RELUCTANT OBJECTS
Sexual Pleasure as a Problem for HIV Biomedical Prevention

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[In] treating pleasure ultimately as nothing other than an event, an event that happens, that happens, I would say, outside the subject, or at the limit of the subject, or between two subjects, in this something that is neither of the body nor of the soul, neither outside nor inside—don’t we have here, in trying to reflect a bit on this notion of pleasure, a means of avoiding the entire psychological and medical armature that was built into the traditional notion of desire?
—Michel Foucault, “The Gay Science”

There is a big secret about sex: most people don’t like it.”1 So begins Leo Bersani’s infamous essay “Is the Rectum a Grave?,” which first appeared in AIDS: Cultural Analysis, Cultural Activism, a collection edited by Douglas Crimp that, perhaps more than any other, staked out a significant role for cultural analysis in responses to HIV/AIDS. Bersani seized the opportunity to speculate about the endemic homophobia that characterized the health crisis, interpreting it as a series of aversion-displacements that emanated from widespread and constitutive discomfort about sex. Sex is disturbing because of how it overwhelms the ego structures involved in the psychic organization of the self. The AIDS crisis created an unprecedented opportunity for the proliferation of aggressive forms of normativity that proffered as their ideological antidote to this disturbance ameliorating visions of benign and proper intimacy. Since AIDS seemed to dramatize not only metaphorical but also literal associations between sex and death, fears about sex were projected onto the social groups that figured most prominently in the emerging epidemiology of the epidemic, whose sexual receptivity was readily cast in terms of a will to self-destruction. But for Bersani, the explicitness of the association with

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masochistic self-destruction is precisely what imbues gay sex with ethico-political potential, perversely enough. The pleasure that homosexuality takes in shattering dominant formations of masculinized self-mastery is its most politically promising feature, uncompromised as it is by defensive maneuvers that attempt to smooth over the disruptive aspects of sex. Bersani’s essay reverberated widely in queer theory and continues to affect the field in prominent ways. Vestiges can be found in several recent key works on the negativity of sex, its political affects, and the critical value of the queer more generally.²

Bersani’s analysis is just as relevant for understanding contemporary discourses and experiences of HIV prevention, as I venture in what follows. Aversion to sex functions no less powerfully today as a mobilizing vector in personal and ideological responses to HIV. But as brilliant and compelling as Bersani’s arguments are, those who have turned to his essay in search of practical strategies for HIV prevention are likely to have left disappointed or at least perplexed. Bersani acknowledged as much in the context of the sex panic of the late 1990s, when he wondered publicly whether it was possible for gay men to have a debate that is “not defined by self-destructiveness on the one side and, on the other, a hysterical aversion to sexual pleasure.”³ In this rhetorical gesture and other related stances, one is struck by the polarity of the critical alternatives that queer theorists have derived from psychoanalytic theory. Typically, we find ourselves presented with two overarching alternatives: unleash the critical power of negativity by embracing the self-shattering masochism implicit in sexuality . . . or succumb to your defenses and plot your defection to normativity on a continuum that ranges from “redemptive pastoralism” to “reproductive futurity.”⁴ Drawing the battle lines in such stark terms has certainly been productive for queer theory: it has generated exacting analyses that have consolidated the predominance of psychoanalytic critique as a genre of ongoing significance for the field. But it has not gotten us very far in terms of HIV prevention. Referring to critical perspectives on the appeal of sexual self-immolation, David Halperin has even suggested, “I cannot think of a single concrete or practical proposal for stopping the epidemic that has been put forward on that basis.”⁵

The issue here is not merely policy application, which is hardly an ideal measure or final determinant of sexuality scholarship, after all. Also at stake are the reductive effects of these habits of interpretation. In this culture of thought, the significance of ordinary practices seems to depend on what team the critic assigns them to in a dialectical joust between reproductive hegemony and resistance—an interpretative habit that tends to inflate such practices as “deeply overmeaningful,” however mundane, ambiguous, happenstance, or multiple they may be in
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their practical meaning or actual experiencing. In HIV cultural analysis this tendency finds its apotheosis in recent work by Tim Dean, which proceeds by clearing the field as far as possible of any inconvenient empirical variety to pave the way for what emerges as the main game of cultural analysis: a celebration of barebacking, in this instance, for its heroic resistance to homonormative ideals of marriage, reproductive kinship, and private coupledom.

Is there some other way to keep hold of the unsettling aspects of sex that does not resolve neatly into the critical alternatives of ideological reproduction or galloping resistance? Can we acknowledge what is confronting about sex without proposing self-annihilation as some sort of heroic political program? Is it possible to mobilize the disturbances of sex to think more constructively about HIV prevention, research, and education? I want to extend Bersani’s insights about the perturbations of sex while developing an alternative conceptualization of the sexual encounter that may alter the terms through which its critical impacts are felt. This involves a supplementation of the genre of critique with a style of methodological reflection and experimentation informed by the immanent principles espoused in science and technology studies and process philosophy—the work of A. N. Whitehead, Isabelle Stengers, Gilles Deleuze, Bruno Latour, Mike Michael, and Antoine Hennion, among others. The conceptualization of the event mobilized in this body of work enables a more dynamic and processual approach to encounters than that offered in practices of hegemonic and counterhegemonic determination. To approach the encounter as an event is to promote active attention to how the coming together of various elements produces material transformations. While event-thinking emerges from a different philosophical tradition than psychoanalytic theory, its attention to what happens when different entities encounter each other in a novel manner makes it particularly useful for attending to circumstances “when the organisation of the self is momentarily disturbed by sensations or affective processes somehow ‘beyond’ those connected with psychic organisation” (circumstances that, on Freudian accounts, occasion sexual pleasure). Here, psychoanalysis might be situated as one of the most developed (though by no means incontrovertible) accounts of common styles of human prehension, especially those pertaining to sexual experience. But event-thinking resists any sense that prehensions are uniform or determined or even unique to the human subject. Moreover, it is keenly interested in their practical differentiation and its outcomes, or what Whitehead calls creativity. In the first section of this essay, I set out some of the key tenets of event-thinking that are relevant for my analysis and discuss how these might reframe our approach to sexual and scientific encounters and why this is important for HIV prevention. On my argument, the concept of the event provides
a way to approach various domains of everyday life as potential “sites of intensified encounter with what disorganizes accustomed ways of being,” as Lauren Berlant and Lee Edelman have recently characterized sex. In this respect, it might usefully extend the scope and reach and relevance of queer methods.

Eventful Encounters

Minimally defined, an event may be considered the creator of a difference between a before and an after. As Mariam Fraser suggests, “All those who are touched by an event define and are defined by it,” in a formulation that presents some degree of rupturing and ontological reconfiguration as constitutive processes in any event. In Bruno Latour’s terms, “an event has consequences for the historicity of all the ingredients, including nonhumans that are the circumstances of that experiment”—a definition that extends considerations of ontological transformation beyond the human subject traditionally prioritized by psychoanalysis. In the event, not only subjects but also objects acquire new definition in an encounter that entails some disruption of the entities it gathers together so as to enable transformations wrought from the reconfiguration of their constitutive elements and relations.

Grandiose as it may sound, all this talk of human and nonhuman historicity is not necessarily as dramatic as it seems. What an event is depends on how it is taken up: an event can be more or less impactful depending on how it reverberates within the range of responses that constitute it as specific occasion. So when Berlant remarks that “a sex event . . . for instance orgasm seems to make you shatteringly different than your ego was a minute ago, but in another minute you are likely to be doing something utterly usual, like pissing, whispering, looking away, or walking into the kitchen and opening the refrigerator door,” she is on the same page—albeit of an entirely different book—as the philosopher of science Isabelle Stengers, who writes, “All those who refer to [an event] or invent a way of using it to construct their own position become part of the event’s ‘effects.’ . . . Only indifference ‘proves’ the limits of the scope of the event.” Both authors raise the question of how given entities or circumstances “control the degree of unwanted uniqueness engendered in the event.” As disruptive, disorganizing, or destructive of accustomed ways of being any given event may be, it is only rarely completely earth-shattering—and this would be as true for scientific events as it is for sex. So while some events may be constrained by apprehensions so unbearable that they prompt elaborate defenses, other events may seem welcome or even exciting because of the openings and affective capacities that emerge from them.
Event attributions—whether post hoc recollections, scientific explanations, critical reviews, preceding expectations, reaction formations, psychic displacements, subsequent gestures, or particle vibrations—are not simply reflective but performative in the sense that they participate in how the event unfolds: its actualized effects. The failure of certain events to guarantee impacts that are sufficiently extensive or widely felt to be deemed politically desirable or materially effective compels certain ethico-political postures from disciplines as wide-ranging as philosophy, science, cultural studies, sociology, political theory—even the pages of sex-advice manuals. “Philosophy’s sole aim is to become worthy of the event, and it is precisely the conceptual persona who counter-effectuates the event,” Deleuze declares, in a passage that casts the event as pure potentiality even while it invests philosophy with the immanent task of creating concepts performative enough to make some impact on the event’s unfolding. In science studies, Latour is motivated by similar convictions when he takes the surprising step of proposing normative criteria for scientific practice. He values science not just for its truth-value, or for its capacity to confirm what is already known, but for how interesting it is, an aspiration that requires practitioners of science to make themselves available to transformation by putting their procedures and established categories at risk. To be interesting, good science requires “a passionately interested scientist who provides his or her object of study with as many occasions to show interest and to counter his or her questioning through the use of its own categories,” according to Latour and the scholars he draws from here. In other words, scientists must be prepared to have their organizing categories shattered, albeit in less extreme ways and for different ends than are required by some recent queer polemics.

To replace the terminology of scientific discovery with the concept of the event is to highlight the active part played by nonhuman as well as human elements in ontological transformation. Unlike discoveries, events involve much more than the masterful application of human categories to a passive nature: they involve the coproduction of subjects, objects, and other entities. This is of particular significance in the present context, given the recent flooding of the HIV prevention field with a multitude of new objects, technologies, procedures, and devices. Consistent with event-thinking, the nature of these objects—that is, their ontological identity and effects—depends on their articulation with a host of other elements. It becomes impossible, moreover, to reduce the impacts of an event to binary criteria because the event is “the object of multiple interpretations, but it can also be measured by the very multiplicity of these interpretations,” as Stengers ventures. In other words, an event’s character depends on how it reverberates through the manifold gestures and incarnations that constitute its iden-
tivity through multiple, ongoing, complex, and variable trajectories. In this respect, event-processes should be evaluated in terms of how they immanently unfold, rather than heroicized or condemned on the basis of some predefined set of (anti)normative criteria. So where queer psychoanalytic approaches typically present us with two options—self-inflation versus self-shattering—event-thinking enables a more expansive appreciation of the impacts and reverberations of sex among other encounters, providing a way to grasp their complexity that does not resolve easily into either one of these binarized alternatives. How to keep events open is one of the critical imperatives that emerges from this body of scholarship—a priority that raises its own set of political and practical challenges, not least, how this openness is to be evaluated and extended in the same moment as the necessary (and necessarily political) activity of responding pragmatically and effectively to given events based on some assessment of their risks, affects, impacts, and potential value.

In this essay I use this orientation to grasp recent developments in the field of HIV/AIDS. A key concern is the emergence of HIV biomedical prevention, which refers to the massive reorganization of HIV prevention policies and practices that is taking place in international attempts to maximize the preventative effects of medical and pharmaceutical technologies (most notably, the antiretroviral drugs initially used to treat HIV disease). When taken correctly, these drugs reduce the infectivity of HIV-positive individuals, and clinical and policy guidelines now prioritize early detection and treatment of HIV-infected individuals on this basis. This paradigm approaches HIV prevention as a medical and technical problem—a formulation with considerable policy appeal, insofar as it averts the need to confront or publicly address the difficulties of sex.

An exception to this formula has been the case of pre-exposure prophylaxis (PrEP)—a pharmaceutical strategy that involves the use of antiretroviral drugs by HIV-negative individuals for HIV prevention. Despite its proven efficacy as an HIV prevention strategy among men who have sex with men, PrEP has so far emerged as a reluctant object, partly because of its putative association with the supposed excesses of unbridled sex. Uptake has been much slower than expected in countries in which it has become available. Indeed, its approval for use in the United States has sparked bitter debate and a new round of sexual health moralism from gay community-based commentators and HIV/AIDS specialists rather than mainstream pundits, as might be expected. The controversy has proliferated rapidly since this essay was first submitted for consideration and is by no means settled. Its ongoing intensification bears out several key aspects of the argument first developed in these pages. The materialization of PrEP as a reluctant object...
within discourses of gay sexual community is the key concern of this essay and a primary target of intervention.

But this essay takes the further step of reading these developments as symptomatic of wider problems in prevailing practices of HIV science and policy. Indeed, I claim that a principal (if largely tacit) commitment of the HIV scientific field is to manage and flatten the affective intensities, complications, and disturbances of sex. Aversion to sex does not simply influence community attitudes to PrEP (as is evident in the debates briefly mentioned above). This essay makes the more radical claim that the entire apparatus of HIV clinical and behavioral research—its authoritative procedures, methodological practices, evidentiary regimes, organizing conventions, constitution of objects, and proposed solutions—is shaped by attempts to manage or otherwise avoid the presumptive negativity of sex. Aversion to sex informs the practical labor and professional objectives of even the most disinterested HIV specialists (perhaps especially those). While it is tempting to attribute this aspect of the field to some set of essentialized reactions to sex, science and technology studies encourages us to see it not as a determined state of affairs but as a situation performed and enacted through existing knowledge practices. It is the effect, in other words, of given arrangements of scientific practice and the realities they enact. As has been argued of research methods generally, scientific practices have performative effects, among which PrEP’s current status as a reluctant object could be seen to stand as merely one exemplary instance. In its carefully cultivated posture of disinterest toward the intensities of sex, HIV science compounds this aversion, producing the sexual as a domain to recoil from rather than actively confront or otherwise embrace in a spirit of engagement. In disregarding sex as anything other than a confounding variable or complicating factor, our capacity to grasp it as a source of knowledge or scene of productively disorganizing intensity is diminished. In response to this equation, I devise a style of empirical engagement and stylistic experimentation in the second part of this essay that aims to produce sex not as the fixed object required by the health sciences’ practices of prediction and control but as an everyday source of knowledge events, the indeterminacy and unpredictability of which accounts not only for its risks but also for much of its appeal and motivating potential. The transformations that sex effectuates require attention for the sake of pleasure as much as for science. Attending to them might even expand our appreciation of some important but commonly neglected scientific values: generosity, curiosity, experimentation, responsibility, mutual engagement, openness, interest, and excitement.

Some inspiration for these connections can be drawn from Bersani’s origi-
nal essay, which can be read for its performative style as much as its substantive argument, that is, not just for what it says but what it does. If we pay attention to the manner in which Bersani’s essay attends to the wider field of research practices entrusted with the production of knowledge about HIV/AIDS, we can begin to appreciate new dimensions of the sort of intervention it is making: that is, we can constitute it as an event. “There is a big secret about sex: most people don’t like it,” the opening statement claims, only to be followed by an instant act of self-deflation, “I don’t have any statistics to back this up.” Bersani’s argument proceeds by ramifying the force of his opening remarks in the very same gesture that he discredits their authority by characterizing them as the “rather irresponsibly announced findings of our non-existent poll.” From a stylistic perspective this rhetorical strategy may be regarded as archetypically gay: the citation and deflation of inherited conventions is a staple component of camp humor. What I find interesting about this opening passage is its self-conscious attention to dominant conventions of knowledge practice—an aspect that may be regarded as particularly significant given how rapidly the practices of positivist social science were converging at this moment to determine the scope of official responses to the epidemic. Bersani goes on to dismiss the need for any survey but claims a space for his style of inquiry no less forcefully, since, on his own account, the original claim “make[s] intelligible a broader spectrum of views about sex and sexuality than perhaps any other single hypothesis.” A compelling case is made for speculative inquiry as a critical component in responses to HIV/AIDS.

Despite these inklings of critical attention to the empirical practices of public health, the mutually reinforcing relations between positivist science and HIV policy have only strengthened since this volume’s publication in 1988, leaving social and cultural analysis feebly resourced and on the outskirts of official venues of HIV knowledge. But the standoff has not exactly been one-sided either: in the institutionalized spaces of the humanities in which queer theory typically finds refuge, all the signs seem to indicate that the feeling is largely mutual. Queer theory has long disavowed its debts to empirical studies of sexuality, as several scholars point out. Indeed, the disdain for empirical social science can be palpable within these circles. Recent scholarship on queer methods has begun to redress this disregard, but questions remain about the critical potential of empirical practice and the disciplinary implications of any articulation of method more generally. With this in mind, one aim of the present essay is to extend the nascent attention to empirical practices that can be discerned in “Is the Rectum a Grave?” Event-thinking might sharpen our attention to the performative effects
of knowledge practices and thus contribute to a larger project of devising queer methods and staging empirical encounters that maximize queer critical objectives.

**Scientific Aversion**

I have long been struck by the sense in which the evidentiary regimes that prevail in the HIV science and policy field require participants to disavow their own immersion in sexual cultures and forms of pleasure. It sometimes seems as though the way that one attains professional authority and credibility in the field is by objectifying sexual practice; making it seem predictable; and by talking about it as though it happens somewhere “over there,” among some group of remote but identifiable others. But this gives rise to a problem that the present essay hopes to confront. The very expertise we might hope to cultivate for HIV prevention—expertise in sex as a form of praxis, a source of pedagogy, and potentially motivating encounter—is dissuaded if not actively undermined by some of the epistemic and professional frames that prominently organize responses to HIV/AIDS. Whatever else it is, HIV prevention is a problem in the social arrangement of knowledge, that is, the modes available for accounting for sex—with their regulatory distinctions between subject and object, private and public, the empirical and the speculative, rationality and affect, and so forth. These disciplinary distinctions render certain matters unfit for public discussion, and others more or less possible to ignore or acknowledge. By testing these distinctions, it may be possible to instantiate practical forms of investigation and analysis that need not pretend to withdraw from the sexual field in order to make worthwhile propositions in relation to it.

I suggested above that one tacit commitment of HIV prevention science is to manage the affective intensities and complications of sex. These days it is possible to sit through entire conferences apparently devoted to HIV prevention in which sexual practice is barely mentioned. Recent formulations of biomedical prevention science are especially conspicuous in their avoidance of this topic. At the 2012 HIV International Microbicides conference held in Sydney, I sat through paper after paper in which the overriding concern was questions of clinical control. “Had trial participants been adherent to the dosing requirements? How do we know? Are they telling the truth? How should we measure this?” And so forth. Any interest or insight that research scientists or trial practitioners may have had into the sexual or everyday lives of trial participants was carefully excluded from consideration by the conventions that shape discussion in such forums.

It is unfair, perhaps, to expect biostatisticians to be ethnographers, and I
do not mean this as some sort of professional slur (some of my best friends are epidemiologists!). Rather, the disregard of sexual practice in this forum can be considered a function of the regimes of evidence that have come to dominate the HIV prevention field, in which the randomized control trial has emerged recently as the primary way to make authoritative decisions about preventive action. In this regard, the field is not unlike other domains of epidemiology, public health, and clinical research, in which scientists aim to predict the outcomes of given strategies; isolate relations of cause and effect; calculate the risks of specific behaviors; and establish the efficacy of interventions. Such an emphasis on prediction and linearization has been important for health policy and practice, insofar as it guides policy decisions on the administration of treatment, the distribution of resources, and the planning of programs. But what is difficult to appreciate from within these regimes of evidence are processes of ontological transformation that emerge from everyday encounters, including those involving sex, drugs, and scientific practices.

Given how moral ideologies always threaten to interfere with responses to HIV/AIDS, the value of this investment in scientific evidence should not be downplayed. It has contributed to the formation of “rational” public health policy in contexts where conservative assaults on HIV programs are an everyday occurrence. But the “definitive” knowledge these scientific practices purport to produce—whether of people or things—is not without other consequence. Specifically, as Stengers argues, when objects are produced and held as fixed in this way, they are not inclined to participate in active or lively ways in the ongoing construction or definition of problems. For a long time, this had been apparent in the contemporary field of HIV prevention, insofar as some of the communities most affected by AIDS—once considered crucial to the activity of defining the relevant problems and devising effective responses to them—were largely disengaged from the research and policy process, and often understood in these terms. I am suggesting we can approach this disengagement partly as a problem in the performativity of HIV knowledge.

The scientific avoidance of sexual experience and everyday practice is replicated in international hallmark pronouncements of HIV prevention policy. Take then secretary of state Hillary Clinton’s statements in 2011–12 where she outlined the US administration’s proposed course toward an “AIDS-free generation.” The course was said to consist of the use of antiretroviral therapy to prevent mother-to-child transmission, treatment as prevention (in which HIV-positive people will be administered antiretroviral treatment as soon as they are infected to prevent onward transmission rather than for strictly clinical purposes), and circumcision. No mention here of any of the practices through which HIV is actually transmitted.
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(with the exception of perinatal transmission). And no real discussion of the circumstances of key affected populations—men who have sex with men, sex workers, people who inject drugs, transgender individuals, and indigenous communities—among whom there exist much higher rates of HIV infection in nearly every country that collects and reports data on such matters. Part of the appeal of such policy framings must be their promise to address HIV prevention medically without any mention of awkward topics such as sex, drug use, or the gendered, racial, sexual, economic, or other disparities that unevenly structure the distribution of infection. And yet, since many of these prevention strategies presume much earlier and more extended periods of engagement with health care services on the part of key affected populations, these disparities will make or break the effectiveness of these strategies, insofar as they coagulate as the affective and material conditions in which marginalized subjects locate the capacity to put themselves forward for care or (more typically) find themselves having to avoid it.

The discourse of the “AIDS-free generation” bids us to imagine a pristine future untainted by the abjection of HIV/AIDS. With its optimistic invocation of a new generation, one would be hard-pressed to find a more vivid illustration of what Lee Edelman has termed reproductive futurism, in which the “pervasive invocation of the Child as the emblem of futurity’s unquestioned value” compels allegiance to a given social ordering. Queers are invariably the casualties of such projections, as is evident in their complete omission from this strategic statement. But worse than this, the possibility of queer resistance to such programs is rendered unthinkable by the persuasive force of reproductive futurism—a realization that any practitioner who has been inclined to express doubts or even caution about the feasibility of “ending HIV” in the allocated time frame has found themselves confronting. In the HIV sector, allegiance to this statement of strategic optimism is practically compulsory. Its articulation in this instance institutes a moral hierarchy of HIV prevention options that filters prevention strategies through more traditional moral prerogatives in order to instill them with priority, prominence, and fitness for public communication. The prioritization of men and children as first-line beneficiaries of prevention programs; the positioning of HIV-positive people as rightful bearers of the moral and pharmaceutical responsibility for HIV transmission; and the persistent appeal to an AIDS-free generation effectively override any in-depth consideration or balanced discussion of the material needs of actually existing adults, not least those living with HIV infection.

Notwithstanding its ideological articulation, some agencies working with key affected populations believe that biomedical prevention offers some strategic and practical advantages. Indeed, faced with steadily increasing rates of unpro-
tected sex over the last two decades, gay community-based HIV service organizations have been among some of the most enthusiastic proponents of what they dub “the Prevention Revolution.” While historically, community education and prevention has achieved considerable success, the maintenance of stable rather than decreasing infection rates in some locations has been its most remarkable achievement of late, and the will to interfere with sexual behavior has diminished noticeably in recent times or is at best ambivalent among gay community educators. In this context, the introduction of biomedical rather than behavioral prevention strategies bears obvious appeal, prompting organizations to direct the bulk of their recent efforts toward the technical reorganization of clinical services to maximize access and uptake of HIV testing and treatment. The biopolitical valence of gay sexual behavior is undergoing significant transformation as a result. Since HIV prevention strategies now take community viral load and not just sexual behavior as their object of intervention and governance, sexual practice no longer constitutes the exclusive target of HIV prevention initiatives. What is more, the prospect of pharmaceutically mediated viral suppression makes it possible to dislodge gay desires for sex without condoms from their cultural associations with willful self-destruction. The possibility of safe sex without condoms dismantles the supposed self-evidence of the sex and death equation and its mapping onto gay sex in particular—an equation on which many queer analyses have been premised. We are no longer required to take our fantasies literally. Almost twenty years since sociologists declared a situation of “postcrisis” in some urban gay communities, perhaps it is no longer meaningful to ask if the rectum is a grave.31

Or is it? One new prevention strategy that, despite its biomedical lineage, has thus far been unable to shake its contaminating associations with the apparent excesses of sexual pleasure is PrEP. Billed as “a pill a day to prevent HIV infection,” PrEP proposes the prophylactic use of antiretroviral drugs by uninfected individuals to prevent infection with the virus. The FDA approved the drug Truvada for these purposes in 2012 when international clinical trials demonstrated its efficacy for HIV prevention among both men who have sex with men and with transgender women. But this pharmaceutical addition to the prevention repertoire has sparked divisive debate within gay community discourse since the very moment of its inception. Even before it was approved, PrEP became subject to critical campaigns coordinated by large community-based HIV organizations—most prominently the AIDS Healthcare Foundation of Los Angeles—whose president, Michael Weinstein, was recently quoted as quipping, “Let’s be honest, it’s a party drug.”32 The association of PrEP with stereotypes of reckless hedonism has been echoed in popular commentary: the gay commentator David Duran characterized
PrEP as “an excuse to continue to be irresponsible” in a widely circulated *Huffington Post* article that famously dubbed those men “running to get the prescription” as Truvada Whores—a title that went on to achieve widespread and deserved notoriety. Tellingly, serodiscordant couples were excluded by the author from this titular slur, demonstrating how romantic coupledom can make respectable the otherwise apparently incriminating desire for condom-free intercourse. In February 2014 Richard Weinmeyer of the American Medical Association’s Ethics Group added further institutional clout to these criticisms, claiming the preventive use of Truvada would encourage “sexual irresponsibility.” PrEP has become so hot in recent discourse that it has even brought Larry Kramer to the pulpit. “There is something to me cowardly about taking Truvada instead of using a condom,” Kramer remarked, accusing PrEP users of “having rocks in their head” before attributing to the drug a bizarre but as yet unsubstantiated side effect: political apathy.

Apathetic or not, people who find themselves inclined to consider or use PrEP thus find themselves in a highly politicized position, the experience of which has generated some lively and creative counterresponses. The gay writer Jake Sobo took to the blogosphere in 2012 to document his personal experience of PrEP, developing a fascinating genre of public reflection on self-transformations in sexual experience and risk-subjectivity in the context of drug prophylaxis that constitutes a compelling new mode of prevention advocacy and engagement with biomedicine. Like Sobo, a number of user-advocates have spoken out against the sexual shaming of PrEP users, with one designing and selling T-shirts for charity that feature the hashtag #TruvadaWhore—a gesture of reappropriation that has by now become a stock tactic of queer cultural activism. Advocates have also taken issue with critics’ descriptions of sex without condoms on PrEP as “unsafe sex”—and not without justification. Since clinical trials suggest a preventative efficacy of 99 percent when PrEP is taken daily, condomless sex seems to call for some sort of resignification in this context. In the midst of this controversy, uptake of PrEP has been remarkably slow, though persistent increases in unprotected sex among US gay men indicate the need if not the manifest demand for new preventive options. Truvada’s manufacturer Gilead reported that only 1,774 people started using the drug for prevention between January 2011 and March 2013 (nearly half of these were women). The inertia has attracted the concern and attention of the highest authorities of US disease control. In a bid to address clinical and community reticence around its prescription, the CDC developed new guidelines in May 2014 that make a point of explicitly recommending Truvada be prescribed to individuals at high risk of HIV infection.
The ongoing controversy over PrEP and gay sex speaks to how condoms have served to manage communal fears about sexual excess in the era of AIDS, providing not only a latex barrier but also symbolic reassurance that gay sex might in some way be made “safe.” Symbolic because, given its clinical efficacy, the characterization of PrEP use as “irresponsible” could make sense only in a world in which the problem that HIV prevention is supposed to address is not simply viral transmission but the moral danger attributed to gay sexual pleasure in general. From this perspective, PrEP commentary is reminiscent of “the comfortable fantasy that AIDS would spell the end of gay promiscuity, or perhaps gay sex altogether”—an observation Bersani originally made of the hygienic measures proposed in the intensely homophobic climate of the early epidemic. It is not the first time antiviral medications have provoked anxieties about the moral climate of gay sex. As early as 1997, Douglas Crimp observed that a pervasive and recurring theme in Andrew Sullivan’s well-known essay “When Plagues End” was the “fear that these new drugs will give gay men the freedom to go back to their old promiscuous habits”—a point that appears as applicable to today’s otherwise radically transformed present as it was persuasive then.

To bring this discussion back to bear on the current organization of scientific and policy practice, we can begin to derive a number of implications. For all the systematic avoidance of the complicatedness of sexual pleasure on the part of biomedical prevention, the early days of PrEP reveal a situation in which, pardon the expression, the former has unexpectedly come back to bite the latter on the bum. If this situation can be approached as an effect of prevailing knowledge practices, as I have asserted above, it is necessary to ask what the problem of sexual pleasure is for biomedical prevention, and how this problem might be reformulated. Following the insights of science and technology studies, this is a practical as much as a conceptual challenge. What methods might we devise to counter-effectuate the problematic materialization of HIV prevention realities in the present? Through what conceptual and research practices might we become worthy of the PrEP event? It would be difficult to address such open questions globally or comprehensively in a single go. But they might at least act as a spur to methodological experiments that seek to counter some of the aversions and neglected objects of biomedical prevention science as it is currently enacted.

“Just Anecdotal”: Event as Method

The purifying effects of some of the conventions of HIV empirical science discussed above have sparked my interest in the use of anecdote—that widespread
but scientifically degraded form of knowledge relation. And I want to situate the anecdote as a “research device” with the potential to intervene in conventional arrangements of knowledge and intimacy. I am not getting autoethnographic here: I do not imagine that I am nearly that interesting. I am rather more interested in the tactical use of anecdote as a way to deflate the self and share a world that is intimately but differently experienced. The dictionary definition of anecdote is “a short amusing or interesting story about a real incident [of private life],” and as a way to describe the genre, this definition is fitting. Since it moves an incident of private life into broader circulation, we might say that the anecdote creates some degree of interference with the normal compartmentalization of sex, knowledge, intimacy, objectivity, privacy, publicness, and so forth. Among cultural scholars, Meaghan Morris deploys the anecdote form most astutely, describing it as “primarily referential [but] oriented futuristically towards the construction of a precise, local and social discursive context. . . . Anecdotes are not expressions of personal experience but allegorical expositions of a model of the way the world can be said to be working.” I am interested in the anecdote’s capacity to produce a form of knowledge that is partial and fragmentary, but also intimate and textured. Given the definitive status attributed to the claims of HIV prevention science, the anecdote’s tendency to stage its own provisionality is precisely the point here. Far from predictable, the anecdote may prompt a form of reflection that is both conditional and speculative. It may be used to provide a partial glimpse into the way that worlds might come together, or fall apart—the unexpected things that can happen. While it may give insight into the terms of lived experience, the anecdote does not seek representativeness: it does not aim to represent the “experiential knowledge” of a given culture or community comprehensively. Rather, it stages the empirical as an encounter or an event that is specific, contingent, and open-ended. Of course, the anecdote would never work as some “gold standard” of authoritative evidence (that would be a scary thought). Rather, it must be thought in “webbed connection” with findings from other knowledge practices, including observational studies, behavioral surveillance, more systematic forms of qualitative research, and so forth. Mike Michael has riffed on the anecdote as a “research device” in which an event is not simply reflected but also acted on, that is, performative. But Michael is also alive to the sense in which anecdotalization acts on us, with its capacity to disturb given relations of knowledge. From this perspective, the anecdote can be approached as a disordering device: an event and source of lived impact from which the identities of the research, researcher, and researched newly emerge. On this basis, in what follows I emphasize the need to be surprised by our encounters and install this as a methodological principle and starting point.
Of further interest here is the anecdote’s capacity to reframe private experience as eventful or incidental rather than deeply individual or always available to complete control. What is it to attend to the incident and make an anecdote of its occurrence? (“A funny thing happened while I was writing this section. I began to theorize anecdotes instead of just telling some.”) That is to say, the anecdote can make a joke of the sovereign subject, staging all those little failures to control one’s actions, their contexts or effects, or abide entirely by their design. When operative, this quality of anecdotes directs attention to the contingencies and more-than-human aspects of the encounters it relates—whether these are scientific, erotic, mundane, risky, disturbing, or some combination. Given the overly rational promises of authoritative HIV science, we would do well to attend to these experiential dimensions of sex, drugs, and medicine, which can after all be some of the most disorganizing of everyday encounters.

In other words, the “incidental subject” of anecdote might be one way to refuse the pull of the doctrines of prediction and intentionality emanating from the disciplinary practices of the health sciences that I discussed earlier. The anecdote may supply a welcome (and perhaps necessary) rejoinder to the rational, intentional subject that has become such a feature of HIV education discourse today. This is the subject who needs only to calculate the risks of particular acts in order to engage in HIV prevention responsibly. Gay men’s health promotion is rife today with calculative devices that list the transmission risks of various practices, as though sexual encounters follow some itinerary or checklist that can be worked out in advance like some sort of mathematical exercise. Of course, there is nothing wrong with providing estimates on the respective risks of various common sexual practices, especially for those seeking alternatives to condoms. Indeed, I have documented the operation of these calculations in gay men’s sexual practice in order to inform policy development myself.48 But this is not all there is to gay men’s sex education, which might usefully address questions of an ethico-practical nature, for example, how to be and what to expect from a range of common sexual relations and scenarios.49 To approach private experience as incidental and eventful is to attend more carefully and actively to the contingency of events in their unfolding—and then attempt to circulate this training of the attention. In the anecdote, objects misbehave. Worlds affect events. People do not just act on things, things happen to people, and this could derail some of the force of those accounts steeped in myths of self-mastery. It is in this sense that I am interested in the anecdote, as a precise intervention into given relations of knowledge, intimate experience, engagements with medicine, and so forth. At its best, the anecdote is not about me, and it is not about you, but about encounters we might find ways of relating to.
In what follows, I adopt a “counterscientific” approach that aims to destabilize and intervene in questions of what counts as worthwhile knowledge about HIV prevention. I engage in a bit of “positivist drag” that cites some of the normative conventions of empirical research—all the better to dramatize its failure to live up to them. My argument emerges from some random encounters in the vicinity of sex and other informal but intimate occasions. These are some of the everyday sites of intimate exchange and sexual learning that will be familiar to many who participate in sexual community. Surely these are all “just anecdotal”? That’s not a great data set by any measure. On what grounds could they possibly form a basis for legitimate knowledge? But to take these encounters seriously is to revalue sexual and intimate experience as an occasion for insight, revelation, and curiosity. To the extent that the arguments developed on this basis might serve as a lure for creative or effective thought, I attempt to demonstrate the value of thinking—however provisionally—with open intimacy.

**PrEP: Initial Apprehensions**

This essay was first designed as a modest intervention into a situation in which science would render sexual encounters dumb. It began as a speculative exercise that attempted to make sense of gay men’s initial reactions to PrEP. My argument emerged from a series of encounters and an overall impression—based on my participation in gay culture—of what I would venture as a surprising state of disengagement with PrEP. PrEP takes the shape of a reluctant object: an object that may well make a tangible difference to people’s lives, but whose promise is so threatening or confronting to enduring habits of getting by in this world that it provokes aversion, avoidance—even condemnation and moralism. Thinking about gay men’s initial engagement (or rather disengagement) with PrEP stands to tell us much about gay men’s self-understanding as subjects of risk in the present moment of the epidemic, providing insight into those circumstances in which one is led to turn away, to linger in a state of nonconfrontation, to avoid recognizing oneself as a subject of risk. The object of PrEP forces us to contend with what scares us—not only about risk but also about sex: how the condom has operated in the citizenship arena, for example, not only as a latex but also a symbolic prophylactic against the apparently terrifying prospect of unbridled homosexuality. Approaching PrEP as a reluctant object—an object that, on its current enactment, has largely failed to engage its intended subjects—might serve as an occasion to rethink the space of the research encounter, to generate new research objects, subjects, and forms of relation.
Before proceeding further, some words of qualification are in order. By positioning PrEP as a reluctant object, I do not mean to suggest that it is an unproblematic object or that concerns about it are unfounded. PrEP poses considerable challenges with regard to its effective implementation, use, and resourcing, all of which require serious consideration. The issues of nonadherence, risk compensation, cost, access, unwanted toxicity, and the possible development of resistant viruses in the context of undetected seroconversion and suboptimal treatment (which is what PrEP would be in these circumstances) are real and must be addressed. (The latter possibility vividly demonstrates how biomedical objects may be ontologically transformed in their encounter with other entities and practices.) But in this essay I bracket these concerns, because these are not the main concerns I typically encountered when raising the issue of PrEP with HIV-negative sexual partners and friends in casual discussion. At the time of writing, people outside the HIV sector had not even got that far in thinking about PrEP, in my experience. Rather, my aim here is to understand the affective reaction with which news of PrEP is often greeted: a reaction of aversion—often powerful aversion and repudiation—among men who are otherwise familiar with, and often have more or less sensible and considered approaches to, the challenges of HIV prevention. Understanding these reactions may be useful for thinking through how health services and educators might present PrEP to the relevant publics. It might also help frame HIV prevention as a matter of affective attachments and investments: that is, how people come to attach themselves to particular objects, practices, devices, positions, and identities in their attempts to avoid—or otherwise navigate—the possibility of HIV infection.

That is, the aim of this work is not to psychologize HIV-negative gay men, as though PrEP were an object that rational folks cannot but want. I object to those forms of psychological reasoning that take the latest health prescription as an opportunity to pathologize the noncompliant, and I would want to situate the range of reactions more sympathetically in their historical and practical contexts and generative potential. Instead, my hope in pursuing this topic is to contribute to a discussion about how gay men relate to HIV today—especially in circumstances where their practices may be associated with risk. I want to question whether the model of the prudent, rational precalculative subject of risk that we customarily work with in the field adequately imagines how we enter into sex.

This work is also motivated by the immense difficulty I have experienced as an HIV-positive man involved in the field not only in thinking about PrEP but in trying to imagine how things must appear and be experienced by those of different serostatus. Rather than interpret this difficulty as some sort of personal shortcom-
ing, in this essay I install it as a methodological starting point and default presumption inspired by work on interesting science: we do not know what is going on for other people, but must presume not to know and be prepared to be surprised by our encounters. In other words, my thinking emerges from my own initial reluctance to think about PrEP . . . and then a series of dumb questions and confronting encounters.

A Few Dumb Questions

Dumb question number 1: I posted a link on my Facebook page in April 2012 to an article titled “A Game-Changer in the Fight against HIV,” from the Boston Globe. The article was a fairly straightforward, well-written account that outlined the findings from PrEP trials and described the prophylactic as a promising strategy. Given how fed up we are thirty years on with the persistence of this epidemic and considering the widespread desire for an end to it, you would think that news like this would attract a little attention. But from among my bevvy of overtly gay Facebook friends, shown posing at gyms and parties and parades, only one person “liked” it. Even news about what I had for breakfast attracts more attention.

Now it would be foolish to draw any strict conclusions from this flimsy piece of “data,” and there are a number of ways to interpret the findings. Perhaps it was the wrong time of day, or a newsfeed issue, or a problem with my recruitment strategy (my friends are very odd and unrepresentative, after all). Perhaps it indicates a case of information overload, or there were other more captivating things going on at the time. Difficult as this line of questioning is to disentangle from the narcissistic preoccupations of Facebook interaction more generally, these considerations can usefully be brought to any survey, online or otherwise. Data are always mediated by the sociotechnical arrangements that make them available to us, and it is good to get specific about these techniques and mediations. Ever the social researcher, I decided to consult with another expert in this particular medium and asked my boyfriend what this appalling response rate could be about. “Well, ‘liking’ it could be taken as an admission of wanting or having unsafe sex,” he said, “something that people are reluctant to identify themselves with in public.”

This interpretation is valuable and interesting, not because it is representative or necessarily definitive in any way, but because it gives us partial insight into some of the conditions of articulation and silence around PrEP. Expressing a personal interest in PrEP involves acknowledging to oneself and to others that one’s practices are not as safe as they could or “ought” to be. This observation could be used to begin to understand the apparent absence of public expressions of demand
for PrEP to date— an issue that has flummoxed many clinical researchers in the area. But it also opens up a broader series of considerations. Engaging personally with PrEP involves confronting oneself, not only as a subject of risk, but as a subject of illicit or socially unsanctioned sex.

Encounter number 2. This exchange occurred after sex with a twenty-five-year-old HIV-negative man at his home. We had used condoms, which were conveniently at hand: the guy was clearly well versed in the practices of arranging safe casual sex. After sex we got into a discussion about our interests and work, and I raised the topic of PrEP. The topic needed some explanation. While he was educated and seemed to be HIV prevention–savvy and had a vague sense of having heard about something along these lines, he was unclear of the details or of what it might consist. After my explanation, he became quite animated and disturbed: I was surprised at how upset he became. He could not understand why people could not just use condoms. On further discussion it emerged that he had previously been in a one- or two-year relationship with an HIV-positive man. Since he had managed to sustain condom use even in these challenging circumstances, he believed condoms should be a sufficient strategy.

How can we understand this objection to PrEP and its relation to an attachment to condoms? This is where considerations of affect and habituation are useful, and I am inclined to theorize condoms along these lines as a difficult but nonetheless optimistic attachment. For Lauren Berlant, an object of attachment can be understood as “a cluster of promises we want someone or something to make to us and make possible for us.” For Berlant, a relation of “cruel optimism” exists when the loss of that something seems unendurable because “the continuity of its form provides something of the continuity of the subject’s sense of what it means to keep on living on and look forward to being in the world.” I am not sure that an attachment to condoms is always a relation of cruel optimism exactly (not, at least, when condoms are used consistently and effectively), but it is an object of attachment in Berlant’s terms, and for many gay men the promise they offer is the promise of protection from HIV infection. This is a hard-wrought attachment—a carefully habituated practice—which involves incorporating the condom into an affectively charged and potentially disorganizing scene of intensity. Despite the difficulty of this attachment and the conditions that militate against it, many gay men have managed to install it as a habitual and ongoing practice.

I am interested in the sense in which this habituation might be considered to have staved off the unbearable immediacy of the threat of HIV/AIDS. Of interest here are the processes through which condom use is transformed from a decisional event into a practice—that is, a matter of habit. It might be presumed that consist-
tent condom use is an instance of effective interpellation into risk discourse. After all, is this not precisely what HIV educators want gay men to do? In becoming habitual, the condom acquires a form that provides a measure of freedom beyond immediacy, staving off the unsustainable “decisionism of a life lived minute to minute”—that is, in crisis mentality. One thing that condoms have been good for, in other words, is avoiding thinking too much—and too intimately—about what at some level is unthinkable, the threat of HIV/AIDS. If condoms have functioned as a way to preserve a mode of ordinariness in a situation of unendurable and ongoing crisis, then this would overturn our usual assumptions about the decisionality of safe sex. In the mode of consistency, we do not decide to use condoms. They are used habitually, unthinkingly, and this operates as a source of comfort. The condom habit may in this sense be a way to exempt oneself from a repeated and traumatic interpellation by risk discourse. From this perspective, it could be thought to operate as a habitual way to avoid the question. Of course, there are other mechanisms for doing this—the condom is perhaps least problematic (and also happens to have some beneficial side effects, such as preventing HIV transmission!). Consider the assumption, typical among some peers, that we are not the intended recipients of these irritating, never-ending messages and campaigns; those other evil barebackers / young gay men / scene queens / sex addicts (fill in the appropriate “other”) are.

In the context of this attachment to condoms—which is at once often difficult and optimistic—and the emotional energy and investment it involves, PrEP is likely to materialize as both a threatening proposition and a challenging interference. What it threatens is not simply the subject’s preferences or convictions with regard to HIV prevention but the sense of continuity that consists in habituated adherence to a particular formal investment in the cluster of promises that is encapsulated in more-established preventive objects. From this perspective, the moralism that surrounds PrEP might be understood as a way to counter the threat that a different logic—a different package for delivering on this cluster of promises—poses to this hard-wrought and strenuously maintained attachment.

This is a relevant consideration, I think, for proponents of PrEP, who must find ways to anticipate and respond to this sort of resistance. It is analogous to the resistance first encountered in discussions of “negotiated safety” that posed a similar sort of threat to investments in the formal structure of safe sex. “Negotiated safety” was the formulation of Australian social researchers and educators who noticed that some gay men were dispensing with condoms with regular partners of the same HIV status but using them in more casual sexual contexts outside the relationship. Researchers saw that this could operate as a form of HIV prevention.
Coined at a time of immense investment in the condom as the primary guarantor of safety, the concept of negotiated safety sparked immense controversy internationally. As it proliferated in scientific circles and community discourse, the controversy revealed how powerfully an object (such as the condom) can become stabilized as a placeholder for the investment of anxious energies, as well as what happens when the continuity of its form is brought into question. One insight that can be drawn from this episode is the challenge implicit in affirming some people’s commitment to consistent condom use while presenting and articulating PrEP among those who may need or serve to benefit from it. While some proponents insist that PrEP is not a replacement for condoms but rather a supplement, I do not think that this insistence is realistic. It fails to anticipate how PrEP materializes in practical terms, not only as an option but also as a substitute—and, for some, a source of interference. What it interferes with is the self-evidence of those attachments and associations that have constituted one of the most basic and enduring ontologies of HIV prevention for many gay men, specifically those embodied, formalized, and authorized in the principle of “safe sex.”

To think further about this question of effectively targeting and articulating PrEP among those who most stand to benefit from it, my next anecdote raises further questions about how people come to recognize themselves as subjects of risk and possible candidates for PrEP. This encounter involved a discussion over dinner with an HIV-negative friend, a thoughtful, intelligent, and frank Sydney resident about my age. We had had discussions before about different experiences of serostatus and sex. Again, I was surprised to find that he had never heard about, or considered, the issue of PrEP. His initial response, when I described it, was marked trepidation and surprise. It struck him as a “brave new world” proposition that might open the gates to unbridled sex. Not that there is anything prudish or conservative about my friend—quite the contrary, as it happens. But when I asked for clarification in a later communication, he wrote ruefully, “I can imagine people stocking up on it pre-Mardi Gras and then behaving like cars at a service station all weekend . . . ‘Fill er up!’”—before he went on to qualify the associations as he saw them, “but I also meant in the novel’s sense of strange Sci-Fi medicine and how that affects culture.” On this occasion, PrEP raised the specter of limitless sex and fears of a technologically transformed world—propositions that seem both scary and thrilling, and for this reason can prompt defenses.

One thing that perplexed my friend most about PrEP was the temporal relation to risk that it seemed to represent. Despite—or perhaps because of—all the efforts to enlist us as prudent and precalculative subjects of health, we are in the...
habit of accounting for sexual risk-taking after the event, as he went on to observe. The representation implicit in PrEP of risk as premeditated is at once more confronting and a different way to identify the self in the vicinity of risk, not to mention account for that relation. It relies on the sense of a predictive and intentional subject whose propensity to err is fully present and apprehensible to that subject in advance. This led to a search for comparisons, during which I suggested the contraceptive pill. But my friend rejected the analogy on the grounds that a pregnancy is terminable, whereas HIV is not—or “not yet.” (I am not as convinced about this distinction myself, since unwanted pregnancy may sometimes pose a similar crisis of self-viability for women. The similarities and differences between PrEP, the contraceptive pill, and their historical reception certainly deserve further consideration.) This line of conversation led into a discussion of his own sexual and risk practices, in which he divulged that he had been taking more risks in the recent past; that it had been difficult to maintain condom use; and that he had surprised even himself with the risks he had been prepared to consider in recent memory. Situations that might just a year ago have seemed to him unthinkably risky were now situations in which he found himself tempted to participate.

There is a lot that could be said about this conversation, and in many ways it corresponds with other recent discussions I have had with sexually active gay friends that seem to lend some urgency to the search for new HIV prevention strategies, including PrEP. But for this investigation, the main point I want to make is that, even though upon reflection my friend was concerned about risk, and about his own inclination to take risks (which he perceived as increasing), PrEP was still encountered as a challenging proposition that he experienced some difficulty engaging. What can we make of this difficulty? What is going on here, and what can we draw from this encounter?

### The Paradox of the Planned Slipup

I believe that from a certain perspective at this point in the epidemic PrEP emerges as an enigmatic object: the paradox of a planned slipup. It asks us to preempt a possibility that we have become accustomed to accounting for mainly after the event, or as an afterthought. As a proposition, PrEP asks HIV-negative men not only to acknowledge but also take systematic, prescribed, coordinated, and involved action against a risk that one may not be inclined to acknowledge so readily. Or a risk that may be acknowledged at some level, but that is rationalized as not much of a risk—or as something that happens spontaneously, irregularly, or
in the heat of the moment—perhaps in a bid to protect oneself from the confronting self-interpretation that would consist in understanding one’s risk practice as becoming-habitual.\textsuperscript{61}

It is interesting to contrast this particular orientation to risk with the figure of the barebacker, whose self-identification could be interpreted paradoxically as an ideal instance of interpellation into contemporary risk discourse. The term \textit{barebacking} emerged in the late 1990s and was quickly defined in the scientific and popular literature alike as the apparently new phenomenon of “intentional unsafe sex”—though a number of commentators were quick to question the universality of this descriptor. Intentionality does not even begin to describe the full range of relations to unprotected sex, as Barry Adam pointed out in an early article on the topic.\textsuperscript{62} Nevertheless, the term inspired popular identification with a speed and force that revealed the poverty of dominant modes of accounting for sexual risk practice, which at their base seem always to require and impute an intentional subject who is free to exercise any choice he or she pleases in any given circumstance. Given this history, the self-identified barebacker might be considered the exemplary subject of neoliberal risk discourse.\textsuperscript{63} His willingness to “own” risk in the mode of foresight and intentionality can be taken to situate him quite firmly in the neighborhood of PrEP’s presumed address.

By contrast, the reluctant subject does not locate himself at this address and loiters in a state of nonconfrontation with regard to risk. In a curious sort of way, then, PrEP emerges as the counterfigure of the conundrum that informs some gay men’s use of recreational substances to negotiate the pressures of prevention discourse that I described in \textit{Pleasure Consuming Medicine} as “Exceptional Sex.”\textsuperscript{64} On such occasions, risk takes on the structure of the exception, in a manner that is at once precalculated but disavowed, planned for but not fully acknowledged. Relying on what the popular concept of disinhibition makes available by way of explanations for disapproved behavior, the subject “gives himself a chance to swoon” and escape the pressure of the condom imperative.\textsuperscript{65} The paradox here is that this notion of disinhibition is a discourse that is largely apprehended in advance. Thus drug use serves as a way to avoid the charge of intentionality.

By comparison, PrEP asks HIV-negative men to confront the structure of exception head-on, as it were: to identify themselves as subjects of risk in the mode of precalculation and intentionality. Perhaps, then, PrEP is such a reluctant object partly because it makes explicit something that is difficult to be explicit about from within one of the common orientations to sex and risk among gay men today: the desire to position risk as an \textit{exception} rather than a tendency, a “straying afield of
oneself” rather than something as coherent or culpable as a habit or a precalculated decision.

As I said in the introduction, these thoughts are necessarily speculative, partial, and incomplete. I see this work as a contribution to the body of literature that turns to sex and pleasure as modes of relationality and encounter that query the models of proper personhood idealized in the notion of the sovereign, prudent, preemptive, intentional subject who is presumed to be always capable of performing risk-benefit calculations in advance. The affective responses I have described in this essay should not be seen as essential psychological reactions that precede PrEP and determine how we respond to it once and forevermore, but should be taken as apprehensions: that is, variable ways to grasp things that are bound up in the actualization of events. Apprehensions of PrEP will change as PrEP enters into various forms of circulation, and it is difficult to predict just what will take place and how. It will depend, in part, on how sex, risk, and prevention are scientifically, discursively, and practically enacted by science and other institutional practices—hence my attention to research methods. A guiding premise of this essay is that subjects emerge in relation with specific objects and the manner of their creation: subjects and objects are coproduced. This marks out a more active role for research practices than might usually be assumed. For whatever else it is, PrEP is an event: “All those who are touched by an event define and are defined by it”; they become part of the event’s effects. By engaging relations between risk, sex, and prevention science, this essay has sought to participate in this process of eventuation. One question I hope to develop in future work is what to make of such refusals of prevention and care, as I have begun to describe them here. This is a matter whose significance is prompted by the recent experience of PrEP, but extends well beyond it, for there are broader questions about the reluctance of marginalized subjects to access care that acquire particular significance in the biomedical prevention context. These questions are not simply psychological but implicate much wider sociomaterial arrangements and attachments: the political production of multiple worlds. That is, while the line of inquiry I have begun to develop in this essay might seem like just another set of reasons to put PrEP into the “too hard” basket, on the contrary I believe it represents an opportunity to do the sort of thinking that is needed to address subjects of risk, pleasure, sexuality, and HIV in their present complexity. This is a methodological and not simply a conceptual challenge, as I have insisted throughout. I have been testing the value of engaging more openly and attentively in intimate and unsettling encounters, and the way they move our thinking . . . from science to the sex that eventuates.
Notes

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4. The phrases are Bersani’s (“Is the Rectum a Grave?”) and Edelman’s (*No Future*), respectively.
9. On Whitehead’s definition, an event refers to a “concrescence of prehensions,” where prehension denotes the process through which some entity grasps some other entity and makes it an object of experience. The manner of this grasping may involve cognitive, affective, social, material, and intentional dimensions: it may or may not involve conscious reflection. To prehend an entity is to experience it, perceive it, feel it—an experience that must be considered in terms of how this experience affects the prehending entity. The term invites us to pay attention to the material and situated manner in which things are experienced: indeed, for Whitehead, there is no reality apart from how various entities grasp each other as they come together in actual occasions. See, generally, A. N. Whitehead, Process and Reality: An Essay in Cosmology (1929; rpt. New York: Free Press, 1978).
10. Berlant and Edelman, Sex, 11. Indeed, this coconstructed text explicitly mobilizes notions of the encounter and the event at several points to frame the conceptual moves and shifts it effects.
15. Berlant, Cruel Optimism, 147.
17. Quoted in Patton, Deleuze, 28.


29. The exception to this latter claim is sex workers, who (contrary to popular belief) have very low rates of HIV incidence in many of the countries in which some form of collective activism and advocacy has taken place. They are included here as a “key affected population” because of the impact of HIV policies on their labor conditions, and the normative association of sex workers with the abjection of sex, not to mention the social impacts that generally follow from this association.


35. “Divide over HIV Prevention Drug Truvada Persists.”

36. Nigel Campbell, “Larry Kramer: There’s Something Cowardly about Taking Truvada,” Instinct Magazine, May 21, 2014. Kramer’s comments were reported as follows,
“You’re taking a drug that is poison to you, and it has lessened your energy to fight, to get involved, to do anything.”


39. “Divide over HIV Prevention Drug Truvada Persists.” The same article reports on a 2013 survey of 1,175 US and Canadian infectious disease specialists that revealed that while 74 percent of those surveyed supported PrEP, only 9 percent had ever prescribed it.


42. Crimp, Melancholia and Moralism, 287. Interestingly, Sullivan recently took Kramer to task in a post on his blog that seems to indicate a partial shift in Sullivan’s apprehension of sexual practice in the post-AIDS context.


45. On partial connections and working with situated knowledges, see Donna Haraway’s classic essay “Situated Knowledges,” in Simians, Cyborgs, Women: The Reinvention of Nature (New York: Routledge, 1991). For further thoughts about how to approach some of the knowledge practices that currently operate in HIV prevention science, see Race, “Framing Responsibility” and “The Difference Practice Makes.”

46. Michael, “Anecdote.”

47. See Latour, “How to Talk about the Body.”


49. For a fuller discussion of this point, see Kane Race, Pleasure Consuming Medicine: The Queer Politics of Drugs (Durham, NC: Duke University Press, 2009), 156–63.

50. If, for Althusser, interpellation describes the “hey you!” moment when individuals recognize themselves as subjects of official discourse, one way to frame this section
might be as an inquiry into the conditions of uninterpellation (see Essays on Ideology [New York: Verso, 1970]). But this term brings with it all the baggage of ideological state apparatuses, a dense and determining set of structures (both theoretically and ontologically) that one may well wish to avoid for this reason. Luckily, some equally viable ways to frame this problem can be drawn from science studies, where the case has been made for treating recalcitrant figures and their ontological attachments seriously, and even engaging the “idiot” as a productive occasion for rethinking the organizing principles of entrenched paradigms of knowledge and practice. See Michel Callon and Vololona Rabecharisoa, “Gino’s Lesson on Humanity: Genetics, Mutual Entanglements, and the Sociologist’s Role,” Economy and Society 33, no. 1 (2004): 1–27; and Mike Michael, “What Are We Busy Doing? Engaging the Idiot,” Science, Technology, and Human Values 37, no. 5 (2011): 528–54.


52. For a classic elaboration of this model of the subject, see Nikolas Rose, Inventing Our Selves (Cambridge: Cambridge University Press, 1998), 150–68.

53. Latour, “How to Talk about the Body,” and Stengers, Power and Invention, as discussed above.


55. Berlant, Cruel Optimism, 23.


57. Berlant, Cruel Optimism, 63.

58. In a phrase that could aptly describe the outbreak of AIDS and its initial apprehension as a community crisis, Berlant focuses our attention on the “drama of adjustment to a pervasive atmosphere of unexpected precarity.” In these circumstances, according to Berlant, people desperately seek out a habit or a form that might help preserve the energy it would take to live in a heightened state of unbearable immediacy. Adjusting to living with HIV can be described from this perspective as a question of how we “learn to submit to the passivity and the activity of feeling forced to take on living as a practice, on the way to the deliberate mode becoming a habit, a comfortable gestural rhythm” (Berlant, Cruel Optimism, 62).

59. The term interference is used by science studies scholars such as Annemarie Mol and John Law to refer to the threat posed by one ontology to another (or multiple others) in the context of ontological multiplicity. For these scholars, the strength and robustness of a particular ontology is always dependent on the various networks, associations, attachments, and practices that hold it in place as a stable and enduring reality. Because other networks, associations, attachments, and practices always coexist, sometimes in tension, ontologies are said to “interfere with” one another. But this interference may be more or less antagonistic, serious, consequential, or endurable.
because of circumstances such as proximity or the relative availability of the tension to be ushered into some sort of practical or negotiated coexistence. See generally Mol, *The Body Multiple*; Law, *After Method*.

60. For an account, see Race, ‘The “Difference Practice Makes.”’

61. Another HIV-negative friend in the same age group described PrEP to me in similar terms recently as “wearing a bullet-proof vest to cross the road.” As a comment on forms of precautionary behavior, this analogy constructs PrEP in terms of overkill and as a course of action that is not well fit to the risks at hand. The person who used this analogy has unprotected, casual sex regularly within what he regards as “tried and tested” risk assumptions and parameters.

62. Adam, “Constructing the Neoliberal Sexual Actor.” See also Race, “Engaging in a Culture of Barebacking”; Carballo-Dieguez et al., “Is ‘Bareback’ a Useful Construct?”

63. See Adam, “Constructing the Neoliberal Sexual Actor.”

64. Race, *Pleasure Consuming Medicine*, 164–90.

65. Michael Warner describes this as “the poppers effect” in *The Trouble with Normal*, 213.


68. Fraser, “Fact, Ethics, and Event.”

69. See Callon and Rabeharisoa, “Gino’s Lesson”; Mol, *Body Multiple*. 