact of safer sex in gay men's lives? What has safer sex education done for gay men so far? what are the effects of the politicization of the safer sex discourse? What are the possibilities of safer sex discourse? Not all the above questions get equal treatment and emphasis in these final words, but I explain here how this research may contribute to the clarification of some of the issues posed by those questions.

Since the appearance of HIV/AIDS in the public sphere in the early 1980's the surveillance to exploration of sexual practices and understandings such as "fucking," "fisting," and other collective gay knowledges has become more visible. In the nineteen nineties surveillance and the discipline of sexuality - in constant reformulation - has been gradually camouflaged. For example, in North America the "politics of fear" and politics of containment (in high risk groups) have evolved into a more paternalistic "politics of care". In Latin America official efforts at facing HIV/AIDS have followed a similar pattern that should be looked at in a context of imitation and dependency, but that has its own particularities. In all the Americas the modality of the HIV/AIDS prevention education discourse also depends on the target audience and their points of articulation between gender, class, sexual orientation, body ability, religious background and ethnic background. HIV/AIDS prevention education discourse is often regarded as progressive, but only examples of the material produced for white middle class gay men illustrate the analysis. People at a greater disadvantage ("marginal" people) are usually addressed by a harsher tone and the politics of fear still seems to be the preferred road.

"If you think a hangover is bad, try waking up with AIDS" (Vancouver Health Department)

HIV/AIDS prevention education discourse has been "streamlined," much like ASOs themselves, to suit the demands of funding agencies and the needs of heterosexual "mainstream" population and ethnic minorities as well as women "in general". Gay men from ethnic minorities, illegal residents (particularly in North America), immigrants (both straight and gay) and refugees are not considered in most of the programmes and brochures; they are hard to reach audiences. Lesbians remain non-existent, the official assumption,

although not part of the scope of this work, seems to be that they are not at risk because they do not have penetrative and reproductive sex with men. The underlying premise implies that lesbians do not exist as human beings.

Heading into the 1990's safer sex discourse appears to re-vamp 1960's themes of openness and frankness about sexuality. Safe sex material defines sex as something we all "should" talk about with "honesty". The shell of the "sexual revolution" concepts are re-filled with heterosexual cliches such as family union, monogamy, and morality.

"Pour l'amour de la vie . . ." (Santè et Bien-etre social Canada).

Safer sex discourse leaves local knowledges such as fucking, fisting, and S/M in a subjugated position. These restricted and censored knowledges are appropriated, re-interpreted, re-thematized, packaged and delivered by ASOs, self-help groups (PWAs), and government agencies in brochures, posters, pamphlets, newsletters, journals, magazines, videos, and tapes. Words such as fisting, rimming, fucking and others remain like empty shells, their "stuff" is emptied and they are filled with other themes and topics that suit the needs of a bureaucratic organization or the needs for surveillance of the medical system.

Implicit in these processes of re-thematization is the danger of the potential loss of autonomy of gay men. We are said to have the "safe choices" to make "informed decisions" but the discourse is either asking us to perform an artificial identity of "being gay" (or being HIV positive) that has little to do with our lives (i.e. non-judgmental, objective, rational, white, urban, etc) or to surrender to a set of prescriptions (camouflaged as descriptions) that make us

directly dependent on services directly or indirectly provided by the State or ASOs (funded by the State).

The dependency of gay men on the official safer sex discourse finds its parallel on the dependency of gay men on ASOs and government organizations. A gay man is encouraged to see a counsellor before and after taking the test, the advice is standard along the lines of informed decision-making and encouragement of taking the test for treatment purposes, discussions about homophobia and coming out are possibly a subtext to some of these counselling sessions. Dependency on the medical services, ASOs and educators is encouraged much the same way dependency to welfare systems is encouraged and sometimes imposed through red tape. Those men who decide not to avail themselves of ASOs or State organizations and to their services might not feel they are gay, moral, or responsible enough. Many of the informal social networks that started AIDS service organizations (formed mostly by gay men, lesbians and straight women) have been already decimated by the epidemic and at a more subtle level by the bureaucratization of the ASOs. Re-thematized, re-filled shells (safe sex concepts) are presented as domesticated gay knowledges. They are invoked in the "gay community" to establish hierarchies and disciplines, to impose standards, "normalize" practices and thoughts, and obliterate some troublesome experiences<sup>82</sup>. This

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<sup>82</sup> Material produced for multicultural purposes is systematically translated but not interpreted into other languages without paying much attention to ethno-cultural specificities. The few attempts at interpreting "mainstream" or "official" safe sex guidelines are not usually evaluated. Once the material has been literally translated into a different language the task is considered accomplished. There seems to be constant evaluation of official safe sex material in the white gay community (among those who perceive themselves as part of it) that reveals encouraging results. My own research shows that gay men in general know quite well what they are doing and HIV/AIDS prevention education programmes seem to preach to the convert and to be stagnated, unable to go beyond information delivery.

reflects what Foucault describes as the capillarity and insidious pervasiveness of power/knowledge embedded in our sexuality. We are accomplices in what is happening to us, we are accomplices in the AIDS tragedy, however, I firmly believe that our degree of complicity does not surpass our degree of victimization.

## **Appendix A**

### **Fieldwork renders ethnographic research "historical": an illustration**

Today I phoned the faculty of education at SFU early in the morning and the secretary, at my request, opened my mail and read it for me, I couldn't wait until Wednesday. I did not have time to go there before. One of the letters was from CIDA the Canadian International Development Agency. I had been awarded a scholarship for 7 months of which I expect to spend 5 months in Chile. It is a historical moment in my study. This will open doors I had never expected to enter. If becoming a member of the boards of directors of AIDS Vancouver gives me the paradoxical change of peeking into the life of an ASO and exerting some direction over it, receiving an award from a major agency may mean securing a peek into academic success (I'm so afraid of using that word, I would like to explain why exactly). Being awarded this scholarship means that my work as it was yesterday, which had already been difficult to narrow down and define, has gone out of control, been blown out of proportion, I don't really know how to explain this. I think is incredible fear inside of me. A Pandora's box maybe. But I do not expect bad things to spread out and hope to be the last one of them. Maybe a cornucopia, I feel this strange need to find images that can describe what I'm feeling. My main academic concern now is how to frame this so it fits the boundaries of an M.A. thesis. R, Marchand had suggested having a committee meeting. I thought it was a good idea at first but I felt reluctant, now I think it is essential to have one. I feel like a scared child who has bought something way too big or expensive and does not know how to manage it. I need help!!.

So far defining a topic and narrowing it down has been a major (re) search. Everytime I turn around I find a new book, another perspective another point I would like to explore in detail. The academic phrase that I have almost memorized about the "sense of urgency that drives this study" does not cease to roam around my head, it's so true. Living has become at points an act of compulsion, I am afraid my body will claim it's need to live untamed and go crazy. I have heard my peers talk about the many neurological problems that men develop in the midst of AIDS.

I began this (re) search thinking and talking to people about sexuality and desire, the second category being very vague and undefined and esoteric in my mind. It still is. But I remember I have felt so uncomfortable those times, this is



during the courses I had to take as requisites for the M.A. degree before the research, it sounded empty, esoteric, like too much of something not solid enough. I needed an anchor to "reality" whatever that was. A year into the M.A. program when I was finishing the papers for the graduate courses and I gave a presentation in a gay and lesbian conference in U.S. I found "the grip" I needed: the body. It dawned in my mind that the body was one of the most significant points of intersection between text/discourses and experience/subjectivities. It was the point where the solid, the verbalized, broadcasted, aired, amplified, distorted, written, codified words and utterances seem to melt in a curious soup of dreams, first hand experiences, lived experiences, imagination: a vortex. The realization of the body as point of intersection, the body as text, the body as experience led me to a form of "coming out" personally and academically. I needed to abandon a first skin, shed a dusty and grey layer from me, be a rampant butterfly (brother to brother). I could not (re) search other bodies and my own body if I had not come out to myself and to others as a gay man and as an HIV+. Yes I hate both terms not because I want to be someone else, but because of what they do to me when text and experience melt in my body sometimes it tickles inside but many other times it hurts so bad. I understand that both states: gay and HIV+ are not necessarily "natural" but they are "nurtured" (and I am not the one to solve this debate) upon existing biological potentialities (Kinsman): male genitalia and blood. I feel that "you've come a long way baby" I still need to talk about gay sexuality, desire, culture, illness and many other topics. I still think of ethnography as weaving threads into a major quilt which will fragmentedly (re)member our stories. I still think AIDS is one of the great metaphors of our times. The body has become my third major metaphor [Fieldnote - 910517]

Dear: Today Monday I miss you a lot. It's like the calm after the storm. It was a crazy weekend in which I manage to forget at times that I have left this country without getting to know much of it and now is too late, and maybe I don't care anymore either . . . . On Thursday 31 at 7:00 I left to go to the Estacion Central . . . . [to Concepcion, a city in the South of Chile, 8 hours by train where the first Chilean Lesbian and Gay Encounter was to take place]. I imagined economic class was bad. It was really bad!! So I exchange my economy return ticket for a "Salon" one. Then I realized what salon means: not very good!! [. . .] I arrived to Concepcion at 7:30 A.M., it was as cold as I imagine it would be, just like a November day in the North West, I guess. Victor Parra, a member of the board

of directors of CChPS, was there waiting for whoever would show up for the "encounter" [he had ben stood up and had spent the night at the station] . . . Juan Carlos from CEPS (the host organization in Concepción) showed up to find out and realize (something I knew from the very beginning) that the meeting would not start at 9:00 AM that day but much later. We all went to the CEPS headquarters and from there we took a bus (a public transit one crowded as hell) to go to a place near Coronel at about 45 minutes from Concepción. When we arrived there there was no car waiting for us as we had been told, we walked 45 minutes more to get to a place owned by an evangelist church that had been rented for the activities. The place was quiet and beautiful, the facilities were just good enough, running water that could not be drunk, electricity, a bunch of cabins with a large central one that was constantly turned into a dance floor, theatre, dining room, disco, classroom and plenary room. The purpose of the first general meeting was to get to know each other. I have so may first impressions of many individuals but also I keep some general ones: the guys from Concepción were quite effeminate in comparison with our guys (from Santiago), and "our" guys were kind of more touchy and physically drawn than "their" guys (from Concepción). These first impressions became more like a fact in the course of those two days and they may have an explanation. Concepción and any place in Chile other than Santiago (and even in this city) has quite different rules and codes of conduct, one of them is that men do not touch each other, not even queers. The other rule is more like a dictate "queers are like women" they behave as such and have the same value [which is ambivalent at best]. These codes of conduct and many others were subtle throughout the first meeting and became evident later. Personally, this was some kind of a turn off (being a Chilean queer myself with gringo cells built-in). All the incredible hunks I had seen on my way over (I was breathless) were not part of this scene, in fact I realize later they play a role in it, but no on the liberation side needless to say [Later that day a member of CEPS told me how he had been recently raped by a group of "straight" men who were friends of his bisexual ex-lover and how little he could do about it]. Representatives (80% men) of CEPS (Concepción) in particular from an ongoing workshop called SER (to be), from MOVILH (which sounds like Movii = mobile in English and is a word used to denominate action groups in politics in Chile, Movilh means Movimiento de Liberacion Homosexual) and the infamously famous "Yeguas del Apocalipsis" [Mares of the Apocalypses], a well-know vanguardist, excentric, iconoclastic, insulting, insolent, anarchist,

ground-breaking, scandalous and ugly duet of artist fags attended this plenary session. Much to my surprise, the Yeguas of . . . were the highlight of the whole thing, everybody was dying to meet them. I realized they had been advertised [in Concepcion] as the non plus ultra of the gay revolution [and they were regarded as some public icon of liberation, much the same way Quentin Crisp may have been at one point]. After the first meeting we worked on various workshops. The topics had been selected quite randomly and they did not respond to a clear structure or intention, not one that I could see at least. I particularly enjoyed a workshop called "Como hacer el amor y no morir en el intento" [How to make love and not die in the attempt, a title that mimics the Spanish movie "how to be a woman and not die in the attempt" directed by Ana Belen], the concurrent workshops were about violence in the homosexual relationships, minors and the sexual commerce, and gay parents. I was glad to choose what I did because I had the chance to see closer C. R. the handsome guru/director of CEPS who turned out to be an indifferent, detached figure I never had the chance to talk to. He seems to be an interesting character, lived in Europe for 8 years and returned to Chile about three years ago. He is quite public and active in AIDS work. I suspect he is HIV+ and lost his European lover to AIDS, this I infer from various little things he said along the days. He is extremely handsome and undoubtedly manages the power intellect of CEPS and SER and the Encuentro (meeting) . . . . In the afternoon there was long, long plenary session in which we hotly discussed and debated our work in the workshops. I cannot describe to you now every little topic but I can tell you about the differences between a gringo plenary and this Chilensis one: it is difficult in Chile to have a democratic discussion everybody wants to rule the floor either by talking at the same time or by coming forth with the funniest one-liners ever, impossible not to laugh; everybody is smoking at the same time and it is difficult to see the people on the other side of the room, everybody is trying to flirt at the same time which makes the political debate quite complex too; everybody is dying to cut the crap and dance a little bit or to sing along with the radio a loud song about lesbians or about love; nobody is recording on paper what is going on, nobody has a clear idea of where we are going, nobody gives a shit because the important thing is to live and love, nobody is truly going to attack somebody else, nobody wants to lose face particularly when your opponent is the guy you are seriously considering to hit the sac with and nobody has had a real shower this morning but they look sharp and elegant, everybody is coming up with really sincere stuff,

everybody wants to know more, not everybody has come here with the same background, those with less experience, age and background have come here to fuck with the others and obtain that background and experience, those of us with "experience" are debating at such level that we do not realize half the crowd has been left down there on the ground, and some people reminds us that we are not into the congress but closer to the beauty parlor (there are more stylists ex hairdressers than congress queers) and that one of the few ways of getting along in the world is having fun, dancing and fucking. After the plenary there was a long break in which we talked to everybody, smoked incessantly, and gossiped about the fucking Yeguas for being so against everything as if by principle . . . . Later there was a surprise show prepared by a group of more or less "professional" travesties [Victor insisted that the politically correct term is "transformists"] from a neighbour town. The Concepción people were so proper and calm, they looked at the Santiago guys all the time holding their breath and jewelry. Their concept of fashion was sort of old (in the "low class" ones) with big shoulder pads (never seen so many shoulder pads in my entire life honey) and bolo ties with rhinestones!! On the other hand the "upper class" ones were too fashionable to look natural, they were either bugle boy or punk or something. The Santiago team was so down to earth in this sense that, I guess, we attract the attention upon us because of our ways . . . .The Santiago team was also a bit tipsy, I should admit, two boys had gone, God knows where, to buy Pisco, Cokes, and cigarettes. By the time the show ended we were pretty tipsy. Later we had dinner with the performer and more one-liners and funny remarks. After that the night became an endless promenade of desire and fun all in a funny soup. An unsuspecting by-stander would have seen people dancing in the main room, sleeping, playing in the small cabins with 10 bunker beds, full of dust, walking back and forth to the beach through the little forest, etc. Crazy. There were conversation groups inside the cars, outside in the darkness under the trees, lots of cigarettes and lots of memories being built for the days to come . . . . The first day was quite structured and there was a lot of stamina to work, the second one wasn't so much so. People had gone to bed late and did so many crazy things the night before that nothing was too tidy or structured [Letter - 911104].

Dear: How is it going my friend? I feel kind of silly sometimes, I would like to take care of you and P. and R. when I feel that you guys might not be feeling

completely happy and, in fact, I cannot even take care of myself. I guess one could say that the thought is what counts in these cases. I have to fight my own mood swings these days although I have been surprisingly stable in Santiago. The truth is that the work I'm doing is starting to take shape, not a material one but an emotional one, somehow. This makes me very happy. I perceive that people have accepted me and that they respect my experiences, what I think and what I am. Last week in the seminar "SIDA y Acción Comunitaria" I came out as HIV+ and shocked the hell out of some guys from the CChPS (la Corporación). I just was telling T. over the phone (at 1:00 AM after a whole evening together!!) how satisfied and positive (ark, ark!!) I was feeling about it. I take it as my true contribution to this organization and to these people. I have done the hell of a lot of activities besides opening my beautiful mouth (which is always dangerous because "las bonitas somos tontas" you know, it's genetic). [. . .] And I'm happy about the march on world AIDS day (Monday in fact) completely unauthorized walk through crowded downtown Santiago at peak hours (7:00 PM) with banners, a huge 80 feet condom and "pitos y cajas" [lots of noise]. A sight to see!! I didn't take photos, but I hope to get some. I have been more active about the CIDA report and the CChPS report. They will be finished late but "mejor tarde que nunca" is the motto here. Off the record: I'm also happy because a beautiful young Gypsy Chilean "me hizo viva" in my "tálamo" and "como Dios manda". I needed sex. [. . .]

Thanks for your questions in this last letter; they have made me reflect a lot about many different aspects of the AIDS problematique in Santiago. You ask about the mandate and objectives of the CChPS, well in writing they say they work in prevention education for everyone, in practice they work in some prevention and education for middle to low class gay men. This is one of the contradictions I will recommend they solve once and for all. Besides that there is a doctor who shows up sometimes and supposedly has a large number of patients who might all be HIV+, I don't know much about this because is too informal. No, I have not met anyone with AIDS and no one has volunteered to me "I'm HIV+", and what do I think about this? I don't want to deal with this, I believe myself fortunate to have arrived to North America at a time in which it is less of a stigma and a personal problem to say "I'm HIV+". CChPS does not offer caregiving services, nobody does at this point. Families tend to isolate their "loved" ones and only hospital have to deal with it all. There will be a workshop on integrated

care systems in the conference, I hope this topic will be discussed and something might come out of it. One more answer: yes, AIDS is a disease of the poor and if it is not I don't give a shit about the rich ones anyway, AIDS is all over Santiago but you will not see it, it well hidden. HIV/AIDS is mainly a problem of gay men in Santiago, a problem for bisexuals or what I have decided to call "heterosexuals with slip-up" [a translation from a phrase that attracted my attention in an interview, I think this could be one of the most useful cultural concepts in AIDS prevention education in Chile if they decided to stop adopting North American models of education, jerks!!] it is also a problem for the wives of those "heterosexuals with slip-up". I think the main problem is the lack and failure to report many of the cases. Once more I suspect that queers have put themselves at the mercy of the father-state and this is why their cases are reported more thoroughly and accurately, therefore the last epidemiological report shows lots of gay men and not many heterosexuals affected by the whole thing. I truly appreciate your advice about "adopting some distance" between my work and CChPS but I'm at the centre all of a sudden and it is hard to detach myself from so many commitments. The story of my life. Thanks for checking on the parcels. I still have hopes about seeing them arrive [Letter - 911106]

Friday night Jorge and I went to the premiere (sounds a touch too big a word for this but . . . ) of a mise en scene by the theatre workshop of the CChPS. It is called "500 Años y Otras Cosas" and it is about the big topic of these times: the 500 anniversary of the invasion of the Americas. The play was on in a very small venue [the size of a high school classroom] called "El Escondite" [The hideout] in the bohemian section of town. The audience was way too familiar for me to make the whole thing an event or an "experience" for me. I mean the audience is half the fun, isn't it? These were the same people I see everyday, or at least every Saturday at CChPS. This is a bad sign, this is like a small club, I know AIDS Vancouver benefits are sort of like this as well but a bit larger, Santiago is much larger than Vancouver, minorities like ours are larger, therefore this little group of people gravitating around AIDS work should be larger. I don't get it, this is indicative of something wrong in the "constituency" collective mind (maybe a his/herstory of two generations repressed by a dictatorship, maybe a herstory of 500 years of Spanish feudal colonization in which, as T. wisely pointed out last night, the relationships were established on the basis of class power, what Garcia Canclini, a sociologist, calls "el favor" [to do a favour that "buys you off"]. The

CChPS constituency, "lower" classes gay men are repressed and fearful. Tim also pointed out that the only way they come is when a party is organized at CChPS. Now this is a big deal in a city where you have to bribe heavily or have good, very strong connections with the upper police echelons to survive the night without a "razzia" [being raided]. The play itself was a good combination of Greek choir and contemporary dance. . . . Later we all walked to the infamous Prosit, a semi-gay hangout in Plaza Baquedano, a landmark that is seen as the boundary between Santiago's uptown (and upper class) and downtown. It was fun to be part of this group of 20 queers promenading, swaying hips, talking loudly, throwing hands in the air up the street. We were shouted everything imaginable in the dictionary, needless to say. I didn't feel in a very upbeat mood, but I enjoyed the round of laughs, Schops [local draft beer mugs] and jokes ["reading" and "shading" style]. They organized a party later but Jorge and I decided to go and check out the Spandex, well known parties (NY style, anything goes with Chilean parameters, I'm sure). I felt a bit worried about not going to the party after the play but I also thought that I have to keep a healthy distance from all those people. I know that these environments are pretty incestuous in many ways and I'd rather not deal with intense personal relationships. I think I have made myself a silent reputation among the "natives" (Let's go native!!, Let's go ethnic!! You went ethnic and see what happened to you!!) I could tell by the way they ask me things about CChPS and my opinions on some issues. It is not a big imbalance in terms of power, but I think they believe me because just as T. does I make sense most of the time. In any case this bit about reputation is important, but it is also very relative and I will not know about my reputation, my new "friends" and acquaintances until later, maybe even later than my departure from Chile. Ethnography, just as life itself, never stops. An ethnography is like a city, and mapping out city life, it never ceases, it is immortal, this is the beauty about my job [Letter - 911117]

Well, as you can see it is difficult to follow one's own train of thoughts in this house. In general in this city. It was a crazy week. I "graduated" in my course for leaders at the CChPS (with diploma and everything), worked with "pobladoras" in "Comuna El Bosque" (where P. and I used to teach, lots of memories there), worked with folklore cantores, etc. Going to the CChPS is addictive, like a drug. It seems almost strange to end a day without checking in at the old house in Porvenir 464. I guess this is because for the first time since I started this morbid

business of AIDS I really feel I'm doing something that is not merely ritualistic. Some other days I feel differently, my usual schizoid personality swings, I feel that I could never get used to do this community work for a long time. All the educators around me have so much stamina and at the same time they are sort of resigned to their situation. I am ambitious, you know this. The work in poblaciones, in the NGO itself is slow and painful, it drags along, it eats the best of us. I think that this experience has made me change a lot but I still like the academic life and its middle class, sheltering, comfortable place in the world. What can I do, ¡¡las bonitas nacimos para vivir bien!! [Letter -911203]

These days I have begun my process of detachment, one of the most difficult aspects has been that of validating and dignifying my Chilean experience before my very own eyes. It's hard, frustration and anger abound. I don't want to hear [corny statements] from people that I have done a little something toward a little goal. I want to hear my own voice deep inside be proud, but now I hear only a painful and dissonant choir. I want to make peace with this city, but my hatred sometimes tints everything with heat, noise, and stressed people. I don't belong here, this is not my home. But, this is all that I have, all that was ever mine. Intellectually and socially I'm not satisfied, but I'm not satisfied ever, not in Vancouver, Montreal or New York [Letter - January 23, 1992].



## APPENDIX B

### **Socio-cultural elements: their role in HIV/AIDS transmission, and the organizing and mobilizing for HIV/AIDS prevention education in Chile**

Latin American countries do not present a single, uniform, and static "reality"<sup>1</sup>. The Americas (North, Central and South) present a distinctive situation in which multiple social, cultural, political and technological levels overlap and co-exist creating a distinctive *ethos*; a way of inhabiting the world (Sonia Montecino 1991). Educators and researchers are often misled by similarities and comparisons between North And South; consequently monies and efforts are allocated to carry on projects in Latin America that "imitate" or replicate North American models. It is essential to keep in mind at all times that socio-cultural elements play a significant role in HIV transmission as well as in organizing and mobilizing human resources around HIV/AIDS prevention education programmes. Let us examine the contrasts and differences that need to be recognized to ensure the cultural relevance and sensitivity of HIV/AIDS prevention education programmes.

### **Mestizaje and social class**

Nowadays Latin American countries are the result of the sedimentation, juxtaposition, and crossing of indigenous (native?) traditions (particularly in the Mesoamerican and Andean regions) of the Hispanic Catholic colonialism and of the modern political , educative, and communicative actions. In spite of the attempts to give to the elitist culture [of this region] a modern profile by restricting whatever is indigenous and colonial to the "popular" sectors [oppressed and poor people] a mestizaje across the [social] classes has generated hybrid formations in all social strata (Canclini 1990:71).

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<sup>1</sup> "Baroque" [Barroco Latino] is the word used across various social sciences to denominate the cluttered and conflictive realities that co-exist in modern Latin America.

*Mestizos* was the name given to the children of Native women by Spanish men at the time of the conquest. Today *mestizaje* means a hybridization of races and blood. This is not only a biological process which began 500 years ago: it is a cultural process that has shaped Latin American identities and ethos. Thus, "to think of Latin America as a *mestiza*, baroque and ritual culture is to think about it as a particular [situation] where bloods and symbols were amalgamated, where a history of complex combinations makes it difficult to define a single face" (Montecino 1991: 39). *Mestizaje* entails an ongoing political process. The *mestizo* identity places an individual at the heart of a perennial conflict between what is "mixed" (First Nation, European, African, Asian) and what is "pure" (European from the "mother land," Spain). The *mestizo* identity gives the individual an alter ego: the "pure" individual. Latin American societies have been shaped by this cultural and political struggle. Lumdsen (1991) recognizes two parallel historical tensions that overlap, first between what is perceived as indigenous and hybrid and what is perceived as pure and European (with strong Judeo-Christian connotations); and second between what is romanticized as "nacional" (*Si es Chileno es bueno*/If it is Chilean is Good) and what is *extranjero*/foreign, in particular North American. In Chile these tensions can be recognized in the circulation of conflicting cultural themes: it is a common belief, for example, that North American lifestyle is generally desirable, that is a homogeneous society where people are white and speak English as their first language; the quintessential "American dream". However, AIDS is recognized immediately as an "American" disease and a product of poor "American" moral standards, sexual revolution, and decadence. The image of *el gringo* embodies both what is loathed and what is desired.

*Mestizo* is a term whose connotations shift when explained from different vantage points. Upper class citizens who have social, political and economic interests invested in their heritage from European immigrants quickly deny this hybridization or underplay it. People from the popular sectors, in particular educators committed to fight the Latin American denial of racism - comparable in intensity only to the great North American denial of social classes - usually utilize *mestizaje* as a strategic political term.

*Mestizaje* is perceived as a stigma, a disadvantage, a problem "one has to live with," in brief, as a trait of the lower classes that "naturally" determines their lack of satisfaction, political malleability, dependency, "low culture" lifestyle, and "relaxed" moral views. "Naturally," these characteristics make them prone to moral and physical contamination. This culturally stigmatized position is somewhat similar to those of IV drug users, sexual traders, and ethnic minorities in North America. In Chilean society one of the groups most affected by the tensions produced between *mestizaje* and social class is that of "popular youth." The clientele of organizations such as CChPS is mainly formed by individuals who can be included in this category.

### **Popular youth**

The collectively held perception that the lower classes are inevitably drawn to substance abuse, idleness, unrestrained sexuality and violence places them at higher risk for HIV/AIDS. Chile, unlike other Latin American countries, has shown a contained population growth, but much like its neighbours it has experienced an erosion of its rural life, a human and

bureaucratic centralization in large urban centres, and an uncontrolled expansion of its services sector, both in the informal and formal versions (Skidmore et al. 1985). These processes have stimulated the growth of a large impoverished sector of the population that is predominantly young. Popular youth is a concept that entails factors that are not only biological, but also psychological, such as the tension between inconsistent societal demands upon the young individual to be child-like (e.g. students, live at home) and to be adult-like (e.g. sexually active, sociable, responsible, mature). Socio-economic factors translate into lack of educational resources, forceful initiation in the strained job market, symbolic and cultural pressures to fit into a certain class and to behave accordingly (Agurto et al. 1984).

The youngsters from high and middle sectors share a set of symbols that are linked to the juvenile consumption. [These practices of consumption] unify [youngsters'] experiences and that allow them to recognize each other as members of a specific group. Popular youth however, uses 'borrowed symbols' from other [socio-cultural] sectors that only partially meet their needs and their particular conditions of development. When this utilization reaches an extreme point youngsters themselves question [these symbols] and bring them closer to their reality (Agurto 1984: 2 - my translation).

The complex cultural position occupied by popular youth makes them a target of "assistential"<sup>2</sup> educational approaches such as the ones endorsed by the Catholic church in Moral, Juventud y Sociedad Permisiva (Oviedo 1991). Popular youth is perceived as a volatile group that is reluctant to avail themselves of the protectionism and surveillance of state apparatuses such as schools, clinics, religious groups, community groups and labour centres; in sum, a group in transition (read transient) and in dire need to be conducted (read disciplined) from the outside as if their lives had no direction (Agurto 1984). This cultural position at the crux of stigmatization, unemployment, lack

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<sup>2</sup> See Paulo Freire's concept in Education for Critical Consciousness.

of social mobility, poverty, and inconsistent societal demands constitutes an important variable that needs to remain in focus to understand popular youth's level of risk at HIV transmission and subsequent level of participation in popular education efforts both as beneficiaries and as volunteers.

It is common that, in the popular environment, youth ends before the biological maturity or the legal sanction due to the early insertion in the [usually informal] job market or due to 'emparejamiento' [coupling]. Nonetheless, it is also frequent that [young people] keep on living in their parents' house . . . a different situation is likely to be found nowadays: the prolongation of youth due to unemployment . . . that is to say, [an individual] despite having completed the regular processes of the youth period cannot achieve the autonomy obtained through a defined social insertion (de la Maza 1984: 11 - my translation).

Those involved in AIDS work face the difficult task of striking a balance between tensions brought about by cultural (and implicitly epidemiological) labelling of popular youth as a "high risk" group and the HIV/AIDS educational premise that all individuals regardless of their age, gender and social class are at risk. It is a case of double bind between accepting that certain groups in Chilean society (and by extension in Latin American society) are high risk groups because of their disadvantaged position and refusing public stigmatization and discrimination by forceful defense of the posture that states that (regarding HIV transmission) it does not matter what one does, with whom, where or when, but how one does it. This tension is felt strongly at the heart of CChPS.

### **Catholic heritage**

Strongly evidenced in the *Culto Mariano* o *Marianismo* /cult of the virgin Mary, the Catholic presence and influence is key to understanding Chileans' views on sexuality, same-sex sexuality, emotional, and familial relationships:

The symbol of the Virgin Mary can be 'thought of' as various viewpoints, some liberating and some oppressing. Some analyses are based on theology, politics, social sciences or feminism. Our argument is closer to the notion that Marianismo is a universal cultural symbol which acquires particular characteristics in the Latin American mestizo ethos. The profile of Marianismo in this territory is syncretic [it melts various cultural and religious traditions into one]. [Marianismo] is an emblem which has been transmitted historically and is current and significant (Montecino 1991: 28).

*Marianismo* explains specific Latin American and Chilean cultural themes such as *machismo* ; the absent father; the dualism "virgin/whore"; the dualism "caring mother/playful son"; and many others that are directly associated with gender roles, sex roles, and cultural "games" of sexuality. Catholic related themes such as *Marianismo* have multiple implications for HIV/AIDS prevention education. The existence of double standards and collectively held myths about men and women make most efforts extremely difficult. For example, women are loosely categorized either as "easy" or "decent" (virgin/whore) depending on the relationship they have to male individuals. A brother would never allow anyone to doubt the chastity of his sister, even knowing that she engages in sexual activity with her fiance. On the other hand men are granted many privileges, for example a mother is not likely to openly discuss her son's bisexuality (caring mother/playful son) and his *caidas/falls* or slip-ups are likely to be explained as "blind spots" produced by male's "stronger" sexual drive.

Ambivalent attitudes with respect to sexuality in Latin American can be attributed to widespread "cultural and internalized homophobia", a culturally based fear of same sex sexuality and emotionality, but this has proven to be a simplistic reduction. At the surface level the response to sexuality and its "dangers" such as STD infections and HIV transmission is that of disapproving silence, condemning judgements or strong denial. At deeper levels Chilean society maintains traditional ways of dealing with sexuality that show great

flexibility and compassion. An example of how ambivalent attitudes form invisible obstacles for AIDS educators is provided by detractors of the straightforward approach offered by CChPS through posters, condom demonstrations and brochures. It is claimed that this approach to education is "confrontational" and could place its receivers at greater risk, say, a middle class husband would be in trouble if a safe sex brochure about bisexual practices were to be found in his jacket by his wife even if there is a tacit acceptance of his "fooling around". CChPS brochures are said to promote a gay identity that is "colonized" by North American standards and values that are at odds with the complex identity of a married man who has sex with men, but considers himself a *macho*. The first response from an earnest AIDS educator could be that of calling this attitude a "denial," "lack of self esteem," or in Chilean gay jargon *un trancado*/the one who is locked in. An understanding of the ambivalent nature of these judgements and the ambivalent attitudes towards same sex sexuality might not place the educator in a non-judgmental and objective area but it might allow her/him to accept a complex reality that has not been named/spoken.

It is significant that Catholic church has displayed parallel approaches both as emancipatory and progressive enterprise<sup>3</sup> mostly organized as grass-roots movements such as popular education projects or community

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<sup>3</sup> The emancipatory strand: Liberation Theology may be said to have begun with the process of modernity at the beginning of the Twentieth century and to have been strengthened during the installation of various modern dictatorial regimes since the 60s (Castillo 1991). HIV/AIDS prevention education approaches reflect these positions. In Grupos Pastorales (groups of women, men and youngsters formed around a small parish in a barrio), Colectivos de Salud (health Collectives) and other grass roots groups the presence of nuns and priests is not active, but they seem to endorse activities that create awareness about condom usage, pregnancy avoidance, STDs avoidance, alcoholism and drug addiction prevention. Again the attitude seems to be that of "doing without saying". Their understated line seems to be that as religious personnel they might not be in the position of condoning the promotion of safe sex, but they would not promote the spread of HIV/AIDS.

organizations and it is also the conservative and rigid guardian of "traditions, family and property" entrenched in the upper echelons of the institution.

### **Authoritarian Tradition and Dependency versus Modernization<sup>4</sup>**

Virginia Santiago, coordinator of the information programme for AIDS in the Americas in the PANOS Institute, states that "it is true that the region has seen a democratization process, but there is still a lot to do in order to better the situation of human rights, resolve civilian conflicts, eradicate social injustice and incorporate more civilian agency into government business [of these countries]. All these issues determine the specificity of the problem of AIDS in this region, therefore it should be analyzed within such context." (in SIDAmerica 1991:2). Certainly this is true of the Chilean reality, there is an authoritarian tradition, even a "feudal" one. The basis of its rigid class system is the Latifundio<sup>5</sup> [grand landowners] and one of the traditional social relationships is *el favor*/to do someone a favour. This can be compared to the North American tradition, commerce, and its social relationship, the exchange. *El favor* differs from the exchange in that there is a greater imbalance in the relation of power between two individuals. *El favor* determines a certain degree of influence and authoritarianism that lies at the heart of social relationships in modern Chile; "the European modernization was based in the autonomy of the

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<sup>4</sup> For a discussion of this topic that partially informs my views here see "People [pueblo] versus authoritarians: grass roots organizations and Chile's transition to democracy" by Joseph R. Thome in Mas Alla del Derecho/Beyond Law: Stories of law and social change from Latin America and around the world. Issue #2: Decentralization and Democracy. Colombia: Instituto Latinoamericano de Servicios Legales Alternativos (ILSA), July 1991.

<sup>5</sup> Structural economic changes have rendered this obsolete as an objective reality, although the psychosocial categories and themes that are mentioned still remain.



individual, the universality of the law, the disinterested culture, the objective remuneration and its work ethics. The practice of *el favor* [in modern Latin America] allows for the dependence of the individual, the exception to the rules, the interested culture [elitist?], and the remuneration to personal services” (Canclini 1990:74).

*El favor* shapes the character of HIV/AIDS prevention education. It is a cultural tradition that has laid the foundations for social relationships of dependency at the interpersonal level between individuals and at the collective level between individuals and government institutions. In Chile there is a strong tradition of relying on government services and organizations to provide health care, education and legal services. The state is both loathed for its authoritarian policies and revered as the source of individuals (social workers, teachers, judges, nurses, doctors) that can alleviate almost every malady. One’s social class largely determines at which end of *el favor* one is placed. The state has traditionally been at the patriarchal side of this interrelation, although within the current neo-liberal economic strategies “the state is not responsible for the social welfare anymore, it should only look after the proper functioning of the markets without intervening in them” (Schkolnik & Teitelboim 1988: 20). AIDS service organizations such as CChPS have been created to palliate the surging AIDS crisis that the government was ignoring. Since the mid-nineteen seventies NGOs have taken over substantial areas of health care and prevention education that had been the province of the government. The government has changed its policies but has kept its paternalistic rhetoric intact with only token assistential efforts (Schkolnik & Teitelboim 1988). CChPS plays an educational role similar to that of many organizations in Canada and United States with fewer resources and in a context in which dependency

between the individual and the state is much stronger. In the Chilean mind CChPS (and other ASOs) are seen as patriarchal organizations with a vertical hierarchy because they have occupied the role left vacant by the state at the giving end of *el favor*.

### **Sexuality, Stigma and Mass media**

Chilean mass media, in particular television, has had a role similar to that of North American and British media. It reflects and re-thematizes collective fears and cultural narratives long existing in the Chilean cultural matrices. Similar to the North American experience, AIDS has been construed as a “gay disease,” a “gringo disease,” or as “God’s punishment”. It is important to look at the pervasiveness of these themes in local news reporting, not necessarily AIDS related.

“Se les tiro al dulce a dos compinches durante la farra - A BASTONAZOS ASESINAN A  
“LOCA”

[he] “Made a pass” at two champs during the party. “FAG” IS KILLED WITH A WALKING  
STICK (La Cuarta: The Popular Daily - Tuesday, November 12, 1991: 3)

La “Robin Hood” dio el bajo a dos machos - Lesbiana robaba y asesinaba para mantener a  
sus “amigas”.

[She] The “Robin Hood” put two machos down - Lesbian Killed and Robbed to Support her  
“Women Friends” ( La Cuarta: The Popular Daily - Thursday, November 14, 1991: 3)

Both are crude reflections of institutionalized homophobia in its worst form. Sophisticated examples are frequently found in unexpected places, the following excerpt shows some of the statements included in a widely distributed

poster developed by the Ministry of Health as educational material for its 1991 campaign.

SIDA: USTED TIENE QUE SABERLO - ASI DA SIDA - (1) Mientras mas parejas sexuales tenga una persona, mas posibilidades tiene de contraer SIDA, (2) Por tener relaciones sexuales con una persona infectada, sea hombre o mujer, (3) Por las relaciones sexuales entre hombres.

AIDS: YOU HAVE TO KNOW IT - AIDS IS 'GIVEN' LIKE THIS - (1) The more sexual partners one person has the more possibilities [she/he] has of contracting AIDS, (2) Through sexual relations with an infected person, whether is man or a woman, (3) Through sexual relations between men. (CONASIDA)<sup>6</sup>

The cultural connections between same-sex sexuality, unrestrained sex, “public” exposure (indecent, lack of decor, prostitution) and concepts such as evil, perversion and sickness (read AIDS) are deeply rooted in the collective mind. Words such as illness, contamination, degradation, homosexuality, bisexuality, lesbianism, and “invertido” form a cluster, a constellation of concepts that acts like a cloud that occludes most educational possibilities. A look at mass mediated cultural themes around sexuality helps us understand that language is a powerful and pervasive tool that not only describes the individuals, but also shapes their individuality. In Chile “one is guilty until one’s innocence is proved” and this Napoleonic judicial sanction condemns HIV/AIDS and those “infected” by it.

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<sup>6</sup> There is a high number of misconceptions in this excerpt, indeed in the entire advertisement: (1) The number of sexual partners is irrelevant. HIV requires one single point of unprotected sexual contact between two persons to be transmitted, (2) This message eases the minds of those individuals (in particular Chilean heterosexual women) who do not have multiple sexual partners, and it might be construed as a “certificate of trust” from their spouses or sexual partners, (3) HIV (not AIDS) is not infectious or contagious, it is transmissible, (4) HIV (not AIDS) is transmitted through specific sexual activities and not between specific partners, and (5) sex does not necessarily mean penetration or exchange of bodily fluids therefore not all sexual activity facilitates HIV transmission.

## **Machismo and Aim Oriented Sexuality**

The elements described above come together along the axis of sexuality to configure a culturally specific situation where HIV/AIDS prevention education programmes should be developed. Class, age, gender, sexual orientation, and ethnicity configures specific forms of sexuality that permeate the Latin American ethos. The North American stereotype of the oversexed black male is also held for the *mestizo* in Latin America and it is translated mainly as “Don Juan” (or a “pícaro”), a *macho* figure with homo-erotic connotations. Male sexuality is perceived both as a form of domination over submissive women and over - lesser - men/*poco hombres*. The *macho* is a troubled identity, it is connected to the absent presence of the father of the Mestizo (the Spaniard who plunders and retreats), it is eternally dependent on the mother (which makes him struggle with effeminacy), and in constant competition and “showing off” before his peers. Lumdsen (1991) writes: “Young males grow up in fear and emulation of their absent fathers, tied to their desexualized mothers and dependent upon them for their every need” and this situation can be applied to Chilean reality. In this context women are obliged to consolidate a more secure identity early in life that accommodates for the volubility of their counterparts. Although *machismo* does not fully explain the unspoken bisexuality of many Latin American males it explains one important characteristic: its focus on “sexual aim” - “the act one wants to perform” - as opposed to “sexual object-choice” - “the biological sex of the person toward whom sexual activity is directed” - (Almaguer 1991). The distinction is crucial for the development of culturally relevant HIV/AIDS prevention education programmes. *Machos* are a “hard to reach” population because within its troubled identity they do not see themselves at risk of contracting the same virus

that attacks weak *maricones/fags*. Women are left out of this sexual tension. Male homosexuals who until recently called each other *entendidos*/the one who is into the secret and *locas*/crazy females as signs of secrecy and weakness are now calling themselves "gays" which marks a departure from their resigned position as marginals, but also marks a dangerous imitation of a partially understood North American figure established during the nineteen seventies. The danger mainly resides in the misleading attitude that only *pasivos*/passive sexual partners are prone to acquire HIV from sheltered *activos*/active sexual partner. *Pasivos* become the female role and *activos* remain *machos* regardless of the danger.

The distinction between aim oriented and object-choice oriented sexuality plays a role in defining homophobia. In a North American context homophobia means fear of same gender sexuality and emotionality, in a Latin American context it needs to be re-conceptualized as a fear of being seen as weak and passive. Again the fear is directed towards an aim be it a woman or a man (Lumdsen 1991).

## Appendix C

### Interview Schedule I

**Please let me know, at any time, if you have any questions or comments about these topics, the interview, or my questions to you. Feel free to begin with any of the topics listed or to add new ones.**

- |   |   |
|---|---|
| 1. Personal history                       | 31. The presence of HIV in our lives              |
| 2. Past/Present/Future                    | 32. Safe sex                                      |
| 3. Personality/Character                  | 33. Unsafe sex                                    |
| 4. Body/Appearance                        | 34. Responsibility                                |
| 5. The possible readers of this interview | 35. Morals/Ethics                                 |
|   | 36. Morality                                      |
| 6. Our conversation                       | 37. Dying   |
| 7. Uncomfortable questions                | 38. Living with AIDS                              |
| 8. Fears                                  | 39. Living with HIV                               |
| 9. Comfortable questions                  | 40. Grief   |
| 10. Needs                                 | 41. Anger   |
| 11. Sexuality                             | 42. Sexuality and living with AIDS                |
| 12. Eroticism                             | 43. Sexuality and living with HIV                 |
| 13. Getting horny                         | 44. Sex and living with AIDS                      |
| 14. Having sex                            | 45. Sex and living with HIV                       |
| 15. Fucking                               |   |
| 16. Hang-ups                              | 46. Relationships                                 |
| 17. Pleasure                              | 47. Lovers  |
| 18. Desire                                | 48. Partners                                      |
| 19. Lust/Turn-ons/Turn-offs               | 49. Fuck-buddies                                  |
| 20. Sex and language                      | 50. Friendships                                   |
| 21. AIDS                                  | 51. Sexual friendships                            |
| 22. HIV                                   | 52. Relationships with straight men               |
| 23. To be positive                        | 53. Relationships with straight women             |
| 24. Getting "the virus"                   | 54. Relationships with lesbians                   |
| 25. To be negative                        | 55. Relationships with different kinds of gay men |
| 26. The risks of transmission             |   |
| 27. The distinction                       | 56. Media and AIDS                                |
| 28. Sexuality and HIV                     | 57. Advertising and AIDS                          |
| 29. Sex and HIV                           | 58. Community organizations and AIDS              |
| 30. The presence of AIDS in our lives     | 59. Education and AIDS                            |

**Appendix D**  
**Interview Schedule II (Spanish)**

Por favor dejeme saber en cualquier momento si tiene alguna pregunta o comentario acerca de estos temas, de la entrevista o de mis preguntas hacia Ud. Comienze con cualquiera de los temas de la lista o añada otros nuevos.

- |     |  |     |   |
|-----|--|-----|---|
| 1.  | Historia personal                                  | 22. | La presencia del SIDA en nuestras vidas   |
| 2.  | El "asumirse"                                      | 23. | La presencia del VIH en nuestras vidas    |
| 3.  | Personalidad/Caracter                              | 24. | Sexo mas seguro                           |
| 4.  | Cuerpo/Apariencia/ Ropa                            | 25. | Sexo no seguro                            |
| 5.  | Preguntas incòmodas                                | 26. | Responsabilidad                           |
| 6.  | Temores  | 27. | Moral/Etica/ Moralidad                    |
| 7.  | Preguntas còmodas                                  | 28. | La muerte                                 |
| 8.  | La Sexualidad/ Lo eròtico/ El "calentarse"         | 29. | Sufrimiento/ Rabia/Frustraciòn            |
| 9.  | El "cahuin", el "hueveo", el "flirteo," el "puteo" | 30. | Los que "viven con el VIH/SIDA"           |
| 10. | Trancas/Traumias                                   | 31. | El sexo y los "portadores" del VIH        |
| 11. | El deseo/ El placer                                | 32. | "Promiscuidad" y el VIH.                  |
| 12. | Excitarse/Vibrar                                   | 33. | Tener "pareja" en estos tiempos           |
| 13. | Los activos/ Los pasivos                           | 34. | Los amigos y el VIH/SIDA                  |
| 14. | Sexo y lenguaje                                    | 35. | La gente y el VIH/SIDA                    |
| 15. | SIDA/VIH   | 36. | Las clases sociales y el VIH/SIDA         |
| 16. | Ser positivo/estar "infectado"                     | 37. | El sexo y las clases sociales             |
| 17. | "Agarrarse el virus"/ "Infectarse"                 | 38. | Rotos/ Regios                             |
| 18. | Ser negativo                                       | 39. | El "mujerearse"/ El "conchazo"            |
| 19. | Los riesgos de transmisiòn                         | 40. | Locas/ Amanerados/ Hombres/ Machos        |
| 20. | La distinciòn entre VIH+ y VIH-                    | 41. | Las discos/ Los lugares de ambiente       |
| 21. | El examen "del SIDA"                               | 42. | Los medios de comunicaciòn y el SIDA      |
|     |  | 43. | La publicidad y el SIDA                   |
|     |  | 44. | Las organizaciones comunitarias y el SIDA |
|     |  | 45. | La educaciòn, la prevenciòn y el SIDA     |

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