

Desires as Defiance:

Gay Male Sexual Subjectivities and Resistance to Sexual Health Promotion

By Eric Rofes

My sexual desires are usually linked to transgression. While some people organize their erotic impulses around a safe and cozy domesticity, I move towards what's forbidden and dangerous. I am drawn to not by what's clean and tidy, but by what's dirty and messy. I'm enticed by what's risky, vanished, or exiled, not by what's safe and socially celebrated. For me, sexual fantasy and activity are closely linked to the taboo, as if my carnal yearnings are a linked to flouting conventions, challenging social expectations, and defying cultural norms.

I don't think I'm unusual. When I look at cultural products marketed to stimulate desire—items ranging from romance novels and daytime soap operas to magazines such as *Playboy* or *Hustler*—I notice the focus on transgressing boundaries and resisting social norms. Whether it's the soap operas featuring married men engaging in secret affairs with their secretaries or the pin-up girl wearing spiked heels and holding a whip, these texts suggest that simple domesticity and narrow cultural conformity don't carry a huge erotic charge. What's sexy doesn't seem to be purity, but the desecration of purity. Unless boundaries get violated—unless we move from the mainstream to the margin or over the edge—our culture can't get off.

At the same time, I do not believe everyone organizes his or her sex in this way. While I might seek out partners from populations who violate the social expectations placed

upon people of my social location (I seek men, rather than women; I seek working-class men rather than middle-class men), or engage in sexual activities considered taboo (promiscuity or sadomasochism, for example), many people clearly find pleasure and sexual fulfillment with partners and activities that do not transgress status quo social expectations. When I recently heard a colleague who also shares the connection between desire and transgression suggest that long-term married couples that enjoy a lively sex life actually do so only by fantasizing about other partners during coitus or finding another way to bring the taboo into their erotic activities, I disagreed. Extrapolating from our own organization of desire to the entire population seems both arrogant and without evidence.

Sexual Subjectivity and Resistance to Social Norms

Cultural messages and social institutions encouraged me from a young age to organize my sexual desires around “love,” a vague and under-examined term that held out the promise of “one true love” in exchange for immersing myself in the culture of romance. I saw movies, read books, listened to rock music, and enjoyed TV situation comedies that directed me into managing my emotions and desires narrowly: I was encouraged to “fall in love” with a woman of my same race and class, marry, and procreate. Feminist and cultural studies scholars have documented the powerful ways in which social and cultural forces have conspired to create a patriarchal culture of romance (Seidman, 1991; Seidman, 1992); Holland & Eisenhart, 1990), enforce heterosexuality (Rich, 1979), and regulate sexual desires and practices (Rubin, 1984).

If one does not believe the landscape of one’s sexuality is genetically or biologically determined (including one’s sexual orientation, partner choice, erotic preferences, and fetishes) or that sexuality narrowly emerges out of individualized psychological and familial dynamics (Whisman, 1995; Archer, 1999; Scarce, 1999; Terry, 1999; Fausto-Sterling, 2000), what alternative explanations are available? If one looks critically at naturalized

understandings of sexuality, such as “I’m gay because I was born that way,” or “Growing up with an absent father made me homosexual,” is the only alternative to argue that social and cultural forces determined the directions of one’s sexual interests? Can we carve out an understanding of the genesis of our desires, practices, and identities that involves an element of choice? Does sexual subjectivity allow for agency?

Despite this powerful drive to steer the masses like sheep in specific directions, resistance emerges alongside compliance. When the engines of the culture universally aim to imprint bodies and desires with the mark of heterosexuality, some fraction of the population moves towards homosexuality; when the masses are powerfully encouraged to distinguish between the sexes and organize desire in monosexual ways, some portion of the populace will resist and move towards bisexuality and defiance of rigid gender norms. If vaginal intercourse between a married male/female couple in so-called missionary position is culturally privileged (Rubin, 1984), is it any surprise that many people are instead powerfully drawn to oral sex, anal sex, and sex outside of matrimonial vows?

Hence lesbians, gay men, bisexuals, and transgenders are produced by the culture itself as rebellious by-products of a drive to sexual and gender conformity. Likewise, we find people whose extra-marital affairs bring with them a special charge because they are culturally forbidden. We can identify middle-age men pursuing women half their age and people who fetishize race, ethnicity, or socioeconomic class. For many, the forbidden becomes desired; taboo produces cravings; the return of the repressed is made corporeal and can be witnessed as an enormous hunger.

Would the individuals within these specific populations—lesbians, married people engaged in extra-marital affairs, people involved in inter-generational relationships--identify themselves as “cultural resisters” if asked? Would they claim identities as “sexual renegades”? Would they acknowledge ownership and pride in their outlaw desires?

Probably not, particularly during a cultural moment in which increasingly diverse practices and ways of being have been naturalized, biologized, or geneticized (Scarce, 1999).

More likely they'd default to a simple explanation: "I was born this way." Whether discussing sexual orientation, preferences for specific sex acts, powerful erotic fantasies, or the ways our sex is organized, we're encouraged to respond as if desires are hard-wired into our bodies.

Hence individuals whose sexualities are organized around transgression, face a stark explanatory choice: they alternately can choose biology and maintain that they were genetically driven to be gay (or enjoy sex with multiple partners, or prefer kinky sex), or opt for a social and psychological explanation and insist that they were raised in a setting that produced them as gay. Few seem willing to consider their own volition in the production of desires, fantasies, and practices.

Does something or someone else organize my sexual subjectivity or do I have a portion of agency that actively allows me to proceed in certain directions and not others? Does my "choice" to be a gay man fall along the same axis as my "choice" for kinky sex? Am I simply someone who opts for the outlaw category in all erotic areas? Or was I born defiant and can excuse my kinks and twists as "not my fault"? These questions considered through the work of the late French sociologist Pierre Bourdieu, might emerge as: does my identity as a gay man emerge from a pre-existing outlaw habitus? Or does my identity as a sexual outlaw emerge from a pre-existing gay habitus? (Bourdieu, 1982)

Health Promotion and Childhood Defiance

How does a subculture's relationship to the taboo affect that group's relationship to health and safety? What would it mean if some men came to define themselves as gay men, not because of a specific gene, but because on some level—perhaps, again drawing on Bourdieu, a level different from that of conscious and rational choice (Bourdieu, 1987)-- these men organized their gender and sexual identities as acts of resistance to the status quo? What would it mean for some young men to move towards directing desire towards

other males as a strategy of circumventing the institutions of heterosexuality, patriarchal masculinities, or an anti-pleasure culture? How would our work with health promotion be transformed if many gay men—or many people of all genders and sexual identities—constituted their sexual subjectivities in part out of a deep-seated impulse of resistance?

My own odyssey of coming of age in the 1960s and 70s suggests that looking at sexual subjectivities through this lens may produce useful possibilities. Traveling back to when I was five- or six-years old, some might explain my avoiding the rough and tumble of sports and boy-culture, in favor of jumping rope or playing house with the girls as evidence that I was homosexual, or at least gender non-conforming, from an early age. Despite my father's insistence that I play baseball and other adults' overt disapproval of my activities and girlish ways, I risked social approbation and parental punishment to sneak away and play hopscotch. When viewed through superficial contemporary explanations for the genesis of sexuality, this is evidence enough to prove that I was born homosexual.

Such activities, however, could just as easily be seen as indications of a strong-willed and strategic child who willfully violated social norms because of his assessment of the political underpinnings of boy-culture. In my six-year-old fashion, I noted the power dynamics, read the cultural semiotics, and opted out.

Cultural messages that *real* boys played sports and that gentle, gender non-conforming boys were sick or sinful, and that girl-culture was unimportant and without social value, could be considered a form of "health promotion" directed towards my boy self. My father's anguished talks attempting to convince me to be a "real" boy and play basketball with him could be understood as a father-son health intervention. Health promotion was at the core of the second-grade teacher phoning my mother because I was spending my free time baking pretend pies in our classroom's Easy-Bake oven. Most powerfully, health promotion may have been directed at me by the gangs of boys who'd

taunt and bully me, chiding me to walk, gesture, cross my legs, and inflect my words in gender-conforming ways.

Could these activities, messages, and rituals be understood as aimed at promoting my health and safety by coercing me into a traditional gender identity? If I'd only accede to this particular health promotion campaign--rather than stubbornly resist--I wouldn't have that bruise under my eye, the ever-present terror of the bully, and the extra twenty pounds around my waistline.

As I entered adolescence, the age grouping commonly viewed as particularly needy of a range of health promotions, I was met with a series of new interventions. This pivotal and problematic life stage is seen as offering prime opportunities for health promotion activities related to diet, exercise, automobile safety, substance use, and sexual conduct. Thus Boy Scout handbooks provided boys like me with basic first-aid technique but also warned us away from playing with knives, experimenting with matches, or venturing alone into unknown wilderness areas. Health classes in junior high schools forced our eyes to view graphic films filled with the evidence of what happens to teenagers who get behind the wheel of a car inebriated, fall under the influence of the evil weed, or engage in the evils of masturbation.

We came to know precisely how we were expected to rhetorically respond when tested on our knowledge of these health risks or questioned by our parents. Did these campaigns succeed at leading us to chasten our ways or did something more complicated occur? Could these activities have served to introduce us to a range of previously under-considered possibilities marked by risk and danger that our teenage subjectivities experienced in diverse and unpredictable ways? In what ways did adolescent health promotion—and the biases and power dynamics contained within these campaigns—serve merely to brand specific activities and social practices as “cool,” and others as “nerdish”?

When teen health promotion interfaces with teen subjectivities, does a simple, linear equation of HAZARD + WARNING = DETERRANT result? Or could some adolescents

“choose” other options, such as HAZARD + WARNING = ATTRACTION or HAZARD + WARNING = HAZARD x HAZARD? In what ways did my already- perfected best-little-boy-in-the-world persona function simply to disguise my dawning move towards outlaw status? Did my values collude with a maturing sense of personal agency to create a decision-like strategic process resulting in me embracing precisely those activities away from which health promotion was attempting to scare me?

Could my incipient binge drinking in high school be understood not simply as a mindless, uncritical “adolescent rebellion” but as a choice to defy the infantilization of an age-cohort of people who cross-culturally and trans-historically have been granted the privileges and status of adulthood? (Aries, 1965) Was my eventual dabbling in drugs in college triggered by a kind of resistance to the class and age biases included in this health promotion? At precisely the moment I was instructing my body to transgress almost two decades of dictates and fully enact rebellious sexual desires, was I also choosing to resist the dictates of other brands of health promotion?

With this narrative, I am asking the reader to consider that sexual desires, preferences, and practices might be understood as neither driven by inherent biological forces nor as rooted in the narrow familial patterns traditionally called upon in order to distribute responsibility for deviance (weak father / strong mother), nor as fully determined by overwhelming social and cultural forces. Instead I am suggesting that a form of selection might take place outside the realm of rational choice that is best understood as rooted in alternative ideals and counter-hegemonic ethics. Rather than seeing my gender-non-conforming self or my homosexuality as rooted in deficits (e.g., a lack of effective male role models), could they be understood as forms of resistance to the values incorporated in traditional masculinities or the heteronormative sex/gender system? (Connell, 1995; Rubin, 1984)

On a cultural level, a huge amount of what could be understood as “health promotion” takes place to produce a population that sees itself as monosexual, understands

the sexes as “opposites,” and directs erotic impulses to the other sex. This kind of health promotion is woven fully into the apparatus of the culture and finds its way into all cultural products, institutions, and everyday social practices. Throughout my childhood and adolescence they colluded in a powerful attempt to overdetermine me as masculine and heterosexual.

Constructed much like contemporary American anti-smoking campaigns, the illustrations of masculinity in *Sports Illustrated* or my Boy Scout manual powerfully functioned in a manner parallel to today’s anti-smoking magazine advertisements; warnings and threats by my parents served the same purpose as the labeling on cigarette packaging (“hazardous to your health”); the vanishing of the lives of lesbians and gay men from the public sphere functioned as today’s ban on tobacco use in restaurants and bars. Powerful cultural efforts demand all of us avoid tobacco use, yet still some young people “choose” to smoke. With all images of gender non-conformity and homosexuality mocked, derided, or exiled from the public sphere, still I moved towards men. Evidence of no options (biology) or a powerfully resistant sense of entitlement and agency?

What I remember most about the years before my consciousness evolved an adult intellect and ability to rationally reflect are three things—a disdain for a pecking-order social world of competition and power abuse, an appreciation of forms of social organization valuing nurturance and cooperation, and a keen, strategic ability to negotiate through social worlds in which I was situated with subtle defiance and an entitlement to a concordance between my values and my emerging identities.

What would it mean for health promotion if what we name today as “gay men,” were actually a grown-up clan of active resisters to heteronormative and patriarchal values? How might the assumptions behind social marketing campaigns and other forms of health promotion be challenged by this possibility? In what ways might a large strain of resistance within this particular population’s constitution, social relations, and landscapes of desire,

function to undermine, complicate, or throw some surprising convolutions into these efforts?

Is Health Promotion Placing Gay Men at Increased Risk?

I have written extensively about ways in which health promotion focused on safe sex and HIV prevention for gay men may have resulted in the production of precisely the desires and activities that such efforts were intended to diminish (Rofes, 1996; Rofes, 1998). I've wondered whether a dozen years of "use a condom every time" messages didn't serve to move sodomy from margin to center in the gay male sexual imaginary. With a barrage of health promotion messages repeatedly flashing before our eyes through magazine advertisements, billboards in gay enclaves, lapel buttons and t-shirts, banners in gay pride marches, posters at sex venues, and safe-sex packets distributed at health conferences, how did we respond? Did these activities truly fit the Geneva Convention's understanding of health promotion as "the process of enabling people to increase control over, and to improve, their health"? (World Health Organization, 1996) As a gay man with little interest in anal intercourse before the epidemic and a large interest after a decade of prevention efforts, did health promotion elicit an unexpected response from my sexual subjectivity closely linked to defiance?

When safe sex campaigns began in the United States and clarified that risk was most closely associated with anal sex, I felt fortunate: the danger was contained in an act that did not appear on my "top ten list" of sexual activity preferences and one in which I rarely participated as either a "top" or a "bottom." I recall questioning whether HIV prevention efforts should count me as among those they'd "saved" from infection, because the primary route of transmission was not within my sexual repertoire. I could easily wear a button claiming "Good Gay Men Practice Safe Sex 100%" because, to me, this took little effort and exacted no price.

By the late 1980s, American HIV prevention leaders insisted that the gay populace had been educated and had fully transformed its sexual practices. Some AIDS education programs actually shut their doors, considering their work complete. Personal advertisements in gay publications during these years contained no references to unprotected anal sex and typical social banter among gay men included the assumption that everyone was practicing safe sex all the time. Anal sex absent a condom had become a forbidden act that gay men publicly renounced in exchange for an identity as a socially responsible gay man. A previously despised population was extended citizenship in exchange for repudiating the forbidden act. (Keogh, 2001; 14-15)

Not only did safe sex campaigns function to create a hegemonic view of “acceptable” gay male sexual activity, but also these health promotion campaigns may have included elements that functioned as triggers for resistance. Does the inclusion of “safe” in the term “safe sex,” simply serve to take reduce the heat or the charge surrounding the act? Or does a population that has already opted for risk over safety in the way we organize our gender and sexual identities, consider “safe” equivalent to “status quo,” “heteronormative,” or “boring,” and hence move towards the unsafe? Does an appeal to safety and social responsibility as central to these campaign actually spark a counter-response from many gay men, especially in a world where the vast majority of HIV transmissions appear to be occurring through heterosexual vaginal intercourse?

Some HIV-prevention groups appear to understand barebacking, in part, as a militant resistance to the colonization of a community’s sexuality:

In the last few years gay men have gotten serious about the right to fuck without condoms. After all, practically every straight guy in the world gets to do it without being told they are irresponsible, foolish, suicidal, or homicidal. A lot of guys think we should have the same right. *Barebacking is a right...Barebacking is*

liberation...Barebacking is defiance. (San Francisco AIDS Foundation, 2000, December)

Do gay men detect biases against our sexual values and sex cultures in health promotion that harken back to earlier ways in which health promotion during our childhoods and teen years seemed determine to steer us into traditional heteronormative masculinities? Peter Keogh raises important questions about the politics of health promotion that powerfully confront what we may be facing:

...when health-seeking behaviours are to be encouraged, such as avoiding the transmission of HIV through sexual contact, the opposed notions of coercion versus voluntarism come into play. Questions emerge: should choice and individual self-determination be promoted at the expense of larger epidemiological imperatives? How is health and choice to be promoted? When these questions are asked about a group to whom choice and freedom have traditionally been denied and where the disease in question threatens to stigmatise those who contract it, these questions become particularly poignant. (Keogh, 2001; 3)

When “barebacking” emerged on the American scene in the late 1990s, some argued that such a renegade movement should have been expected to emerge as a backlash against fifteen years dominated by a brand of health promotion that they characterized alternately as simplistic, patronizing, disempowering, sexphobic, and homophobic (Elovich; 1999, June; Scarce, 1999, June). As the silence surrounding unprotected anal sex was replaced in a brief period by a still burgeoning discourse within the queer public sphere, did the emerging debates (focused on bareback sex parties where condoms are not permitted, the risk of ever forgoing condom use, the websites extolling the glories of exchanging semen) serve to resolve issues of risk and safety or simply affirm to the masses of gay men

what they already knew: that anal sex and semen exchange are the “hot” act for today’s sexual outlaw?

Is There Much New About the “New” Wave of HIV Prevention?

Over the past two years (2000-2001), a series of HIV-prevention campaigns for gay men have appeared in the United States, Australia, and England in the pages of gay publications and in posters, brochures, and websites. Considered a “new stage” of HIV prevention, these campaigns created much public debate for stepping beyond the “use a condom every time,” efforts of the 1980s and 1990s. These campaigns included Terrence Higgins Trust (THT) and Community HIV and AIDS Prevention Strategy’s (CHAPS) “Facts for Life” and “In Two Minds?” campaigns in England; Gay Men Fight AIDS’ (GMFA) “Enjoy Fucking?” and “Bareback” campaigns, also in England; the AIDS Council of New South Wales’ (ACON) “Give a Fuck” campaign; the San Francisco AIDS Foundation’s (SFAF) “The New Epidemic” four-part advertisement series, and San Francisco’s Stop AIDS Project’s, “HIV Stops With Me,” campaign.

All of these efforts are focused upon high-quality visuals and powerfully explicit texts. Most feature graphics depicting gay men, including several campaigns that utilize photographs of a diverse collection of “regular” gay men. The campaigns seem to share a desire to avoid being explicitly prescriptive or directive and instead model what Peter Keogh (2001) has aptly cited as the “normative” (14):

They illustrate healthy ways of being. The significance of this shift from prescription to normativity cannot be underestimated. Health promotion now constructs gay men as no longer intrinsically risky individuals, but rather sees them as having a capacity to manage risk...As health promotion seeks to regulate by means of incentive rather than censorship, it talks about more than behaviours,

engaging instead in a socially constructed task that goes to the heart of the individual. This might be defined as promoting gay citizenship. (14-15)

A review of these efforts intended, in part, to respond to barebacking and reports of upswings in sexually transmitted infections suggests that HIV education efforts may continue to be operating out of the same problematic assumptions, manipulating gay men's desires and practices in uncertain ways, and producing the precise activities they were created to counter. The shift away from prescription, however welcome, may benefit no one, if the privileged alternative is participation in a cleaned-up, wholesome gay citizenship. For gay men whose sexualities include an element of transgression, this might offer simply a different target against which to rebel.

I maintain three major concerns about these ambitious efforts. First, the campaigns continue HIV-related health promotion's two-decades-long tradition of emphasizing anal sex, sending an implicit message not solely that this is the primary sexual activity bearing risk for transmitting HIV for gay men, but also that this is the preeminent and most desirable act within the sexual repertoire of the gay male populace. ACON's "Give a Fuck" campaign attempts to play off the multiple meanings of the word "fuck," yet simultaneously hammers home through language and explicit graphics that fucking is the ultimate act of gay male sexuality. Likewise, GMFA's "Enjoy Fucking" campaign includes three powerful visuals, all highly stylized images of two men fucking, and the observer's eye is drawn to the words "Enjoy Fucking?" as the uppermost text and with the largest typeface on the advertisement. While the follow-up line, "You Can Reduce the Risk!" is intended to direct the viewer to consider prophylactic measures, the emphasis on "Enjoy Fucking?" seems likely to buttress a cultural norm that one should enjoy this particular act and that one may be less of a man (or less of a gay man) if one does not share a significant interest in anal sex.

Secondly, all of these campaigns are focused on barebacking—anal sex without condoms—yet continue explicitly to be designed as condom campaigns. An activity occurring without a condom is intruded upon repeatedly by condom discourse. All eight of THT and CHAPS’s “Facts for Life” posters closes with the line, “It’s worth remembering that condoms, used properly, stop HIV.” Likewise, ACON’s “Give a Fuck” campaign posters close with the line, “Using a condom and lube is the safest way to have casual anal sex.” GMFA’s “Enjoy Fucking” campaign advertisements end with text stating “Condoms and plenty of water-based lube still provide the safest fuck,” and every one of THT and CHAP’s “In Two Minds?” posters that includes text repeatedly highlights condoms. While the designers of these campaigns may have attempted to shift from the prescriptive “Use a Condom Every Time” message to the less explicitly directive “It’s worth remembering that condoms, used properly, stop HIV,” the intrusion of condoms into the text and the repeated use of a tag-line that seems almost parental (even patronizing) makes these efforts less of a departure than perhaps they believe.

Thirdly, all of these campaigns attempt to offer individual gay men a nuanced trade-off that may be much more complicated than the campaigns’ designers are willing to face. While these campaigns reflect a shift in social norms away from earlier efforts that categorized all acts of anal sex without condoms as unacceptable towards categorizing certain acts of anal sex without condoms as unacceptable (barebacking between two men of different antibody status; barebacking between two lovers who are negative and not in a monogamous relationship), they continue to rely on categorization of sex acts and sexual actors as “good” and “bad.” In Stop AIDS’ “HIV Stops With Me” campaign, we’re offered repeated images of the “good” HIV+ person, which encourages viewers to imagine the counterpart—the “bad” HIV-positive person. GMFA’s clever and graphically original “Bareback” campaign produces three advertisements focused alternately on the gay man who is “negative and so is my boyfriend,” the HIV-positive man who enjoys barebacking but “only with other positive men,” and the HIV-positive man who does not

ever bareback (“It’s not worth the worry”). SFAF’s Barebacking advertisement in their “The New Epidemic” campaign asks “If we’re going to bareback, can we do it without fucking over everything else?” Again, the appeal is to barebackers to be “good gay citizens” and put social responsibility ahead of personal preferences, pleasure, or meaning.

Hence these seven campaigns, considered by many to be part of a progressive new era of health promotion, by failing to consider a resistant impulse within many gay men’s sexual subjectivities, may actually be implicated in perpetuating the very activities they aim to diminish. By continuing to single out anal sex and address it outside of a context of other sexual activities, they may continue to be producing increased desire for this act. By making the slight shift from prescriptive directives about condom use to suggestive directives about condom use, they may generate a rebellious dislike or overt hostility not only to the cumbersome nature of condoms but to the attempt to colonize gay men’s most intimate sexual practices. By continuing to function as arbiters of the morality of specific sex acts and specific gay men, and refusing to move entirely beyond the paradigm of authority and judgment, these campaigns may continue to trigger reactions of resistance rather than compliance. Without questioning the ethics and politics of producing a “goodie” and “baddie” gay man, such campaigns may be experienced by many gay men as simply the latest installment in a lifetime of problematic relationships with health promotion.

Vexing Questions

In an article providing information about “The New Epidemic” campaign, the San Francisco AIDS Foundation newsletter explains, “The purpose of the ads is to capture the attention of our target population and stimulate some new thinking about complex issues.” (San Francisco AIDS Foundation, 2000, December)

If “thinking” and rational-choice decision making are the primary activities that determine the sexual activities of most gay men, information-based intervention that offer new data, new perspectives, and new possibilities might be the best way to reduce unprotected anal sex. If most gay men do not share a significant element of resistance in their response to health promotion, this new wave of prevention efforts might achieve great success. Yet if this resistant element is present in a large portion of the population targeted by these campaigns, the efforts might result in increasing precisely the activities they are attempting to diminish.

Astute critics have raised questions about ways in which traditional health promotion might face special challenges with HIV prevention:

Sexual health promotion can be difficult in many settings in which other health promotion is not. These problems are severely compounded when addressing sex between men due to the social taboo of homosexuality generally and discrimination against gay men in particular. (Hickson, et.al, 2000; 6)

Yet few have examined closely the ways in which gay male sexual subjectivities might feature kernels of resistance that pose formidable challenges to traditional health promotion models. This raises vexing questions with profound implications for our work with gay men: If resistance to health promotion is deeply rooted in the sexual subjectivities of a large portion of gay men—and if this resistance is linked to our production of ourselves as gender non-conforming and sexual outlaws—will any forms of health promotion serve to improve the health and wellness of gay men?

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