

**What meaning do gay men on PrEP make of their sexuality:  
a phenomenological investigation**

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## Abstract

This study aims to explore what meaning gay men on pre-exposure prophylaxis (PrEP) make of their sexuality. PrEP is a medication that was approved in 2012 by the US Federal Drugs Agency (FDA) as an effective means of prophylaxis against contracting HIV.

Eight gay men in London who have been on PrEP for at least 6 months, and who do not participate regularly in chemsex were interviewed, and the data was analysed using a hybrid method, relying mainly on Interpretative Phenomenological Analysis (IPA), in addition to a heuristic first step. The results revealed how the participants made sense of their sexualities through lenses of being and doing something sexual, often through the identity and acts of sexual roles. Speaking about their sexualities and PrEP showed to be important to the participants, not only as a means of communication, but also as a manifestation of their sexualities. Despite the notion that PrEP neutralises the threat of contracting HIV, the fear of HIV was still prevalent amongst the participants, and casual sex was still perceived to be potentially dangerous. Finally, the results reveal how these participants constructed and valued ideas and fantasies of 'good' and 'natural' sex, which PrEP seems to help them uphold.

This study can contribute towards a deeper understanding of gay sexuality, particularly given the context of rapid changes in technology in the fight against HIV. The clinical significance of this research, especially for existential therapists, lies in the importance the participants placed on speaking about their sexualities, the insights gained from how these participants navigate their sexual lives, and the challenges and dilemmas they face regarding the choices they make and the risks they are willing or not willing to take as part of their sexuality.

## Keywords

Interpretative Phenomenological Analysis, Sexuality, Being Sexual, PrEP, Gay Men, Existential Psychotherapy.

## Statement of Authorship

This dissertation is written by Rami Phoebus Ebbini and has ethical clearance from the New School of Psychotherapy and Counselling and the Psychology Department of Middlesex University. It is submitted in partial fulfilment of the requirements of the New School of Psychotherapy and Counselling and the Psychology Department of Middlesex University for the Professional Doctorate in Existential Psychotherapy and Counselling. The author reports no conflicts of interest, and is alone responsible for the content and writing of this dissertation.

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# 1. Introduction

## 1.1 PrEP

The aim of this thesis is to conduct a phenomenological investigation into what meaning gay men on pre-exposure prophylaxis (PrEP) make of their sexuality. The chosen method for this exploration is a hybrid method that relies primarily on Interpretative Phenomenological Analysis (IPA), in addition to a heuristic first step.

PrEP is a medication that was approved in 2012 by the US Federal Drugs Agency (FDA) as a suitable means for prophylaxis against contracting HIV. As a result, since then, a growing proportion of gay men have started taking PrEP in the US – the increase of PrEP users in the USA is indicated to be as much as 73% year on year (AIDSVu, 2020). Anecdotal evidence (from websites such as [www.iwantprepnw.co.uk](http://www.iwantprepnw.co.uk)) suggests that gay men in the UK have been purchasing PrEP online since 2012. There have been various global studies proving the effectiveness of PrEP in preventing HIV transmission, including the PROUD study, which started in the UK in 2012 ([www.iwantprepnw.co.uk](http://www.iwantprepnw.co.uk), 2019). In Scotland, after studies such as Frankis et al. (2016) showed that half of the men who have sex with men (MSM) who were surveyed would take PrEP if it were available, PrEP started becoming available on the NHS since 2017 ([www.iwantprepnw.co.uk](http://www.iwantprepnw.co.uk), 2020). PrEP is yet to be available on the NHS in England at the time of writing. However, since October 2017, a large scale 3 year trial is taking place in England involving 26,000 participants, to assess how many people need PrEP and how long they would need it for, as a possible first step in a more wide ranging roll-out of this medication nationally ([prepimpacttrial.org.uk](http://prepimpacttrial.org.uk), 2019).

Evidence suggests that in addition to acting as an extra layer of protection (i.e. using PrEP in addition to condoms), a rising proportion of men who are on PrEP, now no longer use condoms when having sex (AIDS Map, 2017). As a result, the landscape in terms of how gay men are having sex is changing, but so is the meaning of the possibilities of sex now that the risk of contracting a lifelong illness, whilst on PrEP, is massively reduced (Dean, 2019).

## 1.2 Sexuality

The meaning of the word sexuality is explored in depth in section 2.4 below (as are the words ‘sexual’ and ‘sex’). However, as a working definition for this study, I follow Spinelli (2014) and use the word sexuality to mean “*being or doing something sexual*”. And I use the term “being sexual” interchangeably with “sexuality” throughout this thesis.

There is a relative paucity in existential phenomenological thought regarding sexuality, in particular, sexuality as experienced and expressed by non-heterosexual people. Therefore, I believe that research that aims at understanding how sexuality is understood and lived by minority groups, such as gay men, is important for practitioners, as it would expand and challenge preconceived notions of sexuality and the difficulties faced therein.

Further, the LGBT community in general faces a higher risk of mental health problems, suicidal thoughts and deliberate self-harm than heterosexual people (LGBT Foundation, 2017). Therefore, I believe it is part of a psychotherapeutic practitioner's duty of care to be aware and sensitive of the different challenges and contexts that their clients face, particularly clients from minority groups.

### 1.3 Background

As part of my exploration of what it means to be sexual as a gay man, I started over 5 years ago to facilitate workshops for gay men in London, exploring different aspects of sex and being sexual. I first came across PrEP in one of those workshops and was intrigued to find out more and understand what its effects were. As a result, I myself started using PrEP since early 2016, and noticed some significant changes in my own sexuality, how my changing perception of the risk of HIV changed my sexual behaviour and how I viewed others sexually.

Over the last few years, with PrEP becoming more known and used by gay men, I noticed also in the workshops that I conducted that attitudes towards condomless sex started changing, as men were faced with new choices and challenges as to how to live their sex lives. At the same time, slurs such as 'PrEP Whores' or 'Truvada Whores' (Truvada, being the patented name of PrEP) began to be used to shame and stigmatise those who chose to be on PrEP as being reckless and irresponsible (Race, 2016). But soon after, those terms were and are being reclaimed by those who refuse to be coerced into changing their behaviour as a result of shame (Gonzalez, 2019).

Cairns et al. (2016) have noted how polarising PrEP can be for gay communities around the world, as gay men grapple with notions of pleasure, responsibility and shame in an era post AIDS, but still in the spectre of HIV, as a persistent and real risk.

Regardless of what one believes about PrEP, we are entering a new era in gay sexuality, primarily because of PrEP and the improved technologies in combatting HIV. This presents its own set of challenges and opportunities. For gay men in particular, engaging with the option of PrEP is often a confrontation with the questions of who they are sexually, what risks they perceive themselves to be in danger from, and how they want to live their sexual lives.

## 1.4 Outline of thesis

This thesis is structured as follows: in section 2, I conduct a literature review covering the history of HIV and the emergence of PrEP, including research on the lived experience of being on PrEP. In addition, I explore the meanings of sexuality in several discourses, namely psychoanalysis and social constructionism, before focusing on the existential phenomenological views on sexuality.

In section 3, I set out the methodology for this study, including my epistemological and ontological stances, and explain why I chose to use a hybrid method relying on IPA, as opposed to some other possible alternative methods. In this section, I also explore the validity of my results, and my reflexive process for this project, before setting out how I designed my research and what form my method took.

In section 4, I turn to the ethical considerations that I have made for this study. Next in section 5, I explain what my process was in analysing the interviews conducted. I set out my Findings in section 6, and divide them into three superordinate themes, namely: being sexual on a personal level, being sexual with others, and sex on PrEP.

In section 7, I discuss my Findings and situate them amidst the broader research that has taken place on PrEP and sexuality. Finally, I conclude this thesis in section 8, by setting out the implications of my study for theory and practice, as well as the limitations of the research and some suggestions for future research.

## 2 Literature Review

### 2.1 Scope and rationale of review

The literature review is divided as follows:

I first explore the context in which PrEP has arisen, especially the effects and developments of the AIDS crisis in the 1980s and 1990s in Section 2.2. Next, in section 2.3, I look at existing qualitative and quantitative research that has been conducted on PrEP and possible potential parallels with the oral contraception pill.

In relation to my review of the literature on sexuality, I think it is important to first note that there are many discourses that engage with the concept of sexuality, including biology, anthropology, criminology, psychoanalysis/psychology, cultural sociology, philosophy and social history (Milligan, 1993). A full exploration of sexuality in all of these discourses may be informative, however, is not within the scope of this literature review primarily because it would broaden the lens of my study and potentially obscure what I am specifically researching, which is the *meaning* of sexuality from a phenomenological perspective. Therefore, I focus the main part of this literature review on an in-depth exploration of how existential phenomenologists have dealt with the meaning of sexuality in section 2.7.

However, I believe it is also important to provide some context for the existential phenomenological views on sexuality, as those perspectives were not formed in a cultural and historical void, and therefore, I first explore the definitions and origins of the word 'sexuality' and what this tells us about the concept of sexuality (section 2.4). Next, I briefly explore two other discourses on sexuality, namely psychoanalysis (section 2.5) and social constructionism (section 2.6). I have chosen to look at sexuality in psychoanalysis, because to a large extent all psychotherapy, as we know it today, started from the roots of psychoanalysis, and therefore an exploration of Sigmund Freud's views on sexuality will provide a backdrop against which existential phenomenological thinkers developed their own thoughts. Further, I have chosen to look at social constructionism because it is a discourse that resonates with me, and places existential phenomenological views about sexuality in a much larger social, historical and cultural context. But also because this discourse has recently also looked at the development of PrEP and its place in the growing medicalisation of gay sexuality.

Although other discourses around the relationality and attachments of sexuality, and other theories around sexual roles and their meanings in the gay community may be useful and insightful, I have chosen not to include a review of them so as to maintain the focus of this thesis on the meaning of sexuality per se, as opposed to the numerous other aspects of sexuality.

## 2.2 The context of PrEP

### 2.2.1 The AIDS crisis

Sex between two men has never been very safe, at least in the Western world in the last few centuries. The consequences of homosexual acts often meant criminalisation, being pathologized, discriminated against, harassed, abused and sometimes even murdered (Shernoff, 2006). With the advent of AIDS however, the risks of living an active gay sex life became even more dangerous.

AIDS, which stands for Acquired Immunodeficiency Syndrome, is a fatal condition that started appearing in the early 1980s in California and New York. Shortly afterwards, HIV, the Human Immunodeficiency Virus, was identified and determined as its cause (AIDS map, 2017). Scientists also began understanding how HIV was transmitted, which was primarily through blood, semen and vaginal secretions, and once in the body the virus attacked the immune system's cells leaving the body susceptible to life threatening illnesses (Shernoff and Smith, 2001).

In the USA, certain members of the gay community (most notably Larry Kramer, a playwright, author and LGBT activist) found themselves eerily close in opinion to many on the political right who saw gay men's behaviour as the main fuel for the spread of AIDS (Shernoff, 2006). Some gay men rebelled against the notion of curtailing their newfound sexual freedoms, while most others began drastically re-evaluating sex and casual sexual encounters, especially condomless sexual encounters and the exchange of bodily fluids.

Many harrowing media campaigns at the time linked condomless gay sex with AIDS and death (Scalvini, 2010), and were designed to encourage what was initially termed 'safe sex' (i.e. sexual intercourse using condoms). However, as the awareness of how HIV spread increased, with some cases of HIV being passed during condomless oral sex, gay men then became encouraged to practice 'safer sex', as it was acknowledged that no prevention technique for oral or anal sex was 100% safe (AIDS Map, 2017).

### 2.2.2 HIV medication

In 1986, the US Food and Drugs Administration (FDA) approved the first antiviral medication to be used for HIV/AIDS (Shernoff and Smith, 2001). However, it was only in the mid-1990s that a combination of drugs began to be used for HIV called Highly Active Antiretroviral Therapy (HAART), and this massively reduced the deaths that resulted from being infected with HIV (AIDS map, 2017). Although HAART was not a cure, it became an effective treatment which turned HIV into a manageable lifelong disease (Avert, 2017).

Part of what HAART achieves is a reduction of a HIV+ person's viral load, which is the amount of the HIV virus in the genital fluid and blood. If a person's viral load is so low that it cannot be detected on a test, a person is considered to be 'undetectable' (NHS, 2017).

In 2016, a social media drive by Prevention Access Campaign was launched with the slogan "U=U" (undetectable = untransmittable), with the aim of highlighting Treatment as Prevention (TasP), which is that HAART treatment not only manages the virus within HIV+ people's bodies, but it also prevents the virus from being transmitted to those who do not have it (Prevention Access Campaign, 2016). The US Centers for Disease Control and Prevention (CDC), shortly afterwards confirmed that if a person is undetectable, then there is "*effectively no risk*" of them transmitting the virus to a HIV negative person (CDC, 2017a).

Although some people welcomed this initiative, others were more critical of it as they argued that it focuses the responsibility of HIV prevention on HIV+ people (Young et. al, 2019). Responsibility in stopping the transmission of infections and viruses is especially relevant to PrEP, as, to a certain extent, being on PrEP is an assumption of responsibility by HIV- people to remain free of the virus.

### 2.2.3 HIV prophylaxis and the advent of PrEP

Prior to the advent of PrEP, a medical prophylaxis against HIV was available in the form of Post Exposure Prophylaxis (PEP) treatments. This meant that HIV transmission often could be stopped after exposure to the virus, so long as treatment was started within 72 hours. The recommendations for non-occupational use of PEP was released by the US Department of Health and Human Sciences in 2005 (CDC, 2016).

On 16 July 2012, the US FDA approved Truvada (a patented name) as a pre-exposure prophylaxis against HIV (FDA, 2012). PrEP is a combination of two drugs (emtricitabine and tenofovir disoproxil fumarate) aimed at blocking the action of a protein that HIV needs in order to replicate in the body.

Clinical trials (Terrence Higgins Trust, 2017) have shown that there are two effective ways of taking PrEP:

- a) One tablet a day; or
- b) 'event based': only taken when needed (two tablets 24 hours before sex, one tablet 24 hours after sex and another tablet 48 hours after sex).

The CDC (2017b) asserts that if used daily, PrEP reduces the risk of contracting HIV through condomless sex by more than 90%.

In England, PrEP has not yet been available on the NHS at the date of writing. However, a three-year trial which started in October 2017, recruited 26,000 participants in order to study “*optimal targeting, uptake and implementation on a large scale*” (prepimpacttrial.org.uk, 2019). What is notable however is UK government statistics which show that since 2015, new HIV diagnoses in the UK have fallen by a third, and that in addition to effective HAART treatment, NHS England attribute this fall to an increased proportion of people using PrEP (Gov.uk, 2020). Therefore, it is hoped that NHS England will start making PrEP available to those who need it imminently.

#### 2.2.4 Parallels with the oral contraceptive pill

Myers and Sepkowitz (2013) argue that there are many similarities regarding the response to and effect of PrEP on society and sexuality with the oral contraception pill (the OCP) that became available in 1960. In particular, Myers and Sepkowitz (2013) cite newspaper articles which thundered how the very foundations of sexual morality would be undermined by the OCP as sexual intercourse was effectively now separated from procreation. This line of thought has been mirrored more recently with critics of PrEP arguing that it is giving gay men the green light to have unlimited irresponsible (i.e. condomless) sex.

The decoupling of sexual intercourse from the possibility of pregnancy arguably contributed to the sexual revolution of the 1960s, and this possibly explains the anxieties that some have about decoupling gay sex from the possibility of contracting HIV.

Having said that, there are arguably many differences in how men and women experience their sexualities, and therefore a ‘liberation’ of women’s sexuality probably looks entirely different from a ‘liberation’ of gay men’s sexuality. Further, although it is fair to suggest that the introduction of the OCP in 1960 contributed to the sexual revolution of the 1960s, it is also important to note that the context in which women’s sexualities was altered is very different from the context of gay men’s sexualities in the early 21<sup>st</sup> century. Therefore, the introduction of PrEP may not have such a revolutionary or significant effect on sexuality as suggested by Myers and Sepkowitz (2013).

### 2.3 Research on PrEP

The research that has been carried out on PrEP since 2012 has been prolific. However, the vast majority of this research is quantitative, and focuses on aspects such as the effectiveness of PrEP, acceptability amongst different populations, willingness to start PrEP and rates of adherence once started.

There is no research to date, that I have identified, that specifically looks at the meaning-making regarding the sexuality of gay men on PrEP. However, there is a good amount of research that explores different aspects of either the lived experience of being on PrEP or the thoughts and beliefs of gay men about PrEP that is relevant to my study. It is not within the scope of this thesis to include a review of all the research on PrEP, and therefore, I include below the studies (both quantitative and qualitative) that are most relevant in terms of gay men on PrEP who reflect on their sexual experiences.

### 2.3.1 Qualitative Studies

A study by Williamson et al. (2019) held 3 focus groups in Leicester, which comprised of 13 HIV negative GSM (gay and other men who have sex with men) and 5 HIV positive GSM between the ages of 24 and 48, to discuss their views on PrEP. Only one participant of the 18 was a regular PrEP user. The study found 3 main themes that arose for these participants, namely: representations of PrEP users within and beyond gay communities, PrEP, stigma and the interpersonal politics of HIV disclosure, and discourses of doubt and distrust. Regarding the first theme, the participants ranged from viewing PrEP as a positive development for serodiscordant couples (i.e. couples who differed in their HIV status), to viewing PrEP users as reckless and irresponsible. Some of the participants had the impression that it was only a certain 'category' of men who would take PrEP, often associated with taking other recreational drugs too. Regarding the second theme, PrEP was seen by the majority of the participants as making condoms redundant. However, the data from this study showed that there was a fear that PrEP may actively reduce meaningful discussions about sex, as there were fears of misrepresentations, and therefore an increasing lack of trust in others' HIV status. This seems to link in with the study's third theme, which was the doubt and distrust of PrEP itself, including the long-term side-effects, the motivations of big pharmaceutical companies and the effectiveness of PrEP as a prophylaxis.

Despite this study including only one participant who was a regular user of PrEP, the results reflect some of the complexity and uncertainty around some gay understandings of PrEP. They also evidence that the spectre of HIV is still very present in the minds of the participants, and go some way in explaining the mixed reception that PrEP has received so far in the gay community. Further, this study was conducted in Leicester, with about half of the participants being non-white GSM, thus broadening the perspective of voices around PrEP.

A study by Huang et al. (2019) interviewed 31 MSM in Taiwan (recruited from a trial) to explore their experiences of being on PrEP, and how they communicate that fact to others online on hook-up apps and with their sexual partners. The data was approached and informed by the theory of problematic



integration and uncertainty management, and three major themes arose: 1) uncertainty around taking PrEP and whether to adhere to a daily or event-based regimen. This uncertainty was exacerbated by the fact that the participants did not know at the time whether PrEP would be available to them after the trial ended, or whether they would have to purchase it themselves. 2) uncertainty about how information regarding PrEP was perceived by others online, in particular because the translation of the online status “HIV negative on PrEP” in Mandarin is “HIV negative on PrEP treatment”. This ‘status’ often confuses those who do not know about PrEP to believe that it is a treatment for HIV, rather than a prophylaxis. 3) uncertainty in negotiating the stigma of being on PrEP, especially because the participants were aware of the various implicit messages communicated through their revealing that they were on PrEP.

The Huang et al. (2019) study highlights the changing landscape of online communications between gay men in the era of PrEP, where uncertainty about what it means to be on PrEP seems high. It is striking that the Mandarin translation of ‘being on PrEP’ on social apps uses the terminology of treatment, which indicates that the user is already suffering from an illness or infection. This challenge has not arisen in English speaking countries where the notion of prophylaxis appears to be straightforward. Finally, it is important to note that although the Huang et al. (2019) study is significant, there are likely to be cultural differences in the experiences of sexuality for participants in places like Taiwan vs. participants in London.

A study by Grace et al. (2018) was conducted in Toronto, Canada to learn inductively from the lived experiences of gay and bisexual men who took part in the PREPARATORY-5 trial in Toronto. 16 men were interviewed via focus groups and individual interviews, and a Grounded Theoretical approach was used to interpret the data. The results showed that a lot of the participants expressed feeling proud and liberated by being on PrEP because they felt that they could start having normal and pleasurable sex again. This was mainly due to the anxiety and fear around HIV being significantly reduced. Some of the participants expressed feeling that they had to hide their PrEP use from their social circles due to the stigma they felt around it. However, most of the participants refused to assume a victim narrative around the perceived negative image of PrEP.

It is important to highlight that all the participants from the Grace et al. (2018) were all ‘early adopters’ of PrEP given that they were on the PREPARATORY-5 trial, which took place between November 2014-June 2016. Therefore, the authors of this study underline that they may not be representative of the larger gay community, because they were highly motivated and relatively more privileged in accessing this trial. Having said that, the themes that have arisen in the Grace et al. (2018) study are relevant to my study, in particular the change in experiences of sex since starting PrEP.

Another Canadian study, Newman et al. (2018), interviewed 29 participants between October 2015 and March 2016, to explore the experiences of gay and bisexual men on PrEP – in particular, their consideration, access and use of PrEP. By design, about half the participants were using PrEP, while the other half were not. Of relevance to my study, one of the clear findings of the Newman et al. (2018) study is that the PrEP user participants predominantly reported a significant decrease in anxiety around sex since starting PrEP. The participants felt empowered to start having the sex that they wanted to have (which was mainly without condoms). Some of the participants expressed concern about contracting STIs other than HIV, but they felt that it would be worth it. Both the user and non-user participants of PrEP reported an acute awareness of the stigma associated with PrEP, and often the feeling of shame in revealing to others in their social networks that they use PrEP.

The Newman et al. (2018) highlights some of the themes that are relevant to my study, namely the change in how the participants experience sex after starting PrEP, and the possible displacement of anxiety away from HIV onto other STIs.

A study by Dubov et al. (2018) explored the stigma-related experiences, in specific, of MSM who use PrEP in the USA. The authors believe that PrEP-related stigma is a potential barrier to PrEP implementation and maintenance, and therefore they believed it was important to understand in order to work towards making PrEP available to those who need it most. This study was part of a larger study which looked at the preferences for PrEP delivery among MSM in the USA, and of the 250 participants in that study who were asked to participate, 43 MSM said that they had experiences with PrEP stigma and agreed to take part. Those 43 participants were recruited in 2015 and interviewed, and the data was analysed using Grounded Theory. Of relevance to my study, the participants of the Dubov et al. (2018) study believed that PrEP stigma was related to HIV stigma, in that both were associated with 'slutty' or 'dirty' behaviour, and that PrEP users were perceived to go contrary to the 'condoms only' culture which became prevalent after the AIDS crisis, and which valued condoms as the magic bullet that prevents the spread of HIV. The authors noted marked differences in the experiences and views of white vs. ethnic minorities participants, where it was more likely that ethnic minorities participants would view PrEP with more scepticism.

It is important to note that the Dubov et al. (2018) study purposively recruited participants who stated that they experienced PrEP related stigma. Therefore, these results are not generalisable to everyone that uses PrEP. Further, the interviews for this study were conducted in 2015, and the amount of time that the participants had been on PrEP by the time of the interviews ranged from 2 months to 2 years. It is not unlikely therefore, that the experiences of the gay men in my study, having been interviewed

in 2018 may diverge given the relative increase in the normalisation of PrEP (at least in London and certain parts of the USA).

A study by Collins et al. (2017) looked at the impact of PrEP on the sexual health of gay men in Seattle. It was an IPA study of 14 participants aged between 26 and 66. The study found that most of the men wanted to be on PrEP because they had previously 'slipped up' on using condoms, and preferred having condomless sex. The participants expressed that they felt less vulnerable, fearful and ashamed of their sexual behaviour as a result of PrEP. Some of the participants expressed a newfound sense of agency and liberation, in that they did not feel like passive victims who would inevitably contract HIV. Further, some of the participants expressed feeling that the sex they were having since starting PrEP was more satisfying, because they felt that they could engage without the anxiety around sex that they used to have. In addition, some of the participants expressed being able to experience sexual acts such as receptive anal sex, which previously they had not allowed themselves to because of the increased risk of contracting HIV. Finally, some of the participants expressed feeling more comfortable about the idea of having relationships with HIV+ men.

The Collins et al. (2017) study is very relevant to this study, as it looks at the impact of PrEP on gay men's sexual health. However, it is important to note that the interviews for that study were conducted in 2014 (which is only 2 years after the FDA approved of PrEP as a suitable prophylaxis against HIV), compared to the interviews for this current study, which were carried out in 2018 – and therefore, (in addition to the different focus of our studies) there could be a divergence in how the participants experienced being on PrEP given the time difference. Further, half of the participants in the Collins et al. (2017) study were using PrEP for 3 months or less at the time of the interviews, while in this current study, one of the qualifying criteria for inclusion in the study is that the participants must have been on PrEP for at least 6 months prior to the interviews. Given the year of the Collins et al. (2017) interviews (i.e. 2014), perhaps it was difficult to find participants who were willing to take part in the study with more than 3 months' worth of experience of being on PrEP. However, I believe, as is shown in the Findings section 6 below, it has taken the participants of this current study some time to get used to being on PrEP, and therefore to really get a sense of the experience of gay men who are on PrEP, I think it is important for them to be on it for at least 6 months, if not more.

A study by Arnold et al. (2017) looked at the factors affecting PrEP use and retention amongst 30 men who have sex with men (MSM) in Mississippi. The participants were recruited from a PrEP program at a clinic that provides preventive and primary care for LGBT people. The data was collected via semi-structured interviews and a general inductive approach was used for the analysis. Of relevance to my study, the Arnold et al. (2017) study showed that the participants reported being more attuned and

aware of their health and well-being since starting PrEP. Some reported that they had won “*their life back*”. The authors of this study highlighted that their results may not be generalisable across the rest of the USA, particularly given the social, cultural and religious structures in place in the Deep South. This may be especially so in relation to my study, as all the participants recruited for my study live in London, which is arguably very different from the South of the USA, and therefore the beliefs, assumptions, and attitudes of gay men are likely to diverge.

A study by Jaspal and Daramilas (2016) looked at the perceptions of PrEP amongst HIV negative and positive MSM in the UK. A group of 20 HIV negative and positive men were recruited in the East Midlands and West London (9 were HIV+ and 11 were HIV-). None of the HIV- participants were actually taking PrEP at the time of this study. Semi-structured interviews were carried out and the data was analysed using qualitative thematic analysis. The superordinate themes that arose from the data were: 1) uncertainty and fear, 2) managing relationships with others, and 3) stigma and categorisation. I found it interesting that the study found that despite the evidence from the clinical trials that PrEP is highly effective in stopping the contraction of HIV, the HIV- participants were suspicious of the efficacy of PrEP, and did not feel ready to trust it fully. Further, some of the participants expressed a fear of moving away from a tried and tested means of prophylaxis (i.e. condoms), which has kept them HIV negative for a long time. Regarding the second theme, the participants expressed that being on PrEP would impact their personal relationships, and focused on the fear of stigma and being perceived by others to be ‘slutty’ and irresponsible. Indeed, many of the participants wanted to distance themselves from the category of men who would take PrEP. Having said that, some of the participants described the potential for feeling in control of their sexual health.

Although the Jaspal and Daramilas (2016) study has several themes which are relevant to this study, it is important to highlight the date of their study as being 2016, which is before the large-scale NHS England trial which started in 2017. Therefore, arguably, PrEP was still relatively new when this data was collected. Further, it is significant that none of the HIV- participants were actually on PrEP when the interviews were conducted. Therefore, their views on PrEP would likely be different to the views and experiences of men who in fact are taking PrEP.

Finally, an article by Young et al. (2016) looked at how biomedicalization is encountered, and responded to in relation to PrEP and Treatment as Prevention (TasP) amongst gay/bisexual and/or men who have sex with men (GBMSM) as well as men and women from migrant African communities in Scotland. This article was based on a study conducted by Young et al. (2014) which looked at the barriers to uptake and use of PrEP amongst GBMSM and African communities in Scotland. Of relevance to this current study, the article focused on a potentially growing gulf between HIV positive

and negative communities in terms of expectations and experiences of negotiating biomedical prevention. This feels significant as the question of responsibility in relation to sexual health is relevant in the light of all prophylaxes, but possibly more so in relation to PrEP, because unlike condoms, which have no lasting effect on the user after use, PrEP is a drug that is ingested and therefore has a longer lasting effect on the body, including some possible side-effects (Terrence Higgins Trust, 2020).

### 2.3.2 Quantitative Studies

A small American study by Chu et al. (2019), involving 10 participants, explored how patients at two urban primary care clinics started PrEP, whether or not they adhered to it, and the pros and cons of using condoms whilst on PrEP. Of interest to my study is some of the comments noted by the participants regarding condom use (in addition to PrEP): terms such as “*additional protection*”, “*complete protection*” and “*double protection*” were used to highlight how some of the users believed that PrEP on its own may not be sufficient to prevent the contraction of HIV. Further, there was an emphasis on the fact that sex without condoms still leaves the participants at the risk of other STIs besides HIV. Due to the quantitative nature of this study, these comments do not seem to have been fully explored. However, they seem to point to themes which resonate with some of my Findings.

An Australian study by Holt et al. (2018) comprising 16,827 gay and bisexual men on PrEP found that the proportion of participants who reported condomless sex rose from 1% in 2013 to 16% in 2017. And consistent condom use fell from 46% of men in 2013 to 31% of men in 2017. These changes coincided with a fall in new HIV infections of 16% in Victoria and 11% in New South Wales between 2016 and 2017. The data was gathered via a survey, and therefore as with all self-reported data it is difficult to ascertain the factual correctness of the data, particularly as in 2013, prior to PrEP being publicly rolled out in funded projects in Australia, it could be argued that the stigma associated with condomless sex was relatively much higher than in 2017 (and therefore, possibly less men would have been truthful about how often they engaged in condomless sex). Nevertheless, this study points to a possible trend in Australia in the move away from condoms during sex.

In order to understand more what is meant by sexuality, I now turn to the different meanings and origins of the word ‘sexuality’.

## 2.4 Meanings and origins of the word ‘sexuality’

### 2.4.1 Definitions

According to the Merriam-Webster online dictionary, the word 'sexuality' was first used around the year 1797, and is defined as:

*"the quality or state of being sexual;*

- a) The condition of having sex;*
- b) Sexual activity;*
- c) Expression of sexual receptivity or interest especially when excessive".*

Evidently, the word 'sexuality' can mean several slightly different things, and can be used in different ways. For the purpose of this thesis, and in order to provide clarity as to what I mean when I use the word sexuality, I intend to follow Spinelli's (2014) suggestion that possibly one good definition for the word sexuality is *'being or doing something sexual'*. I choose this working definition amongst many others primarily due to its simplicity and its resonance for me, coming from an existential phenomenologist.

However, even with this definition, we are still left with the term 'sexual', which again can mean different things. The Merriam-Webster online dictionary defines 'sexual' as:

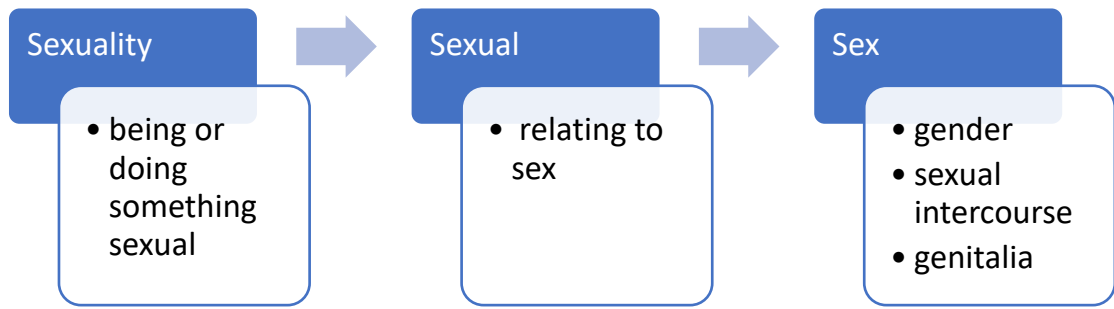
*"-of, relating to, or associated to sex or the sexes*

*- having or involving sex."*

Taking this yet another step, the Merriam-Webster online dictionary defines 'sex' as:

- 1. "either of the two major forms of individuals that occur in many species and that are distinguished respectively as female or male especially on the basis of their reproductive organs and structures*
- 2. the sum of the structural, functional, and behavioural characteristics of organisms that are involved in reproduction marked by the union of gametes and that distinguish males and females*
- 3. a : sexually motivated phenomena or behaviour*  
  
*b : sexual intercourse*
- 4. genitalia"*

To summarise:



### 2.4.2 Etymology

Tucker (1976) traces the etymology of the word sex back to the 14<sup>th</sup> century, originating from the Latin *sexus*, which in turn, originates from the verb *secare*, which means to divide or cut. This makes sense as historically, people were conceptualised as being divided into two genders. Interestingly, the meaning of sex starts becoming linked with sexual intercourse only in 1929 through the writings of D.H. Lawrence, who first started using the term in this way.

As a result, based solely on the definitions used in dictionaries and the etymology of the word, it can be deduced that how someone manifests or experiences their sexuality (i.e. their being/doing something sexual) is as much linked to how they are gendered and what genitalia they have, as to their relationship to sex (as in sexual intercourse).

Obviously, the word and evolution in meaning of 'sexuality' did not happen in a contextless space but was moulded by different streams of thought since the 19<sup>th</sup> century. One of the most innovative discourses on sexuality that emerged with Sigmund Freud in the end of the 19<sup>th</sup> century was psychoanalysis, and I now turn to a brief summary of how sexuality was understood in that discourse.

## 2.5 Psychoanalytic understanding of sexuality

The theory of sexuality in psychoanalysis is vast, many-layered and complex, and its elucidation would take up a whole thesis in itself. There are many different schools in psychoanalysis, and as a result, several different theories. As it is not my intention to explore all different schools of thought in psychoanalysis, I have chosen to look only at Sigmund Freud's, the founding father of psychoanalysis, original ideas on sexuality to give a flavour of the basis of subsequent psychoanalytic theories.

Weeks (1998) suggests that Freud's ideas were so revolutionary at the time of his writing because he directly challenged conventional understandings of sexuality, in particular the centrality of the reproductive urge, by focusing on what he described as the unconscious and desire.

One of the key principles in understanding sexuality according to Freud, is the concept of the drive (which in some translations of Freud's work is referred to as the instinct). A drive is defined as a continuously flowing source of stimulation, which is on the frontier between the mental and the physical, and which aims at the elimination of tension (Freud, 1986/1905). The sexual drive does not register normal or abnormal desires, it does not register genders or particular behaviours, it is without a definite object or destination (Freud, 1986/1905). This is perhaps what is referred to in common parlance today, as being 'horny' and wanting to or being driven to have sex (i.e. feeling a stimulation within the body, but on the frontier of the mind, that is a tension that needs to be released usually through masturbation or having sex).

However, according to Freud, sexuality cannot be explained solely in terms of the sexual drive, but also by "*intersubjective structures which predate its emergence in the individual*" (Laplanche and Pontalis, 1988, p.421). What this means is that sexuality is believed to be also constituted by a part that is inherited through biological evolution, which governs how humans have always 'known' what to do in order to reproduce. In other words, through evolution, sperm producing individuals have always been attracted to egg producing individuals in order to reproduce, which seems to be some sort of an in built imperative. This, in classical psychoanalysis, forms the basis of the labelling certain forms of sexual behaviour as 'normal' (i.e. genital intercourse between a man and a woman), and 'perverse' (i.e. any other type of sexual intercourse between a man or a woman, or two same gendered partners).

The legacy of normal sexuality and perverse sexuality persist till this day, as can be evidenced by the fierce debate on gay marriage in various countries around the world. Inevitably, how gay men experience their sexuality today is informed to a certain degree by how they relate to the ideas of normality and perversion, and how they feel about sex not being related to reproduction.

Freud (1986/1905) believed that sexuality begins in childhood as polymorphously perverse, and as a child grows up and matures through puberty, it acquires a 'normal' sex-life after a lengthy process of psychical and physical maturation. In other words, our sexual instincts become shaped and moulded by societal pressures to conform to what is considered to be normal.

Having said that, Freud would often qualify his ideas with uncertainty. For example, at the end of his *Three Essays on Sexuality*, which was published relatively early on in 1905, he states that it is an "*unsatisfactory conclusion [that]... we know far too little... to construct from our fragmentary information a theory adequate to understanding alike normal and pathological conditions*" (Freud,



1986/1905, p. 243). Sadly however, it does not appear that much attention has been paid to these qualifications of his theories.

Nevertheless, at the end of his life, Freud (1986/1938, p. 152) sums up his theory of sexuality as follows:

- a) Sexual life does not begin only at puberty, but starts with plain manifestations soon after birth;
- b) It is necessary to distinguish sharply between the concepts of 'sexual' and 'genital'. The former is the wider concept and includes many activities that have nothing to do with the genital; and
- c) Sexual life includes the function of obtaining pleasure from zones of the body – a function which is subsequently brought into the service of reproduction. The two functions often fail to coincide completely.

What is clear from point a), which is expanded upon in the subsequent two points, is that sexuality, according to Freud, is necessarily separate from the reproductive urge, as prepubescent children cannot reproduce. Therefore logically, at least for children, their sexuality must be related to the sexual drive/instinct and the pursuit of releasing tensions, mainly through erotogenic zones (such as the mouth and anus), but later in life focusing on the genitals. As children emerge into puberty, and become capable of reproducing, the pleasure of releasing sexual tension, according to Freud, is brought into the service of the reproductive urge.

At least in relation to adult sexuality therefore, it does not really appear that Freud has moved away from the centrality of the reproductive urge, as that appears to be the marker between normal and perverse sexuality.

Following on from this line of thinking, unsurprisingly, Freud (1961, p.227) viewed homosexuality as an "*arrest of the sexual development*" in that the sexual drive has not been brought under the service of reproduction, as two men cannot reproduce with each other through sex. Granted, that at least for his time, Freud (1961, p.227) did not view homosexuality as a "*vice or degradation*", and that it was "*nothing to be ashamed of*", yet it was still abnormal, as it did not conform to the usual path that sexuality took (i.e. heterosexuality).

Freud's views on sexuality are rich and novel. Milligan (1993, p.63) believes that Freud's brilliance "*lay in his refusal to permit the opposition between biology and society to be resolved. It was kept open like a wound*". Indeed, in that tension between the drive and societal norms of reproduction,

Freud shifted the labelling of non-reproductive acts from sins and crimes to perversions - a shift that forms part of the development of the history of sexuality, as is explored in section 2.6 below.

Despite Freud's brilliance, what he does not seem to take into account, and what he did not challenge or question is how sexuality came to be constructed as what he understood it to be at the time. He treated sexuality as an ahistorical fact, when prior to the 1800s the word did not even exist (Milligan, 1993). For example, in a letter to a mother of a gay man, Freud (1961, p.227) explains that "*many highly respectable individuals of ancient and modern times have been homosexuals... Plato, Michelangelo, Leonardo da Vinci, etc*". What Freud fails to locate historically is the identity of homosexuality arising only in the 19<sup>th</sup> century. The men that Freud listed above may have indeed engaged in sexual acts with other men, but this, at their time, did not result in them being identified as homosexual, because that identity did not exist then (Foucault, 1998).

Further, with the sexual drive, Freud has constructed a theory of sexuality which is framed around people being entities that are separate from others and from their worlds. A sexual drive is not something that depends on others, but originates from within an organism and seeks a release of tension. This understanding of sexuality possibly resonates with a lot of people till this day. However, as is explored in section 2.7, it is markedly different from an existential understanding of sexuality which is intrinsically inter-relational.

## 2.6 Social constructionist views on sexuality

### 2.6.1 Sexuality in general

It may seem strange to think that sexuality is not something natural and ahistorical, but a result of social processes. However, Halperin (1989, p. 257) sums up a social constructionist position of sexuality as follows:

*"Sexuality... does not properly refer to some aspect or attribute of bodies..., sexuality is a cultural production: it represents the appropriation of the human body and of its physiological capacities by an ideological discourse. Sexuality is not a somatic fact; it is a cultural effect."*

Therefore, according to Halperin, sexuality and being sexual is not something that we possess, but rather the types of feelings and behaviours and functions of our bodies that are socially or culturally determined to be sexual. A social constructionist for example, would qualify Freud's view of the 'sexual drive', and argue that that is something delineated or constructed by Freud, and not something that essentially exists prior to its construction.

Foucault has been one of the most insightful thinkers about the social construction of sexuality. His main work on sexuality is his three-volume opus *History of Sexuality*, which maps out how through various discourses from the 18<sup>th</sup> century onwards, sexuality became to be constructed as the notion that it is today.

Foucault (1998) believes that discourses, such as the confessional at church, psychiatry and the judiciary started becoming more interested in labelling, confining and controlling people and how they expressed themselves sexually. According to Foucault (1998), this was partly due to the advent of capitalism, and to changes in manufacturing. Governments began to be more interested in the shapes and states of their populations, and so sex as a means of reproduction but also as a means of spreading disease started becoming a public concern. Therefore, sexualities that were deemed to be useless (in terms of reproduction) were deemed to be debauched and in need of suppression and control.

One way to achieve this was to create sexual identities, which defined who people were. So rather than focusing on 'sodomy' as an act, what emerged was the homosexual, i.e. someone whose very nature was abnormal – "*the homosexual is now a species*" (Foucault, 1998, p.43). It no longer became necessary for someone to even engage in same-sex sexual acts, to be identified as homosexual. The list of new identities created by psychiatrists included exhibitionists, fetishists, zoophiles, auto-monosexualists (i.e. people who masturbate), etc. However, the irony, according to Foucault (1998) was that as these identities were created in order to be suppressed, what resulted was the opposite, in that they became more cemented and prolific.

Foucault (1998, p.107) makes three concrete claims in relation to sexuality:

- 1) It is tied to recent devices of power;
- 2) It is not primarily governed by reproduction; and
- 3) Is always associated with an intensification of the body – with its exploitation as an object of knowledge and an element in relations of power.

In relation to point 1) above, Foucault (1998, p.103) expands on this by stating that sexuality is

*"an especially dense transfer point for relations of power: between men and women, young people and old people, parents and offspring, teachers and students, priests and laity, an administration and a population. Sexuality is not the most intractable element in power relations, but rather one of those endowed with the greatest instrumentality: useful for the greatest number of manoeuvres and capable of serving as a point of support, as a linchpin, for the most varied strategies".*

What this reveals is that Foucault (1998) believes that sexuality is something that occurs between all people, and is reflective of power dynamics between them. This is somewhat similar (as will be explored in more depth below) to an existentialist view that sexuality is the means of exploring embodiment and alterity, which often involves the dynamics of domination and submission. However, possibly what Foucault is also pointing to is larger power structures in society, which determine permissible and non-permissible modes of being sexual.

In relation to point 2) above, Foucault's separation of sexuality from reproduction means that it does not make sense to categorise sexuality as normal/abnormal because sexuality is more reflective of power and knowledge dynamics rather than reproduction. This is obviously highly significant for gay men.

Finally, in relation to point 3) above, Kelly (2013) explains that Foucault's (1998) view on sexuality is an amalgamation of what we do (power), what we know, and how we feel (often described as an intensification of the body). Foucault (1998) gives an example of the 'hysterisation' of women's bodies, which results in the belief that women are far less rational than men, thus giving men a means of controlling women's status in society. But also sexuality becomes a locus of knowledge, where psychiatry and psychoanalysis can study perverse and abnormal sexualities. Finally, sexuality is believed to be an 'intensification of the body', which again is possibly similar to an existentialist view of sexuality as exploring embodiment and being a subject/object to oneself and another.

## 2.6.2 Biopower, sexual health and chemoprophylaxis

Connected with Foucault's (1998) notion of sexuality is his notion of biopower, which encapsulates how human bodies are managed, controlled, policed and regulated. In opposition to earlier forms of power, which were penal and preventative, biopower encourages a certain way of living, the very notion of a good life, and what one should aspire to, as dictated by state-authorized experts and professionals (Roach, 2009). Institutions such as the family, the medical institutions, the church and psychiatry amongst others, cooperate with the state in order to produce compliant and uniform populations.

Two aspects of biopower of relevance to this current study are the notions of healthism and 'sexual health'. Healthism, or the will to health, is the social and moralistic imperative on subjects to maximise and promote their health and to reduce any risks to it (Rose, 2001), to the extent that for many it has become a primary preoccupation, and the main definition and achievement of well-being (Crawford, 1980).

Epstein and Mamo (2017) argue that as a result of the sanitising and legitimising links to the notion of 'health', the term 'sexual health' has been coined to counteract the 'dirtiness' and illegitimacy of the term 'sexuality'. Therefore, a rebranding of what previously used to be categorised as 'sexual' into the more acceptable category of 'sexual health'.

Dean (2015) argues that biopower persuades us that it is in our best interest to look after our sexual health through increased screenings, check-ups, examinations and chemoprophylaxis such as PrEP. Young et al. (2019) not only see this drive as something that we are encouraged to believe is in our best interest, but also as a responsibility we are encouraged to take as part of our biological citizenship. The other side of citizenship however is the duties of the state to ensure certain rights. A study by Papparini et al. (2018) showed that PrEP users in the UK who resorted to buying PrEP online felt supported by the NHS in England as *patients*, but felt neglected as *citizens*, because it has not yet made PrEP available to all those who need it. Therefore, the delineation and negotiation of the reciprocal responsibilities of biological citizenship possibly explains the larger debate around PrEP and the ambivalent reaction it has received in the gay community and society at large (Young et. al, 2019).

What seems significant to remember at this stage is that in addition to the perceived responsibilities of being sexual, there are other variables at play when examining the context of a person's sexuality, and in particular what mediates a sexual encounter. Dean (2015) argues that in addition to biopower regulating our sexualities via drugs at the molecular level (whether it is PrEP, PEP, HAART, etc), gay sexualities are further mediated by technology (in terms of the apps that gay men use to hook-up) as well as by pornography and the fantasies that it showcases. He believes that this gradual increase in the layers that mediate sexual contact between gay men goes some way towards explaining the extremely powerful modern gay construct of 'raw sex', or sex that is an unmediated contact and encounter. Again, this is extremely relevant to the rationale for starting PrEP, because although some men might start PrEP because they primarily do not want to contract HIV, others (as is shown in the Findings below), have started PrEP because they want to experience sex in different, more 'raw', ways.

Having said that, the terminology around 'raw sex' and barebacking seems to be changing as PrEP seems to have disrupted the notions of safe and unprotected sex. Auerbach and Hoppe (2015) point to the US CDC's decision in 2014 to stop using the term 'unprotected' in relation to sex without a condom as evidence of this change. Auerbach and Hoppe (2015) also comment that PrEP has the potential to give agency and control over sexual health to its users, as unlike other means of protection such as condoms, PrEP does not require negotiation in a sexual encounter, and is a method that can be used away from the sexual encounter. They also cite a potential increase in sexual pleasure due to the unobtrusive nature of PrEP, compared to the physical barrier that condoms present. The authors

discuss the changes in the sexual identity landscape present in online hook-up apps, which now include identities such as “*negative on PrEP*”, and question how these changes might in turn affect interactions and experiences of relationships in the gay world.

The social constructionist views on sexuality clearly highlight the assumptions and constructs that we use every day. For example, even the way I phrased my research question is based on how I understand the concept of sexuality, and how my understanding of it has made it an interesting experience for me to explore. Equally, the social constructionist position highlights that the participants will also have inherited constructs of sexuality, and what it means to label an experience as sexual or not sexual. Further, it underscores the importance of context in reflecting on sexuality. The history of HIV and AIDS has shaped the gay community in ways that it hasn’t shaped heterosexual people. Therefore, it would be artificial to extract that understanding from an understanding of gay sexuality.

Perhaps what is important to note at this stage is that as opposed to phenomenology, the social constructionist approach focuses more on how we have come to experience things as they are. Milligan (1993) believes that the driving force behind the social construction of sexuality is the attempt to reveal the historical process which has constituted people’s personalities, identities and the sexual behaviours they feel drawn to. Phenomenology, which I will now turn to is more concerned with what it is like to experience something.

## 2.7 Existential phenomenological views on sexuality

### 2.7.1 Existential phenomenological underpinnings

Existential phenomenology provides an alternative approach to understanding sexuality that is based on relationality. Before embarking on an exploration of how sexuality is understood in existential phenomenological thought, it may be useful to summarise some of the main existential phenomenological theoretical underpinnings.

There is no central text or agreed definition of what existential phenomenology is, and there is a large number of philosophers and thinkers that theorise about the human condition. How we understand existential phenomenology will therefore largely depend on the philosophers and thinkers that resonate most for us. I start by drawing from Martin Heidegger, who is arguably one of the main existential phenomenological philosophers, and from whom I base a lot of my understanding and practice of phenomenology.

Heidegger's focal concern was: what is Being? Heidegger (1962) distinguishes Being (*das Sein*) from what actually is (*das Seiende*). Human beings are alone amongst all beings that are able to reflect on Being, and so Heidegger refers to human beings as *Dasein* – which literally translates to 'Being there'.

One of the ways that Heidegger (1962) distinguishes between different types of enquiry into Being is ontological and ontic enquiries. Craig (2015, p.84) defines 'ontological' as something that is true for "every human being in every moment of every human being's existence", and points to Heidegger's (1962, p.70) existentialia as the foundation of what is ontological in human nature. In contrast, Craig (2015, p.83) defines the 'ontic' as "how we and all other particular beings show up in our lives, right here, right now." In other words, the ontic is about the specific and the personal.

Cohn (1997) notes that Heidegger does not set out a neat list of what he believes to be *Dasein's* existentialia. However, Cohn's (1997) own list includes (amongst others):

- Being-in-the-world, which is an expression that Heidegger (1962) uses to denote how inseparable we are from our worlds. We are intricately linked with our world, and there is no world without us, and no 'us' without our world. The hyphens in the phrase being-in-the-world aim to capture this inseparable relation.
- Being-in-the-world-with-others: in the same way that we are inseparable from our worlds, we are also always in relation with others. We cannot not be in relation with others, even in isolation, as that is a response to relatedness.
- Thrownness: this is a term that Heidegger (1962) uses to denote our limits over our existence, and our facticity in relation to how we find ourselves.
- Choice: According to Sartre (2003), choice is something that we cannot avoid, as choosing not to choose is a choice in itself. Therefore, how we encounter our freedom and the anxiety that that provokes is universal for all *Dasein*.

### 2.7.2 Formulating the concept of sexuality

Sexuality or being sexual (phrases which I use interchangeably), is an aspect of being that has received relatively little attention in existential and phenomenological thought (Spinelli, 2014; Cohn, 2014). This is possibly due to the uncertainty in how to view sexuality. Is it, as Sartre (2003, p.406) asked in 1943, a "contingent accident bound to our physiological nature, or is it a necessary structure of being-for-itself-for-others?" In other words, is it just an accidental consequence of our biological evolutionary nature, or is it a fundamental aspect of being-with-others (i.e. one of the existentialia).

Over 70 years later, in a key modern existential book on sexuality, Martin Milton (2014, p.8) asks the same question: is sexuality an "ontic expression of an individual or... an ontological feature of being".

As will be seen from the exploration below in sections 2.7.3 and 2.7.4, most existential thinkers would agree on the ontological nature of sexuality. However, some confusion arises as to the ontic aspect of sexuality.

Understanding the ontological/ontic nature of sexuality is important in relation to my research because it frames and informs my own understanding of sexuality when interviewing and analysing the interviews. If I understand sexuality as ontological, then I will assume that everyone is sexual, and my exploration will be on how people manifest their sexualities. If on the other hand, I understand sexuality as only an ontic phenomenon, then I would accept that some people are not sexual beings, and that some people do not have sexualities. Having said that, my research question already presupposes an ontological understanding of sexuality, as it assumes that people do have a sexuality which they can experience/make sense of.

The two most comprehensive existential explorations of sexuality, which I now turn to, have been conducted by Merleau-Ponty in *Phenomenology of Perception* and Sartre in *Being and Nothingness*.

### 2.7.3 Merleau-Ponty

Merleau-Ponty's *Phenomenology of Perception*, which runs to over 500 pages, includes a chapter on 'the body in its sexual being'. The chapter comprises just over 20 pages, which seems disproportionately short, given how integral sexuality is in our relating to others according to Merleau-Ponty. But this is consistent with the noticeably little attention that existential thinkers in general have afforded sexuality.

Nevertheless, despite other philosophers such as Heidegger (1962) and Sartre (2003) acknowledging man or Dasein as consciousness within the world (being-in-the-world), it is Merleau-Ponty (2002) who explicitly explores the importance of being embodied consciousness in the world, and his philosophy of the body leads us to a novel and insightful understanding of sexuality.

#### 2.7.3.1 Embodied consciousness

For Merleau-Ponty (2002), the body is not a thing or object amongst other things to which our consciousness is associated with, but rather the way in which we experience being-in-the-world: "to be a body, is to be tied to a certain world" (Merleau-Ponty, 2002, p.171). Therefore, as opposed to a Cartesian understanding of existence, we don't exist in the world as thinking beings, with bodies attached. We exist as bodies. We are our bodies.

At the same time however, we *have* bodies. This awareness of our body both being inextricably a subject and an object for us at all times is connected with our realisation that this is true also of others.



This awareness forms the basis of intersubjectivity, and Merleau-Ponty's (2002) rejection of the Cartesian split between mind (subject) and body (object). We are always inextricably both.

One thing to note in relation to Merleau-Ponty's thoughts on the mind/body is how difficult it is to convey the oneness of mind/body through language, as language already intrinsically presents us with a split between mind and body. Firstly because there are two words (mind + body), which point to two different things (otherwise it would be the same word), and secondly, when I say the phrase: "I am my body", despite the meaning of the phrase, "I" is a concept that seems to be separate from "body".

### 2.7.3.2 Sexuality as ontological being-with-others

From this understanding of embodied consciousness as being-in-the-world and our relationships with others being necessarily inter-subjective, Merleau-Ponty (2002) proceeds by arguing that being sexual is an integral means in which we explore and engage with embodiment itself in relation to others also being embodied. In other words, whether we are physically present with others (in a room) or not (over the phone, online, etc) because our interactions with others always involves our awareness that they both have and are bodies, our interactions will always involve an element of being sexual because we do not just engage with others as subjects, but as *embodied* subjects.

This understanding expands the everyday use of the word 'sexuality' more widely than what relates to the genitals, sex hormones or even sexual arousal, excitation or pleasure. Further, it clearly establishes the ontological nature of sexuality, in that being-in-the-world-with-others necessarily means being-in-the-world-sexually (Smith-Pickard and Swynnerton, 2005).

The ramifications of viewing sexuality as ontological are far reaching, as 'being sexual' is no longer limited to whether or not someone is having sex with others, and indeed does not necessarily require someone to feel 'sexual' (which colloquially often is used as a synonym for feeling sexually excited, aroused or even interested in sex) nor does it require someone to do something sexual. How someone expresses or manifests their sexuality is merely the ontic dimension of the ways in which we engage with others as embodied consciousness (being sexual).

Obviously on an ontic level, being sexual relates to sex (Merleau-Ponty, 2002), and indeed Spinelli (2014, p. 26) believes that our sexual encounters in particular "*provide us with pivotal means with which to express simultaneously both our own presence and the other's presence as revealed during the interaction*". However, not all ontic manifestations of being sexual will result or even come close to sex. Therefore, even if a person never has sexual intercourse that does not mean that they are not being sexual. Similarly, it is not possible to negate being sexual by identifying as 'asexual', because

whether or not someone feels sexually aroused by others, or is even interested in having sex with others, they are still engaging with the embodied presence of others – even if it is a rejection of or an indifference to that presence. We cannot not engage with the embodiment of others, as we have started off life being born from and engaging with the body of our mothers.

Given this understanding of being sexual, it follows that it is not possible to label an act as sexual or non-sexual because sexuality is “*co-extensive with life*” and it permeates existence and vice versa (Merleau-Ponty, 2002, p.196). But also, presumably (although this is not stated expressly by Merleau-Ponty (2002)) because given the ontological nature of sexuality, all our being-with-others is also necessarily sexual.

However, Merleau-Ponty (2002) goes to lengths to argue against viewing sexuality as synonymous with existence, as overextending the definition of sexuality would render the term meaningless. Therefore, it appears that ‘being sexual’ means something other than simply ‘being’, although he suggests that it does not seem possible to delineate in language this difference.

Smith-Pickard (2014) suggests that a possible reason why the notion ‘sexuality’ or ‘being sexual’ is so hard to pin down is that the word is necessarily contextual, and has to be located historically in time and space, and so inevitably, the meanings associated with these words will change. This reasoning brings this existential understanding of sexuality closer to a social constructionist view on sexuality as created and evolving over time. Spinelli (2014) views this fluidity in meaning as consistent with not reifying sexuality, but rather allowing our understanding of it to be more verb-like or process-like, so that the only way we can encounter it is through its various ontic manifestations.

Merleau-Ponty (2002, p.182) does comment however, that being sexual is “*one more form of original intentionality... which endows experience with its degree of vitality and fruitfulness*”. Intentionality, according to Merleau-Ponty (2002), is how we orientate and experience our world, which is by being embodied. Therefore, being sexual is a primary way of being in the world, which gives our experiences vitality and fruitfulness. Merleau-Ponty (2002) does not elaborate on the concept of fruitfulness, but I understand it as being linked to creativity (i.e. creating specific types of experiences with people) and reproduction (which possibly ties in to the reproductive imperative discussed above in section 2.5).

Although comprehensive and mindful of the elusiveness of sexuality, I feel dissatisfied with Merleau-Ponty’s ontological explanation of being sexual, especially as one must conclude that so long as we are alive, we are sexual. Yet many may argue that they go through long periods in their lives when they do not feel sexual or do anything sexual; therefore, the fact that they are ontologically described as sexual beings will likely have little significance to them. Smith-Pickard (2009, p. 71) employs the

term “*existential sexuality*” to distinguish the ontological aspect from the ontic, which although helpful, does not seem to add anything in terms of relevance to people who do not *feel* like they are sexual.

Judith Butler’s (1989), a prominent feminist philosopher, critique of Merleau-Ponty echoes a social constructionist’s critique of Freudian views on sexuality, in that although Merleau-Ponty claims to refer to ontological aspects of sexuality, his focus is implicitly on sexuality from the perspective of cis-gendered heterosexual men (I would also add, the constructs of race and disability in that phrase, i.e. *cis-gendered, white, able-bodied, heterosexual men*). Further, Butler (1989) argues that Merleau-Ponty’s (2002) views on sexuality appear to divorce the sexual from the context in which it is found, as if its history, including its taboos and common practices, are not an intrinsic part of what sexuality is. This critique feels particularly relevant for this study, especially given that the reality of sexuality and what is at stake for gay men in an age post the AIDS crisis seems so different to what Merleau-Ponty might have been able to conceive of when he first published his *Phenomenology of Perception* in 1945.

### 2.7.3.3 Sexuality as ontic experiences

Nevertheless, despite, Merleau-Ponty’s (2002) project of exploring the ontology of sexuality, he appears to slip into exploring sexuality ontically through looking at what he calls the ‘erotic’ and desire (Merleau-Ponty, 2002, p.181). It is not clear whether for Merleau-Ponty the erotic is a synonym for the sexual (although it appears so in this chapter). In any event, for Merleau-Ponty (2002, p. 181) something has sexual (or erotic) significance not through understanding it as such, but rather through desire which “*blindly... links body to body*”.

In that one phrase, Merleau-Ponty (2002) provides the tangible, ontic, aspect of sexuality, which is readily recognised: desire, the experience which is pre-reflective and which “*links body to body*”.

On an ontic level, it would not make much sense to say that all embodied interactions between people are sexual, because that renders the word meaningless. Therefore, it appears that ontically, it is desire, which distinguishes whether an interaction is sexual or not. Unfortunately, he does not expand on what he means by desire, or whether he means sexual desire in particular.

To clarify by way of an example following on from this line of thought, what would distinguish whether a massage is ontically sexual or something other than sexual (sensual, therapeutic, etc) is not (primarily) whether one thinks it is sexual, although that thought might arise, but rather whether one experiences desire “linking body to body”. In a similar vein, one could argue that if a sex worker were to have sex with a client and they did not experience desire “linking body to body”, that would not

make the encounter sexual (but possibly transactional, for example). Presumably, however, the sex worker would experience desire to make money. Therefore, it seems important to explore what is meant by desire, and in particular by sexual desire (which links body to body), and how it is connected ontologically to sexuality. However, this is not explored by Merleau-Ponty. To a certain extent, Sartre (2003) examines desire in his *Being and Nothingness*, however, it is an exploration of an adult heterosexual male's desire, and seems to focus on one ontic way of being sexual (as indeed a child's desire will be different from a young adult's desire, which in turn will be different from an old adult's desire).

Unfortunately, Merleau-Ponty (2002) seems to ignore, or not consider, other ontic ways of being sexual. For example, why should something not have sexual significance if one is physically disgusted by the body of another? In other words, there does not seem to be any justification as to why Merleau-Ponty singles out desire as providing sexual significance to an interaction, and not any other ontic response (such as disgust or indifference).

Further, in her book *Queer Phenomenology*, Sara Ahmed highlights how important an *orientation* of desire is in shaping one's lived experience. Ahmed (2006) gives the example of lesbian desire orientating a woman towards other women in ways that make certain (sexual) objects closer and more accessible than others. Therefore, desire does not only act as a means of linking body to body, but also as a means of an orientation to the world and a shaping of our lived experience. Again, this is not explored by Merleau-Ponty (2002), and therefore it is implicit in his writing that he is referring to heterosexual desire, which excludes the lived experience of non-heterosexual people.

#### 2.7.3.4 Sexuality as a dialectic

Another way that Merleau-Ponty (2002, p.194) views being sexual is as a dialectic that we have with others, which is "*an opportunity, vouchsafed to all and always available, of acquainting oneself with the human lot in its most general aspects of autonomy and dependence*". In other words, the human lot involves being-in-the-world-with-others on whom we rely and often seek autonomy from.

Merleau-Ponty (2002) (and also Sartre (2003)) believes that given that one has a body, one can be reduced to an object by the gaze of the other, and so the other becomes one's master, and they, their slave. But this mastery is self-defeating, because in establishing one as a slave/object, one is no longer a subject from which the master wants recognition.

Smith-Pickard and Swynnerton (2005) argue that such an adoption of the Neo-Hegelian master/slave construct (which Sartre also employs, as will be expanded on below) is contradictory in Merleau-Ponty's (2002) thought as it tends towards separating the body from consciousness and polarises one

into being either subjects or objects. This is problematic particularly because Merleau-Ponty (2002) argues that the basis for intersubjectivity is that we are always both subject and object, we always both are and have a body. Further, Butler (1989) argues that it is problematic because it is implicit in Merleau-Ponty's (2002) writing that he assumes that the master is a man and the slave is a woman. Therefore, these views do not include non-heteronormative perspectives, and how that dynamic might change if the roles or genders were switched.

Having said that, Smith-Pickard (2014) does not see erotic desire from the lens of objectification or domination of the other as object, and interprets Merleau-Ponty's (2002) point more broadly as wanting to make a difference to the other: to be desired, validated (or even feared and respected) by the other. We do this via enchanting the other, which is something we have learned to do from early childhood as a result of our basic need for the other (Smith-Pickard, 2014). Again however, this seems to be focusing on one (ontic) way in which we engage with the embodiment of another (namely desire), and there could be other ways of engaging such as disgust or revulsion, for example.

Although Merleau-Ponty offers a radically different and ontological way of thinking about sexuality, unfortunately, I do not believe he goes far enough in distinguishing between its ontological and ontic aspects. Indeed, it is not clear why he even uses the word 'sexual' as a way of relating to being-with-others, since according to him, it is already implied in being embodied. Further, his views on sexuality and desire seem to implicitly assume a heteronormative perspective, which do not fully relate to non-heteronormative lived experiences.

Jean-Paul Sartre has also explored the notion of what it means to be sexual, which is what I now turn to examine.

## 2.7.4 Sartre

### 2.7.4.1 Sexuality as confrontation with the other

Sartre's (2003, p.401) starting point in understanding sexuality is to frame it as inter-relational and arising as a result of the Hegelian struggle of "*two freedoms confronted as freedoms*". In other words, two subjects who encounter each other and are aware of the other's capacity to be a subject. The other can look at me, and so possess me and turn me into an object; I also can look at the other and possess them and turn them into an object as well. But this possession is doomed to be a disappointment because it is not the other as object whose freedom I want to possess, but the other as freedom, as subject, because it is only as a subject that the other holds the secret of what I am and can see me in a way that I cannot see myself.

As mentioned (in section 2.7.3.4), this dialectic of sexuality appears flawed as it is inconsistent with the understanding that we are always at all times both subjects and objects, and appears to polarise people into either being a subject or object. Further, it seems to suggest that that is the only dynamic that is possible between two subjects that encounter each other. Finally, following Levinas (1969), it seems to ignore the impossibility of ever grasping the other.

Nevertheless, Sartre (2003, p.404) describes sexual desire as the “*original attempt to get hold of the Other’s free subjectivity through his objectivity-for-me*”. In other words, by turning the other into an object, into flesh that is tangible, one tries to possess their subjectivity and their freedom.

Thus far, Sartre’s views on sexuality seem to imply that being sexual is a dialectical means of being with others which is based on the desire to capture the other’s subjectivity. It is unclear what that capturing actually entails. Yet, presumably, according to this line of thinking, it could be deduced that sexual desire is based upon the desire to know oneself.

Sartre (2003, p. 406) seems to give sexual desire primacy:

*“the first apprehension of the Other’s sexuality in so far as it is lived and suffered can only be desire; it is by desiring the Other (or by discovering myself as incapable of desiring him) or by apprehending his desire for me that I discover his being-sexed.”*

Although Sartre (2003) mentions in passing sexual repulsion, which he sees as the opposite of sexual desire, as also being a fundamental structure of being-for-others, he does not explain how sexual repulsion fits in with our desire to know ourselves nor with the dialectic of sexuality, or why it is not an equally valid way of discovering the other and ourselves as being sexed.

Further, despite Sartre (2003) stating that desire does not imply the sexual act by referencing desire in children and in adults who are ignorant of the ‘technique’ of love, there is no further exploration of non-adult, non-heterosexual forms of desire to warrant its treatment as a universal experience (i.e. ontological).

In contrast to Merleau-Ponty’s (2002) exploration of being sexual, by focusing so heavily on desire, Sartre’s (2003) exploration of sexuality focuses on only one tangible aspect of being sexual, which arguably is similar to sexual arousal or excitement. This does not appear to be congruent with the notion of sexuality being ontological, i.e. true for every person at every time.

#### 2.7.4.2 Sexuality, freedom and identity

One of Sartre’s (2003) principle beliefs is that we are free, and that who we are and how we act are not predetermined by our pasts or by our natures. Further, and perhaps more relevantly to sexuality,

Sartre (2003) contends that existence precedes essence, which means that the fact that we exist precedes what we consider to be our essence or our nature.

Therefore, as a starting point, the relevance of Sartre's ideas on sexuality imply that according to him, sexuality cannot be something static that one could proclaim that one is, for example, gay. To claim to be something as a function of how one behaves evades the question of whether one will continue choosing to behave in the same way. So arguably, an identity based on sexuality (e.g. I am gay) is an inauthentic way of being.

My research question requires that the participants identify as gay, in an attempt to narrow down the group that is being studied. However, as has just been explored, Sartre (2003) would argue that being gay is self-deceiving and an avoidant way of being sexual, because it implies that a man who identifies as gay imposes a limitation on how he chooses to manifest his sexuality.

It is understandable how grating these views may be to some gay men, given the history of persecution, stigmatisation and pathologizing that men who identified as gay have undergone in the last century. The notion that being gay is a choice, often runs contrary to the lived experience of gay men, and so Sartre's (2003) views on freedom and choice may be deemed by some to be extreme and implausible, at least in this regard. Indeed, Ahmed (2006) critiques the notion of sexual orientation being a choice by comparing it to some people's experience of being right or left-handed – yes, maybe what hand to use predominantly can theoretically be deemed to be a choice. However, Ahmed (2006) argues that it feels very much a given of our lived bodily experience as to what hand we rely on, and therefore, the theory of it being a choice is a moot point.

Having said that, I can appreciate how freeing Sartre's (2003) views can be, in challenging us to approach our sexualities as 'polymorphously perverse' (Freud, 1986/1905a) as we find ourselves, without needing to label or categorise ourselves.

Finally, in relation to choice, Sartre (2003) argues that when we desire sexually, we *choose* to exist the facticity of our body in a particular way. Sartre (2003) stresses that it is a choice to exist our bodies in this way because through making ourselves flesh in the presence of the other, we attempt to incarnate the other into flesh as well, because as flesh, this becomes the closest we get to possessing the other's freedom and subjectivity.

The assertion that it is a choice to exist our bodies in a certain way, suggests that we could choose not to experience desire, and following from that, that we could choose not to be sexual. This reasoning would suggest that being sexual is not indeed ontological, but an ontic way of being with others. Further, this logic suggests that we choose to exist our bodies in a certain way when we experience

sexual repulsion. Again, the extremity of this argument runs counter to my own lived experience, and I find it hard to accept.

Spinelli (2014) on the other hand (following Merleau-Ponty (2002)) seems to affirm that being sexual is not a choice we can make; it is an ontological given. But what we can choose and change is the way that we relate to others through our being sexual.

Whether a choice or not, Smith-Pickard (2014) comments that desire is not necessarily sexual desire aiming at physical contact, but is often a desire for a reciprocal validating response of our presence from the other. Further that the majority of our interpersonal relationships are based on this non-physical aspect of the reciprocity of desire, and this appears to be a more ontological aspect of intersubjectivity.

### 2.7.5 Conclusion

The above existential phenomenological views on sexuality provide us with a way of thinking about sexuality as inter-relational and co-created. This perspective invites us to start from the presupposition that we are sexual because we are embodied and live in a world with others. Therefore, what becomes interesting to explore is not so much *whether* we are sexual beings, but *how* do we experience, manifest and make sense of being sexual.

Unfortunately, despite these novel perspectives on sexuality, Merleau-Ponty's (2002) and Sartre's (2003) views seem to implicitly assume a heteronormative perspective, which excludes other non-heteronormative lived experiences.

Further, existential phenomenological views on sexuality remain slightly confused in relation to the ontological/ontic nature of sexuality. As explored in section 2.6, sexuality as a construct has been created through lots of discourses, and heavily influenced by psychoanalysis, as meaning a certain type of ontic experience. The drive, desire, attraction, excitation are all ontic aspects of sexuality, which point to a certain type of experience. Existential phenomenologists however, unhelpfully use the same word 'sexuality' to also denote something ontological that pertains to being-in-the-world-with-others, and I wonder if another word could be used or created in order to signify being-embodied-with-others.

Having said that, it may be argued, following Levinas (1969), that a focus on the ontology of sexuality is unethical and totalising because the focus is on finding what is the same in the other, rather than on approaching the other with regard for their incomprehensible alterity. Possibly the set-up of a research study which looks for participants who meet the same criteria, already predisposes a



researcher to look for similarities, and therefore erases the vast unbridgeable differences that inevitably exist between any group of people. Having said that, I believe that the idiographic nature of IPA allows a researcher to focus on the individual and what makes them different from others.

As I have not sought to impose my philosophical framework onto my participants (in particular regarding the ontological/ontic nature of sexuality), I believe that being open to their experiences entails being open to how they make sense of their experiences. In turn, I hope that this openness has resulted in data that helps point the way forward to understanding sexuality in a more coherent manner.

## 3 Methodology and Method

### 3.1 Methodology

My research is a phenomenological investigation, and as such, I have chosen to use Interpretative Phenomenological Analysis (IPA) as the general structure for my thematic analysis. However, I aim to slightly modify Smith et al.'s (2009) IPA approach by including a heuristic first step, in order to deepen and clarify my own position on my research question.

In these following sub-sections, I set out the philosophical underpinnings of my chosen methodology, including the epistemological and ontological positions for this research project. I also compare other methodologies, before expanding on my research design and method in section 3.4.

#### 3.1.1 Qualitative vs Quantitative Research

Qualitative research aims to capture lived experience in its richness and complexity, and to reveal dimensions of our experience which are not immediately apparent (Willig and Stainton-Rogers, 2008). Quantitative research on the other hand, aims to measure via statistically significant results, different variables that could then be generalised to a larger population. As I aimed to explore how a certain group of people experience their sexuality, I intended my research to be qualitative.

#### 3.1.2 Qualitative Research

There are a variety of different qualitative research methods, which aim to explore lived experience, each with its own philosophy and method. The main approaches include Grounded Theory, Interpretative Phenomenology, Case Studies and Discourse Analysis. IPA is considered to be an interpretative or hermeneutic phenomenological method.

In addition to exploring fully the philosophical underpinnings of IPA, including its limitations, I also set out the other methodologies that I have considered, and explain why I do not believe that they would be suitable in sections 3.1.6 and 3.1.7 below.

#### 3.1.3 Research question

Van Manen (1997, p.30) believes that the starting point for a research question in hermeneutic phenomenology is that it should be a question that "*seriously interests us and commits us to the world*".

What sex actually means and how different people experience their sexualities, are questions that have always interested me. In particular, as a result of my facilitating workshops for the gay

community in London around themes of sex and sexuality, I became increasingly intrigued by the huge variety in how people experience their sexualities, especially the changes that are happening in the gay community due to PrEP.

I myself identify as a gay man, and I started taking PrEP in June 2016. I have noticed that my own sexuality has changed since PrEP, and therefore, my research is a reflection of my own curiosity as to how other gay men on PrEP experience and makes sense of their sexualities.

### 3.1.4 Epistemology and Ontology

Before I conduct a full exploration of my chosen method, it is important to clarify my epistemological and ontological positions in conducting this research, because it is impossible not to make at least some assumptions about the nature of the world and how I am going to go about researching it. And therefore, if this is not explored explicitly, it will be implicit in my approach and the assumptions that I make.

Epistemology is a branch of philosophy that is concerned with how and what we can know (Willig, 2008). In other words, what constitutes valid knowledge and how can we obtain it. This involves the nature of knowledge and our assessment of the reliability of any claims to knowledge.

Epistemology is linked with ontology, which is concerned with what is reality and what is there to know (Willig, 2008). Epistemology and ontology are linked in that how we think we gain knowledge is linked to the being and nature of knowledge itself.

#### 3.1.4.1 Epistemology

Research is conducted from a variety of different epistemological positions. Willig (2008) sets out the more traditional 'scientific' epistemological positions as:

1) Positivism, which is the belief that there is a direct relationship between things 'out there' and our perception of them, and that it is possible to perceive them correctly. It is now generally accepted that pure positivism is no longer a tenable position to hold because our perceptions of the world 'out there' are selective at best, and therefore not capable of capturing 'reality'.

2) Empiricism, which is closely linked to positivism and which holds that we can know about reality through carrying experiments based on our observations. Again, it is now widely agreed that pure empiricism is also no longer tenable, because how much detail we perceive about a phenomenon depends on how much we know about a phenomenon.

3) Hypothetico-deductivism, which holds that rather than making claims as to what is true about reality, what can be done is to suggest hypotheses and then to carry out experiments that either refute

them or maintain them as true for the time being. And therefore, through a process of elimination arrive closer to the truth.

There have been several critiques of these epistemological positions over the last century, especially from the feminist movement. It has been argued, and now generally accepted, that denying a researcher's effect on researched phenomena is naïve at best and wilfully blind at worst. Further, what is missing is the role of social and cultural factors in how we understand knowledge (Willig, 2008).

As a result, other epistemological positions have been developed, which include interpretivism and constructivism. According to Schwandt (1994, p.221) the aim of these positions is to understand:

*“the complex world of lived experience from the point of view of those who live it... The world of lived reality and situation-specific meanings that constitute the general objective of investigation is thought to be constructed by social actors. That is particular actors, in particular places at particular times fashion meanings out of events and phenomena through prolonged and complex processes of social interaction, involving history, language and action.”*

In broad terms, interpretivism was conceived to counter empiricism in human sciences, and is aimed at understanding the world by exploring the meanings of thoughts and behaviours of people in it; while constructivism, was conceived to counter notions of objectivism and realism, and asserts that what we take to be objective knowledge is the result of perspective (Schwandt, 1994).

The epistemology of phenomenology falls under the interpretive position and draws on Husserl's phenomenology, which I expand on below.

#### 3.1.4.2 Husserl's phenomenology

Phenomenology is the study of phenomena and the way in which they appear to us (Langdrige, 2007). Phenomenology, as begun by Husserl, was intended to be a descriptive enterprise that aimed at reaching the essences of phenomena through setting aside our natural attitude, and our everyday way of seeing the world (Giorgi and Giorgi, 2008).

The starting point in achieving this according to Van Deurzen (2014) is the concept of intentionality, which was first described by Brentano, who was both Husserl's and Freud's teacher (Moran, 2000). Human consciousness is always and inevitably about something beyond itself – this is the arc of intentionality. Husserl (1900/1970, p.554) explains this as:

*“... in perception, something is perceived, in imagination something is imagined, in a statement something is stated, in love something is loved, in hate something is hated, in desire something is desired etc.”*

In other words, in an experience, there is always, a subject, an object and a process which connects them. Phenomenology is the process by which all three aspects of our experience are examined (via the phenomenological, eidetic and transcendental reductions) in order to study the experience more deeply and uncover its essence, as much as possible (Van Deurzen, 2014). This type of phenomenology became known as transcendental or descriptive phenomenology.

Husserl's phenomenology will guide me in how I approach my research, especially in relation to how I interact with my research participants, and being conscious of what is co-created in the interviews, but also in relation to how I analyse the transcripts and focus on being open and descriptive, and striving to be aware of my pre-conceived notions, assumptions and ideas.

#### 3.1.4.3 Ontology

The ontological position for this research, which is the same as that of my practice as an existential psychotherapist, is influenced by the ontology of Martin Heidegger, among others.

Heidegger's magnum opus, *Being and Time*, looks at the question of the meaning of Being. However, in order to do so, Heidegger recognised that the traditional ways of asking this question in metaphysics are actually obstacles to finding new ways of understanding Being (Moran, 2000). In particular, Heidegger believed that traditionally in metaphysics, we conceive of beings as 'things' that are present at hand and that occur 'out there' in reality. But what is not taken into account is that our understanding of 'things' is coloured by a certain hidden and assumed attitude towards the world. Therefore, Heidegger believed that in order to apprehend phenomena more clearly, it is first essential to understand all the different ways in which we relate to our world, as we cannot not relate to our world.

This new "*fundamental ontology*" (Heidegger, 1962, p.61) is a re-interpretation of the phenomenological enterprise. Heidegger critiqued our ability to transcend ourselves (as Husserl envisaged), and argued that when experiencing phenomena, it is impossible *not* to interpret, and merely to stick to description. Husserl and Heidegger agreed that both description and interpretation are legitimate methods, but they disagreed as to their primacy. Husserl, from an epistemological point of view believed that description is primary, and interpretation is a special kind of description. While Heidegger, from an ontological point of view believed that interpretation was primary, and that description was a special kind of interpretation (Giorgi and Giorgi, 2008).

Continuing in this tradition of the hermeneutic turn in ontology, Gadamer (1989) agreed with Heidegger that it is not possible to separate the observer from the world observed, and believed that whatever it is that we are observing is always wrapped up by the history of its significance for us.

As a researcher, I believe that although my focus will be on description, following Heidegger, it will be impossible not to already interpret what it is that I am perceiving. Following Gadamer (1989), and especially as I identify as a gay man and have my own implicit understanding of what I mean by sexuality and how I experience it, I believe that it will be impossible to place myself outside of the shared language, history, and culture of the gay community, and approach phenomena without this implicit understanding and interpretation that I already have, however much I try to bracket and suspend my assumptions.

#### 3.1.4.4 Hermeneutic phenomenology

For Heidegger (1962) hermeneutics does not just mean the study of interpretation or a method used in social sciences, but it relates to the whole manner in which our existence is interpretative (Moran, 2000). He states in *Being and Time* (1962, p.199):

*“When an assertion is made, some fore-conception is always implied; but it remains for the most part inconspicuous, because language already hides in itself a developed way of conceiving.”*

As a result, everything we experience has already been interpreted by ourselves and by others, and all supposed ‘neutral’ understanding of things presuppose our existential encounter with those things because our being is a being-in-the-world with others and things (Moran, 2000). Therefore, even when we are asking a question about something that we do not know, the question is already based in an understanding of some sort, and in assumptions and biases.

For example, my research question: “what meaning do gay men on PrEP make of their sexuality?” already contains assumptions about what the identifiers ‘gay’ and ‘man’ actually mean. Perhaps more presciently, the concept of ‘sexuality’ is already loaded, and a construct used to delineate certain behaviours, thoughts and ways of being and relating.

So how can we ever learn anything new if even our questions are pre-loaded with assumptions? The answer lies in the hermeneutic circle, which according to Heidegger is not a vicious circle, but which involves a “*relatedness backward or forward*” (Heidegger, 1962, p.8), where our questioning casts light on something new that we can look back to question our questioning and look forward in order to formulate new questions, thus furthering our understanding (Moran, 2000).

In relation to my research question, that would involve starting with the awareness that my question contains pre-loaded assumptions about 'sexuality', researching how men make sense of their sexuality, going back to my question to refine my own understanding of how I am approaching the concept of sexuality and seeing whether there is a better way of approaching the phenomenon, then going back out to deepen my understanding of the phenomenon.

#### 3.1.4.5 Methodology and context

I believe it is important to be aware of the various factors that might affect the 'reality' of my participants' accounts of their experiences of their sexuality, including the context in which they speak about it, their relationship with me the researcher, and my own interpretative process.

Regarding the context of the research, I believe that if the same participants were asked about their experiences of their sexuality it would vary significantly depending on whether they were talking about it as part of my research project, talking about it amongst friends in a pub or talking about it to an intimate partner. Therefore, I have been mindful of how the participants experience the context of the interview, and to what extent they are aware of how they are tailoring what they are telling me in order to suit the research context.

Regarding the participant's relationship to me, it can again be envisaged that what they tell me will be largely influenced by how much they trust me, whether they feel safe enough to speak about certain experiences (particularly if those experiences evoke difficult emotions such as shame), whether they feel attracted to me, or whether they sense that I am attracted to them.

Finally, in relation to my own interpretative process, as I engaged with the transcripts of the interviews, I inevitably brought my own beliefs, values and judgements, from even deciding the method and data analysis, to what I deem to be worthy of highlighting and paying attention to. Having said that, throughout the process of interviewing and analysing the data, I have tried to constantly be mindful and bracket what it is that I am bringing in my own interpretations, and to try to approach the participants and their narratives as openly as possible.

#### 3.1.5 IPA

Smith et al. (2009, p.1) define IPA as *"a qualitative research approach committed to the examination of how people make sense of their major life experiences...[and] is concerned with exploring experience in its own terms"*.

In line with Heidegger (1962), IPA considers phenomenological inquiry to be an interpretative process, and focuses on how particular experiences make sense to particular people in particular contexts. In

this regard IPA is idiographic, which values detailed analysis of the particular, rather than the nomothetic general (which is what descriptive phenomenology aims at) (Smith et al, 2009).

IPA is also interpretative in recognising the role of the researcher making sense of the participants, making sense of an experience. Smith refers to this as the double hermeneutic, following Ricoeur (1981). Smith et al. (2009) contend that the process of interpretation is dynamic and iterative, going back and forth between parts and whole and between interpreter and object of interpretation.

IPA involves both an *empathic* stance towards the interpretation of the participant's experience and is also *challenging* in that the researcher seeks implicit meanings such as: what is the person trying to say here? Is something leaking out that wasn't intended or noticed by the participant? (Smith et al, 2009).

On the whole I have leaned on IPA as the structural framework from my phenomenological research. However, I also used a heuristic first step in my method, which involved having a psychotherapist colleague interview me as if I were a research participant, using the same schedule of questions that I used with my participants. According to Moustakas (1990), the heuristic process involves opening up to embedded knowledge of the self through self-dialogue, self-searching, intuition and tacit knowledge. By including this first step, my intention was to deepen my understanding of my own experience and position in relation to my sexuality and PrEP, so as to bracket it, and therefore be able to better attend to and listen to my participants' experiences.

### 3.1.6 Other hermeneutic phenomenological approaches

Willig (2008) argues that it is our research question which should inform our choice of method and not the other way around. After forming my research question, I was aware that there were several hermeneutic phenomenological approaches, of which IPA was but one. Van Manen's (1990) method is another approach, which I have considered closely.

Both IPA and Van Manen's (1990) approach share the same ontological and epistemological foundations, and are grounded in Heidegger's (1962) hermeneutics. However, Van Manen (1990, p.180) argues that his approach is hermeneutic, yet it also incorporates descriptive phenomenology:

*"Hermeneutic phenomenology tries to be attentive to both terms of its methodology: it is a descriptive (phenomenological) methodology because it wants to be attentive to how things appear, it wants to let things speak for themselves; it is an interpretative (hermeneutic) methodology because it claims that there are no such things as uninterpreted phenomena. The implied contradiction may be resolved if one acknowledges that the (phenomenological) 'facts' of*



*lived experience are always already meaningfully (hermeneutically) experienced. Moreover, even the 'facts' of lived experience need to be captured in language... and this is inevitably an interpretative process."*

Further, Van Manen (2017) argues that his method focuses more on exploring the eidetic meaning structure of a particular phenomenon, while IPA is a psychological inquiry exploring idiographically how a particular person makes sense of a particular experience in a particular context.

As I intend to explore how gay men on PrEP make sense of their sexualities, I am more interested in the sense-making of my participants, as well as their experiences. Particularly in relation to sexuality, given the infinite amount of ways that one can experience it, I feel it is more suitable to explore the idiographic nature of a few participants, which others may find useful. Therefore, I believe IPA, with its focus on idiography, and its attention to the double hermeneutic, is better suited to this research project than Van Manen's (1990) approach.

Further, and perhaps crucially, IPA provides a much more structured form of analysis than Van Manen's (1990) method, which I feel would be more helpful in terms of the thematic analysis.

### 3.1.7 Alternative approaches

In reflecting on the appropriate methodology for this project, I also considered other qualitative approaches, including Giorgi's descriptive phenomenology, Grounded Theory and Narrative Analysis.

#### 3.1.7.1 Giorgi's descriptive phenomenology

Langdridge (2007) describes descriptive phenomenology as the most traditional approach to phenomenological psychology. It is the most classically Husserlian method and aims at identifying the essence of a phenomenon through epoché and the three reductions mentioned above.

As opposed to IPA, the ideal method of sampling in Giorgi's (Giorgi and Giorgi's, 2003) descriptive phenomenology is maximum variation in participants, except for the common experience being studied. The rationale is that through the analysis, the invariable essence of the phenomenon would emerge.

What appears to be the clear distinction between IPA and Giorgi's descriptive phenomenology is the primacy of interpretation and description. Because ontologically, I follow Heidegger's (1962) emphasis on Dasein, rather than Husserl's (1900/1970) notion of consciousness, and Dasein is where the question and interpretation of being arises, I believe in following an interpretative phenomenological methodology. Further and similarly to Van Manen's (1990) method, Giorgi's

method aims at the eidetic, rather than the idiographic, and so I do not believe that it is suitable for my research.

### 3.1.7.2 Grounded Theory

Grounded theory is a research methodology that's aimed at grounding data in a context rather than rely on analytical constructs or categories from pre-existing theories (Willig, 2013). It involves the progressive identification and categorisation of meanings from data.

Grounded theory emerged from the work of Barney Glaser and Anselm Strauss on the social organisation of dying in hospitals in the 1960s, and acted as a new impetus for qualitative research, in contrast to the more prevalent quantitative methods at the time (Given, 2008).

There are many different types of grounded theory including classic grounded theory, feminist grounded theory and constructivist grounded theory (Breckenridge et al, 2012). Although Glasser (2005) argues that classic grounded theory is ontologically and epistemologically neutral (i.e. it can use any type of data and is not attached to any one theoretical approach), more recent constructivists have argued that this is not possible, and is at best naïve (Breckenridge et al, 2012). In response, Holton (2007, p.269) suggests that it is not that grounded theory is free of any theoretical lens, rather that *"as a general methodology, classic grounded theory can adopt any epistemological perspective appropriate to the data and the ontological stance of the researcher"*.

There are lots of similarities between grounded theory and IPA. For example, both systematically work through a text in order to identify themes, which it is hoped will produce a general understanding into the fundamental process or meaning structure that characterises the phenomenon in question.

However, grounded theory is more suited to identify and explicate contextualised social processes that account for phenomena, while IPA is aimed at the meaning structure of phenomena. As I intend to explore the meaning structure of sexuality, I felt that grounded theory would not be suited for my research project.

### 3.1.7.3 Narrative Analysis

Narrative analysis is the analysis of how participants talk about themselves and provide accounts of their experiences (Langdrige, 2007). The focus of this approach is to allow an intimate study of participants' experiences over time and in context (Given, 2008).

It was built on the work of Paul Ricoeur and Jerome Bruner amongst others, and has its roots in a social constructivist perspective (Hiles and Cermak, 2008)). It focuses on the premise that events in and of themselves do not present themselves as stories, but it is how one experiences events that creates a story (Hiles and Cermak, 2008). Polkinghorne (1988) suggests that narratives are a

fundamental way of how we make sense of experiences, even though we may not fully understand those experiences.

Interviews are not as structured or 'interrogative' as with other methods, and are often seen as spaces for a mutual exchange of views and the co-production of narratives (Hiles and Cermak, 2008).

As narrative analysis pays close attention to how participants tell their stories, and the context within which those stories arise, it can be argued that the focus may not be so much on the experiential phenomena but on the story-telling itself and what this reveals. Although it would be interesting to investigate how people construct narratives out of their sexual experiences, for this research project, I am more interested in the lived experience and meanings gay men make of their sexuality. Therefore, I did not think narrative analysis would be suitable.

### 3.1.8 Limitations of IPA

One limitation that is often levelled against IPA is that it focuses too much on a person's psychological life to the detriment of other aspects of a person's life as a whole (Langdrige, 2007). This could be fair, especially as the emphasis in IPA is on how participants make sense of their experiences, rather than on asking participants to just describe their experiences. Having said that, as the aim of IPA is to explore experiences in their own terms, it has been vital in this research to strike a balance between how a participant makes sense of their experience as well as how they actually experience the phenomenon.

Another limitation is that IPA relies on rich descriptions from the participants and the quality of the data relies on the ability of participants to articulate themselves well. Although this is also a valid limitation, it is equally applicable to all phenomenological methods, which rely on interviews to collect data. As much as possible, I hope I have created a space in the interviews where the participants felt that they can take their time in finding the right way to express themselves and articulate what they have to say.

Finally, due to the idiographic nature of IPA, the findings from an IPA research are not generalisable, but are more specific to the participants in their particular circumstances. Again, this is the nature of idiography and the modest claims that IPA makes to revealing 'knowledge'. However, given that my work as an existential psychotherapist requires me to encounter each client as unique, my starting position when reading colleagues' research is that their findings are not completely generalisable, however, they may be relevant in alerting me to the particularities of different cases. Therefore, I hope that my findings can stimulate reflection on the similarities and differences in which people make sense of the sexualities.

### 3.2 Reflexivity

Phenomenological research starts from the position that the researcher necessarily is positioned in the world they are describing. Therefore, it will be inevitable that the construction of the findings, the engagement and approach taken in the interviews, and even the formulation of the research question itself influence the whole study (Willig, 2007). In order to be as mindful as possible of this influence, it is necessary in phenomenological research for the researcher to be self-reflexive throughout the whole research journey (Smith et al, 2009).

As mentioned above, the impetus for this study arose out of my own journey since starting PrEP in 2016, and out of the workshops that I facilitated for gay men on sexuality. Upon deciding on the question of my research, I started a regular reflexivity journal which I used as a medium to help me contemplate the changes that I was beginning to notice in my own sexuality, in the partners that I was attracted to, and in the sex that I was having. I reflected on these changes in my own personal therapy as well, throughout the last 4 years.

As part of my attempt to be as aware as I could be of my own biases and assumptions around PrEP and sexuality, I structured my method to contain a heuristic first step of being interviewed myself using the same schedule of questions as I intended to use with my participants. Although I thought I knew what my answers were for the questions that I had drafted, I was surprised at what came out in my own interview, and the extent to which a lot of my sexual choices were shaped by fear or the anxiety of contracting a STI. Further, I did not realise how difficult it would be to articulate what sexuality means to me.

I have had to work hard during the interviews to bracket my own beliefs and experiences, and to attempt in an open way to explore the phenomena presented. I have also had to be very mindful not to lead my participants in ways that I assumed were natural or 'normal'. Often a knowing smile or a laugh along with a participant can establish an unspoken complicity or understanding that does not get conveyed in words, and that could possibly be taken by the participants as a tacit agreement or validation.

On analysing the interviews, I have had to read and re-read the transcripts several times, and again bracket my own beliefs about PrEP and sexuality in coming up with the emergent themes – a process which was hugely aided by my research supervisors.

### 3.3 Validity

Elliott et al. (1999) argues that it is important to have certain guidelines for qualitative research in order to ensure that results are rigorous enough to be valid for psychological inquiry, but also to

encourage greater self-reflection amongst qualitative researchers. Smith et al. (2009), Langdridge (2007) and Shinebourne (2011) all refer to Yardley's (2000) four criteria for assessing the validity and usefulness of qualitative research. These criteria are: sensitivity to context, commitment and rigour, transparency and coherence and finally, impact and importance. I address each criterion in turn and how I have tried to meet it.

Sensitivity to context – To begin with sensitivity to context in qualitative research, means being sensitive to the context of the literature and theory in which the research is based, being sensitive to all the understandings which have been created by other researchers in the field and a firm grounding in the epistemological and methodological foundations of the research (Yardley, 2000). I have endeavoured to be as aware as possible in my literature review to the theories and research that has already been conducted in relation to PrEP and sexuality more generally. I have also endeavoured to be clear about my epistemological and ontological positions regarding this research.

Yardley (2000) also suggests that a sensitivity to context means being sensitive to the context within which the participants are taking part in the research, and a sensitivity to the participants themselves and their various perspectives. In relation to research on sexuality in particular, Race (2019) has been particularly critical of approaches which attempt to extract the researcher from the subjects being researched, thereby situating the phenomena as something 'happening to others over there'. The effect of such a stance is a divorcing of the research from the culture in which the phenomena arise, and a stripping away of the sexual from sexuality. Given that I am also a gay man, and that I also take PrEP, I hope that I have been able to be sensitive to the wider context of my participants in having a lived understanding of what they may be struggling with. However, I have also had to work on bracketing my own ideas, beliefs and experiences, so that I can ensure that the participants' voices are heard as much as possible.

Commitment and Rigour – Yardley (2000) suggests that this criterion is straightforward in that there is an expectation of thoroughness and completeness in the collection, analysis and reporting of the research data. Shinebourne (2011) argues that a commitment to the research involves a certain prolonged engagement with the topic and an immersion in the data. As mentioned above, I myself have been on PrEP since 2016, and I have engaged with this topic and with sexuality in different spaces including the men's workshops that I used to run. This topic is particularly significant to me on a personal level, and it is a topic that I continue to reflect on in my practice as a psychotherapist.

Transparency and coherence – Yardley (2000) posits that qualitative research that is transparent is research that allows the reader to see and understand the various stages of the data collection and analysis. This often means the provision of multiple verbatim extracts, which allow the reader to

follow the interpretations of the researcher (Elliott et al, 1999). Coherence refers to how the analysis of the data is reported and the manner in which it is narrated (Yardley, 2000). Again, by providing clear and transparent accounts of how I collected and analysed my data, as well as providing a compelling and clear narrative about my participants' experiences with PrEP and the meaning they made of their sexuality, I hope my study has achieved this criterion too.

*Impact and importance* – Yardley (2000) argues that the decisive quality in which any research should be judged is its impact and utility. Regardless of how sensitive and thorough a research is, if it is not useful to others, then it is not considered to be sufficient. PrEP is a relatively new development in the field of HIV prophylaxis. Therefore, the impact that it is having especially on the gay community where HIV rates are relatively much higher than in the heterosexual community, is still not fully understood and researched. I believe that researching PrEP and the meaning attributed to gay sexuality will be especially impactful and important for gay men in general, but also for all practitioners who work with a gay client group.

## 3.4 Research Design and Method

### 3.4.1 Sample size and criteria

Being mindful of the word count and of the depth and richness of the data that I intended to access, I recruited 8 participants in total for this study, which is within the range suggested by Smith et al. (2009) for professional doctorates. I used a snowball form of recruitment where I asked friends and acquaintances to distribute a research flyer to gay men that are unknown to me, that satisfy the criteria below and would be willing to participate.

Following the idiographic nature IPA, the sample of the participants was purposive and homogenous (Langdridge, 2007). The criteria for the participants were:

- 1) Cis-gendered men who self-identify as gay;
- 2) Born between 1965 and 1987;
- 3) Have been taking PrEP daily for at least 6 months prior to the interview; and
- 4) If they happen to engage in chemsex (defined below), then this should not have been more than once in the 3 months prior to the interview.

The rationale for criterion (1) is self-evident, as that is the group that I would like to give a voice to and study, especially how they experience being in the world in a particular way, facing the particular choices in sexuality that are available to them.

In relation to criterion (2), I am using the year 1981 as the benchmark year when the first cases of AIDS were identified in New York and California (Avert, 2017). I am stipulating that the participants must have been at least 16 years old by this date (i.e. an age when they may have started engaging with others sexually), which means that the participants must have been born by at least 1965. I am using the year 2012 as the upper benchmark, as that is the year that the US FDA approved PrEP as a suitable prophylaxis for HIV. I am stipulating that the participants should be at least 25 by that date, which means that the participants must not have been born after 1987. The rationale for this limit is that I would like my participants to have experienced at least some of their adult sexual lives in a time before PrEP, so that could form a basis from which they could compare their lives before and after PrEP.

In relation to criterion (3), I have set the threshold for the length of time for being on PrEP to 6 months. I believe that in order to explore the effects of PrEP on a gay man's sexuality, it would be necessary for that gay man to have been on PrEP for a significant period of time, and I believe that 6 months is suitable in the circumstances, especially given that PrEP has only been available in the UK since 2012.

Finally, in relation to criterion (4), following Glyde (2015), I define chemsex as using one or more of the following drugs either immediately before or during sex: crystal methamphetamine, mephedrone, or  $\gamma$ -hydroxybutyrate (GHB)/  $\gamma$ -butyrolactone (GBL). I believe that if a participant engages in chemsex regularly then they are likely to be experiencing their sexualities in a completely different way to gay men who do not engage in this highly addictive type of sex. From discussions with colleagues and friends, a relatively high proportion of men do engage in chemsex irregularly, as it is becoming more normalised, at least in London. Therefore, to take that into account, I believe that once in the 3 months preceding the interview would be a suitable and reasonable limit for my research. In order to effectively screen my participants for this criterion, I intend to specify explicitly that any of the drugs mentioned above would be considered 'chemsex' for the purposes of my research, and that in order to qualify for my research the participants must not have had chemsex more than once in the 3 months preceding the interview.

### 3.4.2 Interview format and questions

Following IPA and other hermeneutic phenomenological research projects, I used a semi-structured interview format to cover both what I believe to be important in the interview, but also to allow room for spontaneous and unplanned areas to be explored.

I used the following interview schedule of questions as the broad outline for each interview:

- a) Can you tell me a little about yourself and what interests you to take part in this research?
- b) Tell me about your decision to start taking PrEP?

- i. What is it that you are choosing when you take a pill of PrEP?
- c) What would you say is different about your life since taking PrEP?
- d) How, if at all, has your relationship with your self changed before and after taking PrEP?
- e) How, if at all, has your experience of your body/physicality changed before and after taking PrEP?
- f) How, if at all, have your relationships with others changed before and after taking PrEP?
- g) Can you describe a particular experience of your sexuality or being sexual since taking PrEP?
  - i. What were you feeling/thinking at the time?
  - ii. What were you feeling/thinking afterwards?
  - iii. What is significant about that experience for you?
- h) Now that we've had this discussion, what does being sexual mean to you, and has that changed since taking PrEP?
- i) Is there anything else you'd like to add?

### 3.4.3 Heuristic first step

Prior to interviewing my participants, I asked a psychotherapist colleague to interview me using the same semi-structured question schedule set out above. I recorded this interview, and then transcribed it.

I then carried out steps 1 – 3 of the data analysis, as set out in section 5 below. The intention of being interviewed myself is twofold: first it has deepened my self-understanding, given how personal this topic is for me, and therefore allowed me to see more clearly what my position is regarding the questions I asked my participants. I believe that a greater awareness of my own position will provide me with a better ability to encounter the participants' phenomena and experiences, whilst bracketing my own. Secondly, I used this interview as a means of further refining my interview schedule of questions.

### 3.4.4 Data gathering

With the participants' express consent (see Appendix II), I recorded all the interviews using an audio device, and stored the audio files (with a password protection) on my personal computer. I transcribed the interviews myself.



## 4 Ethical Considerations

As part of my ethical duty towards my participants, and the submission of this thesis, I attained ethical approval for this project from the University of Middlesex's Ethical Committee, which included a Risk Assessment linked to carrying out the interviews (see Appendix IV).

A guiding principle for me in conducting this research has been to ensure that I remain alive to the ethical principles involved in a project of this nature. These include ensuring that I: do no harm to the participants, promote their right to autonomy and privacy and further justice and beneficence in the carrying out and dissemination of my work (Brinkmann and Kvale, 2008).

To begin with, in determining the participant group whose experiences I wanted to explore, I specified that the youngest age for participation at the time of the interviews was 25, and also that none of the participants took part in chemsex regularly. I noted that this excluded two groups of gay men that I may have needed to be even more sensitive with: young gay men (i.e. under the age of 25), and gay men who took drugs, and therefore may be more sensitive to an exploration of this nature. I was also mindful of the possibility that a participant might assert that they meet these criteria but then during their interview, might reveal that they partook in chemsex regularly. I was aware that I had a duty towards those potential participants as well, to ensure that I caused them no harm in gently letting them know that I could not continue with their interview because they did not fulfil the selection criteria. This possibility however, did not arise.

I have been mindful that for a lot of gay men, sexuality is often shrouded in secrecy and shame, and therefore talking about their experiences to someone that they do not know may be challenging. Further, I was aware that the interviews may prompt the participants to look at aspects of their lives, which they may not often reveal or reflect on. As a result, in order to support the prospective participants' autonomy in choosing to take part in this research, I provided them with a comprehensive Information Sheet (see Appendix I), which included details on the nature of this project, as well as the possible benefits and risks/disadvantages of taking part. I highlighted that participation was entirely voluntary, and that the participants could withdraw at any time without providing any justification.

Before proceeding with the interviews, I asked each participant to sign a consent form (see Appendix II) that explains in detail how the interview and participant data will be used and stored. I also explained this to the participants orally. I approached the concept of consent as a "*continuing emotional awareness*" (Hollway and Jefferson, 2000, p.88), in that it was incumbent on me as a researcher, in particular during the interviews, to gauge whether the participant was alright and not

in any form of distress, to be aware of the possibility that the participant may not be wanting to continue and to check whether this was the case, if appropriate.

In respecting the participants' right to privacy, all personalised information about the participants that has appeared in this thesis has been anonymised, and the participants' personal details have been stored separately and kept confidential. I informed the participants in advance about how their interview material might be used and who will have access to it during the writing process.

In order to minimise as much as possible any harm that may have resulted from the interviews, following the conclusion of each interview, I carried out a debrief with each participant (see Appendix III), to ensure that they were not distressed or upset in any way, to provide them with some space to reflect on what their interview was like for them, and to ask any questions. I also had to hand details of LGBT counselling services should this be required. This was not ultimately required or requested by any of the participants.

In relation to the ethics of analysing and interpreting the data, I have been guided by Willig's (2011) assertion that interpreting someone else's experience suggests claiming a privileged access to its underlying meaning. Therefore, when interpreting data, I have been mindful to be open and tentative about interpretations rather than definitive, as my interpretations can only be possible versions of the 'truth'.

Finally, in promoting the beneficence of this work, and in doing justice to the participants' time and effort in taking part in my research, especially, as none of the participants were remunerated monetarily, I intend to publish this work, so that it is available to others in general, but also practitioners and researchers who might find it useful for working with LGBT clients.

## 5 Analysis

As a guide and basis for the analysis of my data, I used Smith et al.'s (2009) process of data analysis in IPA, which Larkin and Thompson (2011) suggest should be approached iteratively and inductively:

1. Starting with the first transcript, I read and re-read it so that I could familiarise myself with the data. I then inserted it into a column of an excel spreadsheet. I then inserted 3 columns to the right of the transcript, naming them: "description", "language" and "interpretation". I also inserted a column to the left of the transcript with my own self-reflections of anything that I remembered that stood out for me while conducting the interview. The rationale of putting my self-reflections to the left of the transcript, while the analysis to the right, is to separate and bracket as much as possible my own personal self-reflections, from my reflections about the transcript.
2. I then went through the transcript entirely while filling out initially the 'description' column with comments describing as closely as possible what the phenomena are in each section of the interview. Then I read through the interview again and this time I filled out the 'language' column with comments on the language that the participant used (such as his use of past/present/future tense, whether he was speaking in the first or second person etc.). Finally, I went through the transcript again, and for the third time I filled out the 'interpretation' column with comments on how I interpreted the phenomena. I allowed myself some freedom in the interpretations, and used my knowledge of the whole interview to help me comment on specific sections.
3. Before proceeding to eliciting the emerging themes, I took a week's break from looking at the interview and then revisited it. This time, I added a fourth column 'interpretation revisited' and in this column I inserted any adjustments or changes to my interpretations with the benefit of having a fresh look at it. If I felt like my initial interpretation may need revisiting, I highlighted the relevant segment of my interpretation in red, and I added the amendment in the 'interpretation revisited' column.
4. Next, I entered a fifth column entitled 'emerging themes'. I went through the transcript again, and this time, with my research question in mind, I entered as I read, section by section, what I felt to be the themes that emerged. See Appendix V as an example excerpt of Steps 1-4 above.
5. I then wrote down the emerging themes onto a piece of paper, and next to each theme I entered the row from the spreadsheet from which it emerged. I next went through the transcript again

and wrote down next to each theme the number of any other rows which resonated or echoed each of the themes.

6. I then cut up the paper of emergent themes into little strips and spread out each theme on a table to get a spatial feel for them:

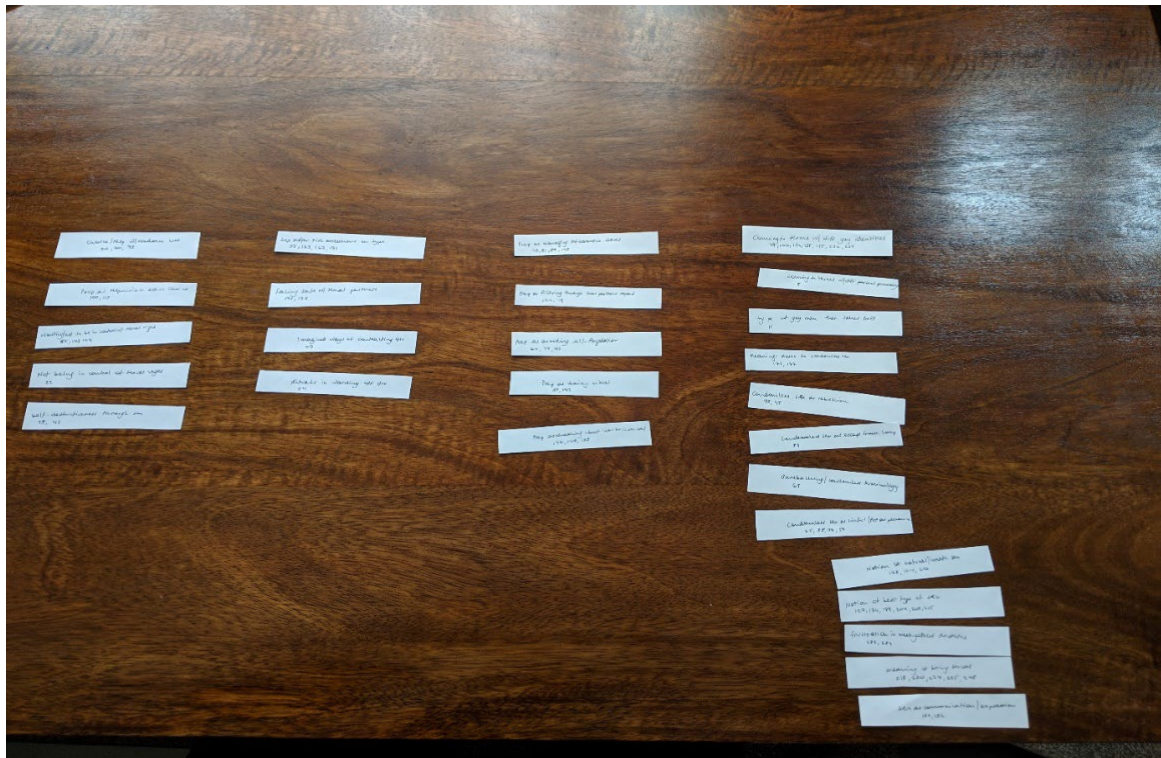


7. Following the method suggested in Smith et al. (2009), I then proceeded through a process of abstraction to bring together themes that seemed to resonate. For example, a participant mentioned how since PrEP he has been enjoying sex more. This ranged from him describing his sexual experiences as being more ‘natural’ or more innate, to just describing his experiences as ‘less painful’. Through a process of abstraction, these individual themes were all grouped together under the Subordinate Theme ‘having better sex’.

I also used a process of polarisation to highlight differences between emerging themes. For example, a participant highlighted the difference between feeling in control of their sexual health, and feeling in control during their sexual encounters.



After spending some time arranging and re-arranging the themes into groups, I ended up with an order that looked like this:



8. I then took another break from the emergent themes and approached them afresh the following day. This often led to the elimination of a super-ordinate theme as it may not have been relevant (from the perspective of my research question), and I added other sub-themes under the other relevant super-ordinate themes via a process of abstraction.
9. I carried out steps 1-8 for each of the transcripts, and printed out the resulting subordinate and superordinate themes for each of the 8 transcripts, along with the row numbers in which the subordinate themes arise (see Appendix VI).
10. I then set out all the 8 printed sets of themes in a table to get another spatial feel for them, and started a process of trying to find themes that resonated in all of the interviews. I aimed to ensure that each theme resonated across all 8 interviews, but realistically, I was aware that that would not always be possible, and that in situations where 1 or 2 of the participants differed significantly from the other participants, I have also included to show that difference and the possible reason for it. In any event, the minimum number of participants for each theme is 6 (of the 8). The final subordinate themes that emerged across all 8 interviews were:

<b>Subordinate Themes</b>
1. Identifying as a sexual role
2. Engaging with the thoughts and fantasies of sex
3. Persistence of idea of HIV
4. Talking about sex and PrEP with others
5. Trust and condomless sex
6. Being in and out of control with others
7. Moving away from condoms
8. Having 'good' or 'better' sex
9. Sex is still potentially dangerous

11. The final step of the analysis involved organising the above subordinate themes under superordinate themes:

<b>Superordinate Theme</b>	<b>Subordinate Theme</b>
1. Being sexual on a personal level	a. Identifying as a sexual role
	b. Engaging with the thoughts and fantasies of sex
	c. Persistence of idea of HIV
2. Being sexual with others	a. Talking about sex and PrEP with others
	b. Trust and condomless sex
	c. Being in and out of control with others
3. Sex on PrEP	a. Moving away from condoms
	b. Having 'good' or 'better' sex
	c. Sex is still potentially dangerous

## 6 Findings

In this section, I first set out some brief contextual details of the 8 participants (section 6.1). I next provide a small explanation of the different terms used by the participants to denote condomless sex and sexual roles (section 6.2). Finally, in section 6.3, I explore the findings of each theme.

### 6.1 Participants

Eight participants were recruited for this study whose ages ranged between 31 to 53 at the time of the interviews, which all took place in 2018. All of the participants lived in London, and all were cis-gendered white men who self-identified as gay. The participants' pseudonyms and ages are set out in the table below:

Participant	Age	Some disclosed contextual details
Simon	35	Arts journalist who's lived in London for 12 years.
Peter	31	Worked in HIV prevention for most of his adult life. He moved to London in 2011.
Joseph	38	Works in community care, is an advocate for sexual and mental health, and lives in London.
Paul	34	Medical physicist, living in London since 2008.
James	37	Lived in London since he was 23 and is married.
Michael	53	Did not disclose his profession or how long he's lived in London.
Andrew	44	Works in music and has lived in London since 2000.
Phillip	37	Works as a nurse, and lives in London.

### 6.2 A note on terminology

#### 6.2.1 Condomless sex

Throughout all of the interviews, the participants used a variety of terms to refer to sex without condoms, such as: barebacking, unprotected, raw, unsafe, condomless. As Dean (2019) argues, all of these terms come with different connotations and can mean different things to different people.

Although there are no 'neutral' terms to describe sex without condoms, I have chosen to refer to anal sex without condoms throughout the interviews using the possibly technical term 'condomless sex' – possibly because I find it to be the most factual description.

## 6.2.2 Sexual roles

All the participants used a variety of terms to denote the various sexual roles and positions that are commonly understood within the gay community (which are also evidenced in online slang dictionaries such as Pinkuk.com (2020)). For ease of reference, I set out some of the terms below and their understood meaning:

**Top** or **active**: penetrating partner

**Bottom** or **passive**: penetrated partner

**Versatile** or **vers**: a partner who can adopt both positions above. Further, a combination of the term 'vers' with top or bottom (i.e. **vers top**, **vers bottom**), usually denotes that a person is versatile but tends towards either topping or bottoming.

## 6.3 Superordinate Themes

For the 8 participants interviewed, the meaning attributed to their sexuality could be divided into 3 superordinate themes: what sense they made of being sexual on a personal level, on a relational level, and the sexual act itself whilst being on PrEP.

### 6.3.1 Superordinate Theme 1 - Being sexual on a personal level

One of the main ways that the participants made sense of their sexuality is on the personal level. What it means to be sexual to the participants entailed them identifying as a certain sexual role, engaging with their sexual thoughts and fantasies, and being very aware of the idea of HIV. I explore each of these subordinate themes below.

#### *6.3.1.1 Subordinate Theme 1 –Identifying as a certain sexual role*

All of the participants at some point during their interviews identified themselves as being a certain sexual role. Although there was a clear variation in the extent to which the participants identified with their sexual roles, this seemed as one of the ways that they experienced themselves as being sexual. I noted that some of the participants distinguished between being a sexual role and doing a sexual role, which may link to the ways in which they experienced their bodies and understood the sexualities



of other gay men. For some of the participants, PrEP has been pivotal in helping them try out different sexual roles, as it allayed their fears of contracting HIV particularly when being penetrated.

Simon and Phillip were the two participants that most resisted the identification with sexual roles, but as is demonstrated in the extracts below they also inadvertently adopted these identifiers in referring to themselves:

Simon believes that dating/hook-up apps such as Grindr and modern gay culture in general tend to promote a reduction and categorisation of sexuality that can fit into tick boxes (Simon: 234). And although he wants to resist that, he states:

*I don't put on my profile what I'm into... so to be honest, like if I were to put it ... if they ask, I'll say I'm vers bottom, whatever that means. But actually I do cling to the idea that with relationships and dating and sex you find out there is a dynamic that works... and I have been top with guys who have been really hot and really nice... so I try to resist, if I use the apps which unfortunately I do, and I always delete them and I hate them... but I try to resist as much labelling as possible. (Simon: 236-237)*

Although Simon does not explicitly state his sexual role on his online profile, he would still respond with what identity he believes he fits most into (“*vers bottom*”) when chatting. Having said that, he does immediately follow that with the phrase “*whatever that means*”, which I understand to denote an element of ambiguity and possibly his bafflement with the nature of identities and labels formed out of sexual roles. Although not explored further with Simon, I wonder if in telling potential partners what role he is, he is conveying to them what they can expect from him if they were to meet. Therefore, in acquiescing to these labels, Simon appears to be amenable to the notion of managing others’ expectations from him.

Having said that, I found it interesting to note that earlier in his interview he referred to his sexual role as something he carries out (as opposed to something that he is). He states:

*I mostly bottom so it's mostly them fucking me. (Simon: 33)*

The above statement seems much more in line with his resistance to labelling, as he seems to be describing what he does sexually. Yet at the same time, after stating what he does –“*I mostly bottom*” – he also describes what is done to him. I believe this is an interesting example of how language informs the experience of sexual passivity (cf. the feminist notion of ‘engulfing’, explored more in the Discussion section below).

Phillip was also vocal about resisting the labels used in the gay world to denote sexual roles:

*I think a lot of gay men have a... a thing about the bottom/top dynamic... er... and... rather than seeing your sexuality as a spectrum that you kind of have to pigeon-hole yourself. Again I think... porn and American society has kind of had a... overarching influence in that, erm...as well as, kind of straight people wanting to put you into... “well I don’t understand what you are, so let me kind of break it down, are you a bottom, are you a top?”... and you not having a choice into it. (Phillip: 148)*

Phillip seems to blame porn, “American society” and “straight people” for this urge to categorise, and I note that he does not seem to believe that he has a choice in it. However, he refers to this urge to categorise being linked to a desire to understand. Crucially, it appears that he believes others try to understand gay sexuality by trying to understand what role they play (i.e. what it is that they do) sexually.

Curiously, when he described a sexual encounter, later in his interview, he mentions that his intention was “to be bottom” (Phillip: 191). I wonder if what can be gleaned from Phillip’s interview is that no matter how hard he tries to resist the categorisation, it is so ingrained as a way of thinking of himself, that he cannot but inadvertently slip into thinking about himself in those terms.

For the other participants, there was less of a conflict regarding the link of a sexual role with their identity. Paul, for example, stated “I’m bottom, always a bottom” (Paul: 59). Michael talked about how he rediscovered “being a top” whilst on PrEP (Michael: 31). While James described himself as “a vers bottom” (James: 118).

Possibly for Peter, doing a sexual act and being a sexual role are interchangeable:

*I did a lot less bottoming when I was younger than I do now... and then as I got older, I became more of a bottom (Peter: 17,18)*

I note however that Peter refers to the sexual act as “to do bottoming”, which would have been different from expressing it as “to bottom”. I did not explore what the difference is for Peter, but I wonder if he experienced himself as more detached from the act if he were to “do bottoming” rather than simply to “bottom”.

Joseph appears to link his sexual role to the likeliness of contracting HIV (prior to PrEP):

*nowadays I’m primarily a top. Erm...And I know that... HIV infection is much more high risk for... partners that receive. Erm...And I wonder, if I’ll ever feel comfortable or want to be bottom or versatile again. Because I’ve kind of not been in that role. (Joseph: 181)*

I found it noteworthy that he refers to the identities of top, bottom and versatile, but differentiates that from the act (which is a high risk for contracting HIV) of “receiving”.

Andrew had a similar approach to his sexual role and its relationship to the possibility of contracting HIV. He seemed to be aware of the likeliness of contracting HIV based on one’s sexual role:

*I guess taking PrEP is more crucial if you’re going to be a passive partner... er... than the active partner, as far as I understand it. (Andrew: 33)*

Although he uses the terms passive/active when speaking in the second person above, he describes himself in the first person as “mostly top, but you know, I do bottom sometimes” (Andrew: 32). It is not clear why he uses different terms, and the connotations of each term for him. Having said that, he seems to identify as a top, while referring to bottoming as something he does (rather than who he is), which possibly suggests that he feels more comfortable with the identity and act of topping as opposed to bottoming.

When reflecting on his sexual role and what he thought about bottoming, he stated:

*That it was painful, that you weren’t sort of particularly in control... erm... I mean, I’ve never had that feeling... I’ve never kind of associated bottoming with being effeminate, and topping with being masculine. I don’t think I have. I think, I think I may have had issues with hygiene about it when I was younger. (Andrew: 162)*

Andrew seems to provide a few reasons as to why he did not bottom as much as he topped. I was curious as to why he denied ever linking topping/bottom to a traditional masculine/feminine position, especially as this was not previously mentioned or referred to in the interview, and I recall wondering at the time whether there were elements of shame regarding bottoming, which he did not mention. In any event, it seemed clear that ‘bottoming’ for Andrew was a part of his sexuality that was linked with a lack of control, fear of contracting HIV, and hygiene issues.

Whether or not the participants resisted the labelling of sexual roles, the constructs of top/vers/bottom (and their various synonyms and variations) seem to provide the participants with a common structure from which to understand themselves and others, and a means by which they can navigate their expectations of others and for others. For some of the participants, such as Simon, there seemed to be a distinction between being a sexual role and doing a sexual role, while for others, such as Peter, this was much more fluid. And finally, for Joseph and Andrew, what role they adopted as an act or identity seems to be largely shaped by the fear of HIV, and so PrEP seems to be affording those participants with the possibility of trying out new roles.

### 6.3.1.2 Subordinate Theme 2 – Engaging with the thoughts and fantasies of sex

Although not all of the participants started PrEP with the intention of exploring their sexualities and fantasies, for 6 out of 8 participants, being on PrEP has meant a more conscious engagement with the thoughts and fantasies around sex, particularly around condomless sex, and then living those fantasies out. A lot of these fantasies involved taboos, transgressing boundaries and enacting what was deemed to be previously forbidden.

I initially considered putting this subordinate theme under the second superordinate theme “being sexual with others”, as the living out of sexual fantasies for the participants almost always involved others. However, I have decided to put this subordinate theme under this superordinate theme “being sexual on a personal level” because not all of the participants’ fantasies were carried out, and the common element amongst the participants in this regard was the personal engagement with the thoughts and fantasies.

James seemed very conscious that condomless sex prior to the advent of PrEP was considered to be risqué and taboo (James: 59). He described in his interview a porn movie that he watched when he was younger, still living in his parents’ home, and its star “Dawson”. In that movie, Dawson was penetrated without condoms by 50 men over a weekend, and they all ejaculated inside him. James described the impact this movie had on him as follows:

*James: So, I always remember watching Dawson and thinking that was, you know, really fucking hot. In part because it was so bold, it was so bold [loud banging on the table] and outrageous, and you know and like... he’s good looking. Some of them are not good looking... that’s interesting, you know it’s probably illicit...*

*Interviewer: So what was so significant about that for you?*

*James: Because I think it sort of represented a thing where you can... and that just isn’t something you could do. It was, it was, it was something I wouldn’t let myself do... and for me that behaviour was forbidden because it was reckless and it was dangerous [bangs the table], and it was something you were told you couldn’t do [bangs the table], because if you did that you will... you will die! [bangs the table] You know... that... so it really was shocking [bangs the table]. But at the same time it was really interesting, because he seems to be having a great time... you know, he seems to be having a whale of a time... and it’s kind, it’s kind of... And parts of... because he’s, because he’s fucking these old wasted men who have been living with HIV, it’s kind of disgusting [said with emphasis], and so it’s kind of subversive... but more than subversive, it’s, it’s, you know, partly grotesque. (James: 100-103)*

I noted the words he initially used to describe Dawson were “bold”, “outrageous”, “good looking”, and the high energy with which he spoke about him, accompanied by the banging on the table to underline what he was saying, and I remember feeling that James was slightly in awe of Dawson, and was at the time possibly slightly envious of what he was doing (or allowing others to do to him), given the context of HIV/AIDS in the early 2000s. He also seemed really struck by the fact that Dawson was doing something that “*isn’t something you could do*”, or at least “*something he wouldn’t let himself do*”, which made it “*subversive*”, but also “*disgusting*” and “*grotesque*”. I could not help but think first of all how James’ view of what happened to Dawson changed from being initially “*really fucking hot*” to then being “*disgusting*” as he described the context, and secondly how fascinated James was by the breaking of this taboo, and the going against all the messaging at the time of using condoms when having casual sex.

James described how one of his current fantasies is being penetrated by several men (cf. Dawson) and for all of them to ejaculate inside him (James: 168), and how a lot of his friends fixate on the idea of “*taking loads*” (James: 169). Indeed, since PrEP, he has been able to live out these fantasies (to a certain degree), for example, by having sex with 3 men simultaneously, who have all penetrated him (James: 143).

I wonder if the very nature of his fantasy and his desire to be on PrEP stems from the prohibition he experienced about condomless sex, and in particular in receiving another man’s semen. He certainly emphasised the messages he was exposed to about barebacking and that if he partook in that behaviour he would die (James: 102). Although James seems to appreciate that the risk of contracting HIV is no longer there in condomless sex whilst on PrEP, a “*load*” still seems charged to him and something that he fetishises.

Joseph also fantasised about being a “*slut*” (Joseph: 70) and a “*greedy, greedy whore bottom*” (Joseph: 192), and he thought that being on PrEP would enable him to act out these fantasies. He has found however, that he has not really allowed himself to be in those positions since being on PrEP (Joseph: 192). I wonder if for Joseph there was a sense that being a “*slut*” or a “*whore bottom*” was something that was prohibited to him, possibly in a stereotypical way as a man, but also prior to PrEP, as a gay man who wanted to remain HIV negative.

In describing his reasoning about why he hasn’t enacted that fantasy yet, he states:

*I did think ‘oh yeah...I can go around and being a bottom... erm...that would be really fun’. And I haven’t really done that. And so I do kind of link it to PrEP, because perhaps there was a fear*

*of being a bottom that didn't let me relax or do it, which put me in a role where I would sort of psychologically only top for people... yeah? (Joseph: 188)*

When I pressed him for why he felt that way, he responded:

*I think I'm quite happy being top, really. I think that's partly just come down to age and experience. (Joseph: 192)*

I remember at the time that I wasn't really convinced by his reasoning. A part of him really wanted to experience a different sexual role, and yet here he was stating that he was happy being a top. I had the feeling that something about being a "greedy whore bottom" was still very scary for Joseph, and therefore possibly still inaccessible to him in reality.

Michael described how PrEP allowed him to enact all the fantasies he wanted to try but could not prior to PrEP because of the fear of contracting HIV:

*Michael: The really weird thing...[sighs] I guess it's because I've tried absolutely everything that you'd possibly want to try. And I realised that the only things that I hadn't tried were the things that I couldn't try... because of... because of having to stay safe. And it suddenly opened this window... ok I can tick all the other boxes that I had wanted to.*

*Interviewer: Can you give me an example of what you felt you couldn't try but now you can?*

*Michael: Yeah sure... a lot... [sighs] it's embarrassing isn't it [laughs]? I'm very open about sex, but even for me, it's a bit weird...but erm... erm... a lot of swallowing of cum. Erm...Cum up the arse, cumming up a guy. They were the things that I thought I would be really into...erm... gangbangs... you know just, just the idea of... give yourself over and lose control and do what you want. There's always been an element of control there that... that I, I... was very excited about, the idea of it being taken away. (Michael: 27-29)*

I noted that the fantasies that Michael stated he could not carry out before PrEP revolved around engaging with other men's semen, and giving up control. Possibly similar to James above, I had the sense that that semen took on such a fetishised role in his fantasy precisely because it was so dangerous and therefore something he forbade himself from getting too close to.

In referring back to the reasoning of placing this subordinate theme under "being sexual on a personal level", I got the sense from Michael, that even though he was living out these fantasies, which entailed being with others, the 'other' does not seem to be really present – he does not convey a sense of really meeting others in those scenarios. Instead I got the sense that he was living out these fantasies, whilst others played roles as objects in his fantasies.

Phillip described his first experience of living out a fantasy since he started PrEP as follows:

*Phillip: So, I think one of the big ones [i.e. fantasies] was... and it was... and this is like... er... a porn thing as well a kind of HIV thing... was erm... basically someone cumming inside you. Erm... highly fetishized and I think because of porn... it kind of got exaggerated as this experience that was... mutually enjoyable... and.... But... amplified, because it was bareback. Er... in the sense that the cum was going into the person, rather than into a condom, that there was more sensation... blah blah blah. So, this was something that was in my head that was kind of, not top of the list, but was quite high up the list. And then... the first time it happened, didn't feel anything... I was kind of really...*

*Interviewer: The first time someone came inside you?*

*Phillip: Yeah... so... it had been fetishised so much that my expectations were probably vey very high and also... my anatomy and physiology for some bizarre reason, it didn't enter my head at all, because you don't have enough nerve endings to really experience anything... er... such as an ejaculation, or even, much, much more than a change in temperature. (Phillip: 73-76)*

Again, it seems that the fetishised act for Phillip was someone ejaculating inside him. He later seems to attribute this fantasy to the fact that he would see it in porn (Phillip: 85), and so I got the sense that for Phillip, seeing others do it in porn and at the same time knowing that it was a very dangerous thing to do, made it even more appealing to him as a fantasy.

Phillip seemed slightly disillusioned after experiencing this fantasy, and found that it no longer aroused him as it used to before he tried it out (Phillip: 77). It seemed that, at least in Phillip's case, the fantasy is arousing and appealing exactly because it is forbidden. Once that barrier is removed, it loses its appeal. Ironically, it's being on PrEP which has allowed him to experience living out this fantasy in a way that he did not permit previously, and which in a way has destroyed that fantasy for him.

Andrew described that his fantasy is a slightly romantic notion of getting caught up in the moment with someone, and not having to interrupt the flow by getting out a condom and putting it on (Andrew: 87). I wonder if the fantasy for Andrew is having sex with no risks and no consequences. In other words: a fantasy of sex devoid of the context of HIV. Possibly this is not so different from many of the other participants' fantasies who actively wanted to engage with semen, again as something that wasn't dangerous, as if HIV did not exist.

Finally, Peter seemed much less forthcoming about his sexual fantasies in relation to PrEP. He simply stated that condomless sex was something that he wanted to try for a very long time, but he did not because of his anxiety around contracting HIV (Peter: 136).

The two participants for whom this subordinate theme did not really arise are Simon and Paul. I wonder if this was because for whatever reason the interview did not touch on the topic of sexual fantasies, as it naturally seemed to do with the other participants, or whether one of the main reasons for both these participants to start PrEP was not an exploration of their fantasies, but rather as a means of ensuring they do not contract HIV because they had experiences of ‘slipping up’ and not using condoms in the heat of a sexual encounter.

I found it interesting to note the variation present amongst the participants in the degree to which part of what it means for them to be sexual is to think about sex and what they would like to do sexually with others. For some, the acts that were forbidden prior to PrEP, because of the risk of contracting HIV, became so charged and fetishised. For others, the fantasy was as simple as having sex in a situation which was devoid of serious consequences. It may be fair to state that for the majority of participants the idea of HIV has in some way impacted their thoughts and fantasies around sex. And this links in with the next subordinate theme.

#### *6.3.1.3 Subordinate Theme 3 - Persistence of the threat of HIV*

Perhaps it is unsurprising for men who take a regular prophylaxis pill against HIV to be regularly aware of the notion of HIV. What seems inescapable however, for 6 out of the 8 participants is that being sexual, even whilst on PrEP, entails being in relation somehow to the threat of HIV – despite the contraction of HIV becoming less and less of a real possibility. For the remaining 2 participants (Simon and Peter), although the threat of HIV does not seem to concern them on a personal level, they seem actively engaged with the idea of HIV through their work – and so whilst it may not be strictly true for those 2 participants that being sexual for them entails being very aware of the threat of HIV, the idea of HIV still features largely in their lives.

I initially considered placing this subordinate theme under the third superordinate theme “Sex on PrEP”, as the threat of HIV for the participants was mostly linked to the sexual act. However, I decided to place this subordinate theme here, as the threat of HIV in particular is something that seems to inform these participants’ sexuality on a deeper, more personal level.

There was a variety of ways in which the participants related to HIV. James appears to be preoccupied with HIV, despite stating the opposite:

*But you know... HIV is like you know... and I know it's manageable and I know the... you know...erm... I don't think it's a death sentence... I don't think it's any of those things... I know friends with it... it's fine. It's not... it's fine. I would date someone with HIV. One of my best friends died 5 years ago from cancer relating to HIV and that's... but bizarrely do you know*



*something, that doesn't really kind of make me think any particularly... any stronger than before. [taps the table] I don't want to get HIV, it was just an unfortunate, sad, sad, sad thing.*  
(James: 52, 53)

Although James seems to be saying that he is relaxed about the idea of HIV, and that he would date someone with HIV, he also states “*it's fine. It's not... it's fine*”, possibly reflecting a conflict about how he feels about HIV. Also, he goes on to tell me about a friend of his who died of cancer relating to HIV – thus disproving to himself what he said earlier that it's “*not a death sentence*”. Seemingly despite PrEP, HIV is a looming possibility for James – if not directly for himself, then at least for some of his friends or people he knows.

Phillip described how even after starting PrEP, he would still think about HIV:

*...it [PrEP] took it [HIV] out of the equation, not completely. It was still there. I don't trust anything 100%, but yeah... (Phillip: 21).*

Phillip uses the metaphor of HIV being taken out of the equation, as if he is suggesting that he does not have to add it into his calculations around sex. However, he reiterates that HIV “*was still there*”, still a possibility he thinks about because he cannot trust anything 100%, or more relevantly, he cannot trust a HIV prophylaxis fully. On reflection, it would have been interesting to stay with Phillip with the question of “*where is the idea of HIV?*” if it's out of the equation, but still there, and how does this impact him? Either way, even though he is not HIV+, the idea of HIV seems to feature largely in how Phillip is sexual.

Andrew is also preoccupied about the likelihood of contracting HIV. This is especially so in relation to the sexual role he adopts in his sexual encounters:

*Being the active partner it's harder to contract HIV... erm... but interestingly, yeah... interestingly I, I wouldn't bottom without someone using a condom, other than with my boyfriend. So, you could argue, what's the point in me taking PrEP I suppose. (Andrew: 33)*

Andrew seems to draw a distinction between bottoming without a condom for his boyfriend, and bottoming without a condom with a casual partner- I believe the implication to be because it's safer to do so with the former but not the latter. I wonder if in his question “*what's the point in me taking PrEP?*” he is asking that question because he is implying that PrEP is not really allaying his fear of contracting HIV during casual sex (at least when bottoming). I feel like for Andrew, being sexual as a passive partner means being preoccupied with HIV.

Joseph also remains concerned about contracting HIV when bottoming:

*nowadays I'm primarily a top. Erm...And I know that... HIV infection is much more high risk for... partners that receive. Erm...And I wonder, if I'll ever feel comfortable or want to be bottom or versatile again. (Joseph: 181)*

Again, it seems that despite the evidence and the research that PrEP drastically reduces the chances of HIV transmission (both as the penetrating and penetrated partner), Joseph appears to be tailoring his sexual behaviour in a way that would reduce his risk of contracting HIV even further. Interestingly, he refers to the different sexual roles as being a top, bottom or versatile (i.e. as an identity), rather than topping, bottoming etc (as a behaviour). I wonder if his identification as a top is also somehow connected with wanting to reduce his chances of contracting HIV by identification as well.

For Paul, although he identifies as a bottom (Paul: 59), he seems to be much more concerned about HIV when being penetrated by a penis in his anus as opposed to orally. When I asked him why he made the distinction between oral and anal sex, he said:

*Yeah because I think I still am more cautious about that [anal sex]. Not necessarily for a valid reason, just because I always have been, you know. It's a relatively new thing that I can have [anal] sex without a condom and not worry about it. So, it's very new to me. (Paul: 131)*

Although Paul acknowledges that since being on PrEP he cannot point to a valid reason to be more cautious about anal sex as opposed to oral sex, he seems to suggest that this relative caution is a habit that's been established since the days (prior to PrEP) when the contraction of HIV was indeed more likely to happen via anal sex. His comment that "*it's a relatively new thing*" possibly suggests that his approach to anal sex might change with time. However, for the moment, it seems that being sexual anally for Paul means being more concerned about HIV, in comparison to being sexual orally.

Finally, Michael, as the oldest participant, and as someone who identified as "*long-term negative*" (Michael: 45) revealed that he was concerned about remaining HIV negative:

*there is like a worry in the back of your head almost, that the only way that you've managed to stay negative for so long was by such ingrained habits, by such you know, massive... what do you call it?... like... I forgot what you call it in psychology... you, you know, sort of habits, preservation techniques... they're such strong things ingrained in you, that, that suddenly I've just thrown them away. (Michael: 72)*

He calls the messaging that he experienced relating to prophylaxis against HIV as "*preservation techniques*", which reflects how much of a life and death situation HIV was in the 1980s and 1990s, which is when he would have been in his 20s and 30s. I wonder if it was ingrained in him that he would contract HIV if he did not use condoms. So even now with technology developing means of

prophylaxis other than condoms, it appears that he still finds it challenging not to be concerned about HIV. I found myself wondering whether Michael's sexuality could ever not be in relation to HIV, given that he has lived through the AIDS crisis.

As mentioned above, there were two participants for whom HIV did not seem to be a concern on a personal level since starting PrEP: Simon and Peter. However, their engagement with the idea of PrEP appears to take place through their work.

Simon recounted how he has spent the last 5-10 years educating himself about HIV and AIDS, and given his job as a journalist, he engages with this topic a lot in his writings (Simon: 88). While Peter has worked in HIV prevention all his adult life (Peter: 7). In both cases, I wonder if they are not preoccupied with HIV in their sexualities precisely because they have an outlet to engage with HIV through their work.

In summary, it appears that despite all the participants being HIV negative and being on PrEP, the idea of HIV stills looms large for them in how they experience their sexuality. For some participants, it informs what sexual role they adopt, and for others, it affects what sexual acts they feel comfortable with.

### **6.3.2 Superordinate Theme 2 - Being sexual with others**

Another way that that participants made sense of their sexuality, which emerged from the data, was on the relational level with others. What it means to be sexual to the participants whilst on PrEP entailed them talking about sex and talking about being on PrEP with others, trusting their partners in order to engage in condomless sex, and experiencing being in and out of control with others. I explore each of these subordinate themes below.

#### *6.3.2.1 Subordinate Theme 1 - Talking about sex and PrEP with others*

In an age where "neg on PrEP" is a category that one could tick as applicable on hook-up apps like Grindr, for 7 out of the 8 participants, being sexual whilst on PrEP has entailed communicating to others that they were on PrEP. This communication seems to act as a means of revealing something significant about their sexuality or about facilitating a conversation around sexuality. Talking to others about their sexuality is something that these participants may already be predisposed to do, as they have all chosen to speak to me, a researcher they do not know, about their sexualities. However, I have found that for these participants, talking about their sexuality in relation to PrEP seems to be a common theme.

Peter and Joseph both found that being on PrEP has made it easier for them to start conversations around sex and sexual health. Peter found that it made it easier for him to tell his sexual partners what he wanted in sex (Peter: 98). While Joseph related that:

*The actual discussions that you have around PrEP when you talk to someone I think is more complex and advanced, rather than 'oh yeah, just put a condom on and it'll be fine'. I've found myself lying in bed talking about stuff or going on the internet and finding out stuff with partners erm... being like 'oh yeah... what is this and how do we feel about this?' (Joseph: 48,49)*

I understood that for Joseph, PrEP as an alternative choice of prophylaxis to condoms highlights this different choice, and therefore presents sexual partners with something that could start a discussion around sexual health. I wonder if in disclosing that he is on PrEP, at a time when PrEP was/is still not that prevalent (cf. the normalisation of the contraceptive pill as an example today vs the 1960s), Joseph feels that he is disclosing something more general about who he is regarding the responsibility he is taking for his own sexual health, and an autonomy in making decisions about how best to protect himself. In a sense, disclosing that he is on PrEP, when it has not yet been rolled out through the NHS in England, may be communicating that he is engaging with and confronting issues about his sexuality in a way that “*just putting on a condom*” and doing what everyone else is doing, would not be.

The data shows that the other participants also felt that they wanted to reveal something about themselves by revealing to others about being on PrEP. James chats with potential sexual partners online, and reveals that he's on PrEP in order to find out whether they would have sex without condoms:

*There's a kind of unwritten thing if you're on Grindr, and they're like "what are you into?" and you're like "vers bottom... neg on PrEP" [said with husky American accent], and what you really mean is "are you going to fuck me without a condom, because if you're not, I'm not really interested". (James: 190)*

I found it fascinating that James seemed to suggest that there was an agreed meaning to stating a sexual role and the fact that one is on PrEP, by calling it a “*kind of unwritten thing*”, and using the second person (“*what you really mean*”) to indicate that meaning. I did not get the sense that James was entirely open to the possibility that others may interpret his statement differently – and in particular, as not necessarily relating to whether they would be having condomless sex. Further, I was curious about his use of an American accent to convey his sexual role and his being on PrEP. Although I did not check this with him, I wondered about the influence of American culture generally in his

sexuality, but in particular, possibly given its leading role in the development of PrEP and the fight against HIV. In any event, it seems that by revealing his sexual role and his being on PrEP, James intends to reveal his desire to engage in a specific way sexually with others (getting penetrated by them) and for this to happen without a condom.

Paul reveals that he's on PrEP if asked by sexual partners before having sex (Paul: 67). Revealing that he's on PrEP (and that he gets tested regularly) appears to be one way he assuages his partners not to use a condom if they so wished, because I wonder if he feels he is communicating to them that he wouldn't be a risk to them, in terms of both HIV but also other STIs.

Simon is very open about telling his partners that he is on PrEP:

*So, I think taking PrEP, and being honest about taking PrEP and discussing it, is a good step in terms of saying, "this is who I am, this is why I'm doing it". But as I say, I'm not like taking PrEP, let's bareback... it's like I'm taking PrEP because xyz... it's there on the table. (Simon: 121)*

The reasons he gives in his interview as 'xyz' relate to him managing his self-destructive drives and his desire to look after himself when he feels nihilistic (Simon: 77). He has told his friends that he is on PrEP, mainly to gauge from their responses whether they think it would be a good idea (Simon: 149). But he has consciously not told his family that he is on PrEP because he feels that he would reveal too much about his self-destructive drives and that they would start worrying about him (Simon: 146). Therefore, it seems that for Simon, talking about being on PrEP serves different purposes, depending on who he is talking to.

Michael is cautious about whom he tells that he is on PrEP, as he feels that given that he is in a relationship, being on PrEP would suggest that he and/or his partner was having sex with other men (Michael: 132). Therefore, revealing that he is on PrEP is a communication about the nature of his romantic relationship, which he seems to want to keep private.

Phillip is also careful about whom he tells that he's on PrEP:

*Because there would be an assumption and it would directly link in... to sex. (Phillip: 177)*

Phillip believes that 'society' would make assumptions about him being on PrEP, and he draws a parallel to how he believes society initially assumed that women who chose to go on the pill were "slutty" (Phillip: 182). It appears that Phillip is cautious about revealing that he's on PrEP because he feels it may reveal too much about his sexual desire, and therefore be judged for it.

Talking about their sexuality and the fact that they are on PrEP seems to form part of the participants' sexuality, as it is one way of being with others. For Peter, James and Joseph, talking about being on

PrEP is an effective way to engage with others about their sexual health, and what they want. While Simon and Paul have revealed to potential partners that they were on PrEP in order to signal something about themselves (such as “I am not dangerous” or “I am in control of my self-destructive drives”). And finally, Michael and Phillip were far more cautious about talking about their sexuality and PrEP to others, because they felt it would reveal too much about the nature of their desires and relationships, which they seemingly preferred to keep more private.

### 6.3.2.2 Subordinate Theme 2 – Trust and condomless sex

As all of the participants began engaging in more condomless sex since starting PrEP (see section 6.3.3(a) below), it was evident for 7 out of the 8 participants that being sexual entailed having to trust in something in order to engage sexually with others. For some participants this has meant trusting their sexual partners, for others it has meant trusting that PrEP actually works and will continue working.

Some of the participants were very clear that they did not trust others, and instead put their trust in either PrEP or the healthcare system. James was probably the most vocal example from this group when he said “I kind of trust the drug. I don’t trust people” (James: 57). I found it quite revealing that he says that he “kind of” trusts the drug, which suggests that he may not trust the drug fully. He describes how he gradually developed trust in PrEP further on in his interview:

*you know that it’s safe, and you know that it works, but you kind of have to test the water a bit to kind of you know. So you have sex with someone, that isn’t on PrEP [bangs the table]... I didn’t get HIV. And you have sex with someone [bangs table] bareback and you think, well I didn’t get HIV. And then you have sex... you know... and you kind of... I just think it’s getting used to the fact that you can have sex with anyone, without a condom, and you’re not going to get HIV, which is such a shift in mindset from what you’ve grown up with for 30 years, or 35 years... I mean that’s such a shift! (James: 77, 79)*

I found it interesting that James used the metaphor of “testing the water” to describe getting used to condomless sex since being on PrEP, because that metaphor usually relates to results which are on a spectrum (i.e. testing to see how warm the water is), as opposed to results which are binary (i.e. regarding the contraction of HIV, one either contracts it or does not). Although he frames it as “testing the water”, I got the sense that he trusted, on a rational level, that PrEP worked, but a part of him had to be convinced through experience.

I felt, even at the time of the interview, James was still not 100% certain about the efficacy of PrEP. I got this sense primarily because I found it striking that he affirmed that he will not be contracting HIV

so many times throughout his interview (James: 18, 47, 56, 71, 77, 81, 86) – I wondered if the need to repeat it so many times, belied that he fully trusted in it. Having said that, I wonder if being sexual for James means being able to have condomless sex whilst on PrEP, but on some level, not being able to trust PrEP 100% to protect him from contracting HIV.

Michael also described how it took him some time to trust that PrEP would be effective:

*Michael: the first two or three times that you've... I mean I'm sure... you've... you've, other people have said this to you... the first two or three times that you have unsafe sex, it freaks you out! I mean it really does. And... and it... I can remember the first time I did... i... I took two PrEPs that night. My partner was away, and I had to phone him up, and I phoned one of my mates who's a doctor... and I was like... it really really bugged me. And so whenever any of my friends.*

*Interviewer: Cause you were feeling...?*

*Michael: Cause you feel like "what the fuck have I done?" Like you can't believe... it's like you put your faith into this little pill. (Michael: 73-75)*

I found it interesting that Michael refers to the first time he had condomless sex as “unsafe” sex, which reveals what he thought of sex without a condom (despite being on PrEP) – hence him ‘freaking out’ for doing something that was unsafe. I found it also noteworthy that in this passage he speaks in the second person, and I wonder if this is one way of possibly distancing himself from what he was experiencing at the time. What appears to have really “bugged” Michael was that he put his faith in “this little pill”. He continues further on in his interview:

*I never had problems like putting faith in condoms, but there is something very, very odd about putting your faith in a little pill. It's made me understand women and birth control a lot more. That that isn't just... that that is a big deal, like you're really... risking so much. (Michael: 87)*

He does not elaborate as to why he found it more difficult to put his faith in a pill as opposed to a condom, but I wonder if a condom, as a tangible barrier, is easier to trust than a pill as an intangible medical barrier? Nevertheless, what is not mentioned in Michael’s account is his lack of trust in that particular partner being ‘safe’ for him to engage with. Therefore, possibly for Michael, when engaging with others in sexual acts, he used to trust in condoms, and now is apparently beginning to trust in PrEP, but it did not emerge in the interview if he considers whether he trusts his sexual partners.

Phillip also revealed that he found it difficult to trust others, especially trusting others to take care of his health in the same way that he would (Phillip: 129). He believes this lack of trust in others has

inhibited him from exploring a more submissive side of himself (Phillip: 130). He believes that now that he's on PrEP, although he has not explored that submissive side yet, he would be more open to doing so (Phillip: 134). I wonder if the implicit reasoning is that because he no longer has to trust that others would take care, as he is now (partially) trusting that PrEP would protect him. I found it striking though that Phillip explicitly states, in relation to PrEP: "*I don't trust anything 100%*" (Phillip: 21), which may explain his hesitation in exploring his submissive side.

Simon also found himself questioning the efficacy of PrEP; he asked himself:

*I guess I'm taking this blue pill every day, and I'm kind of suspicious... 'is this a good thing really?' I do believe in the NHS, and I am thankful for the trial. (Simon: 142)*

After asking himself whether PrEP is a "*good thing*", Simon seems to allay his doubts by affirming his belief (and trust?) in the NHS. In any event, he revealed that he still used condoms 70% of the time in his casual encounters (Simon: 60), and described that in order to have condomless sex, he would have to trust that particular partner:

*it's based on a feeling whether of you trust the person, it's instinctive, and that does require like... I just think of relative layers of like... is this... do I feel safe with this person? But it doesn't sound good to moralistically screen people according to like... I didn't think I'm judgmental about other people's lifestyles... 'he says' [laughs] but I do a basic self... I do really have a self-protection instinct. (Simon: 169,171)*

He further describes that what he would try to determine is the lifestyle of a particular casual partner. Although Simon states that he has to trust the person he will be having sex with, I wonder if he also more importantly trusts his instinct, as he repeats that word (instinctive/instinct) twice in the above passage.

Paul described a similar thought process as to whether he would trust someone in order to have condomless sex or not:

*Paul: Like I say if it was random, like totally random... like, er....you know, just, I'd go on Grindr and want to have... but I don't really do that, it's just not really something that I do... but if, if, if it was very random, and I literally didn't know anything about the person, then I probably would say yes, let's use a condom.*

*Interviewer: But if you went on a few dates...?*

*Paul: Yeah if I kind of felt that they were a responsible person that they were going to look after their health, and they're going to get regular tests...you know, someone that I am*



*probably going to see again, kind of more trusting of, you know... that I'm less likely to catch something, but...*

*Interviewer: Less likely to catch...*

*Paul: An STD... I mean other than HIV obviously. (Paul: 48-52)*

What struck me most about this passage is that Paul states that he relies on his feeling as to whether someone was a responsible person that looked after their health and that gets tested regularly. I got the sense that these characteristics were not something that he actually verified with his potential partners (at least in relation to regular testing). Indeed, in a sexual encounter that Paul described since taking PrEP, he had a conversation with that particular partner about sexual health and testing after they had sex, which he conceded wryly, that it was too late to be of much use (Paul: 117). Paul also stated in relation to that sexual encounter that he did not want to have the conversation about sexual health tests before having sex because it would have “*spoilt the moment*” (Paul: 111). Therefore, similar to Simon above, I wonder if Paul relies on a certain felt sense about a person and whether they take responsibility for their sexual health and get tested regularly, in order to have condomless sex with them.

Peter explained a situation where after starting PrEP, he had sex with a friend whom he knew was HIV+:

*Peter: Well so... you know back in the day, having sex with someone with, with HIV was either a no-no, or you had to wrap yourself in cling film... all of that... even if they were, even if they were diagnosed. This would have been 2013 and 2014. Probably 2014. So being able to... when that was still the norm that you have to use a barrier method, you know you are transgressing... transgressing some sort of social norm. You know that health promotion, public health, doctors, everybody tells you is a bad thing. But you know it's not bad, because you know that you're protected through these multiple different protection mechanisms, but you're still told that it's bad.*

*Interviewer: So even though you were on PrEP, you felt that you were transgressing something?*

*Peter: [clears throat] Well I think there... I don't think I felt like it, I was transgressing something, because... because if I had told my doctor that... my clinician... she would have been like... 'mmm you know you still should be using condoms'. You know there was still that... that sort of impetus to be still using them. (Peter: 138-140)*

Peter seems to be alluding to a situation where even the healthcare system itself was not fully trusting the efficacy of PrEP, which possibly inadvertently, resulted in the further stigmatisation of sex with HIV+ men. Now Peter feels that being on PrEP and having sex with diagnosed HIV+ men on treatment is the safest sex possible (Peter: 144), which on some level means he does in fact trust PrEP and HIV medication, in order to have condomless sex, but also the variable that makes sex safe or unsafe for Peter is the likeliness of contracting HIV (as opposed to any other STI or factor).

Joseph described his sense of distrust in the NHS, when he first became aware that one could buy PrEP in the USA. When I asked him what he meant, he said:

*Yeah, because I have so much trust in our public health system. And for us to have been so ignored through a public health system made me feel... erm...a sense of mistrust that I probably hadn't felt in our public services before. (Joseph: 10)*

I got the sense that Joseph felt that the NHS is meant to be at the forefront of medical developments, and therefore felt dismayed that a new medication was available privately, but that the NHS had not prioritised making it available to people like him.

In any event, before starting PrEP, Joseph explained how he had to build a lot of trust with a partner in order to have condomless sex (Joseph: 67). Although he did not state expressly that since starting PrEP he did not need to build all that trust with a sexual partner, I wonder if this is implicit because now he feels that he trusts (to a certain extent) PrEP.

The only participant who did not fully resonate with this theme is Andrew. Although he claimed to trust the efficacy of PrEP (Andrew: 29), he also stated that:

*I think, you know... I am, I am, I am much more likely to bottom without a condom taking PrEP... I just I wouldn't... well I did, taking before... but I, I just think I would in the cold harsh light of day be able to make that decision, more... you know, with hardly any anxiety, perhaps a little anxiety. (Andrew: 236)*

I felt that throughout Andrew's interview, there was an ambivalence as to whether or not he trusted PrEP in order to bottom without a condom. The above excerpt which appears towards the end of the interview possibly reveals his thinking towards this issue.

For 7 out of the 8 participants, being sexual whilst on PrEP entails trusting in something in order to engage sexually with others. For James, Michael, Phillip, Joseph and Peter, their trust was placed predominantly in PrEP itself in that it would keep them safe from HIV. They engaged less with the idea of having to trust their sexual partners. For Simon and Paul on the other hand, there was more

emphasis that they felt that they also needed to trust their sexual partners before engaging with them sexually.

### *6.3.2.3 Subordinate Theme 3 – Being in control of sexual health*

Another theme that resonated for 7 out of the 8 participants was that being sexual since being on PrEP has meant feeling in control of their sexual health, which in turn has enabled them to play with the experience of being in and out of control with their sexual partners. For some of the participants, feeling in control of their sexual health has enabled them to relinquish control with their sexual partners, while for others, feeling in control of their sexual health has enhanced their ability to feel in control with their sexual partners.

I use the phrase ‘feeling in control of one’s sexual health’ here to denote the feeling that one is making active decisions to protect oneself primarily from contracting HIV. And I use the phrase ‘being in/out of control with others’ to denote the experience of either determining or not determining what will happen during a sexual encounter.

I initially considered placing this subordinate theme under the first superordinate theme “being sexual on a personal level”. However, I felt that, as active sexual beings, feeling in control of one’s sexual health is something that is necessarily in relation to others, because the threats to one’s sexual health come from others. Therefore, in addition to the feeling of being in control, which may be on a personal level, I felt it was important to highlight the inter-relational dimension of being in and out of control with others.

Prior to PrEP, Simon found that when he was not feeling great about himself, he used to express his self-destructive tendencies in having condomless sex (Simon: 78,79). This has resulted in him contracting a host of various STIs, including Shigella, but fortunately, not HIV (Simon: 47). Following 3 PEP treatments over the years, he decided that he wanted to manage these self-destructive drives, and keep them under control (Simon: 94).

Effectively being on PrEP for Simon has meant that the destructiveness in condomless sex was neutralised as it no longer had the potential of harming him (by contracting HIV) in a way that it used to prior to PrEP. It would have been interesting to explore with Simon if he felt that these self-destructive drives were displaced onto other behaviours. Nevertheless, what I found interesting in Simon’s account is that since being on PrEP, Simon leaves the decision to use condoms to his partners when having sex (Simon: 157). Therefore, I wonder, as a result of being in control of not contracting HIV, Simon can now enjoy not being in control with his partners (at least to the extent of choice of condomed or condomless sex).

In contrast to Simon's recklessness prior to PrEP, Michael described how careful he was about his sexual health prior to him starting PrEP:

*Like if I was going to go out for a shag, I wouldn't brush my teeth straight before going out. There's all these things around, like not cutting yourself shaving... if I got a cut in my finger, in a certain place, then I'd...I'd... you know.... Sometimes... I'd go on a shag, but I wouldn't go to a sleazy bar if I had a cut on my finger, or something like that. And it just makes you suddenly realise how controlled you had been, and you're not anymore. (Michael: 34)*

I got the sense that Michael was very aware of all the possible ways he might have contracted HIV, and therefore tried to minimise that risk. He refers to how "controlled" he had been, which I understand in this instance to mean the opposite of being carefree. He compared this with his experience after being on PrEP, and what he found most exciting was "giving himself over" to a partner, and losing control (Michael: 29). As I understood it, the only reason why Michael felt he was able to give over control since starting PrEP (i.e. allow his partners to determine what will happen in a sexual encounter), was because the one thing that he retained control of was his sexual health (i.e. by choosing to be on PrEP), and the likelihood of not contracting HIV.

James also described how "fastidiously" careful he was prior to PrEP with using condoms (James: 26). Since starting PrEP, he has been able to "not give a shit" while getting fucked "in a darkroom in Berlin" (James: 226) and to have sex with "3 top guys" at the same time. Again, I got the sense with James, that since being on PrEP, as he felt in control of his sexual health, and knew that he was not going to contract HIV, he could now let go of control and allow himself to be used by others in ways which he would have not prior to PrEP.

Phillip described himself as "risk averse" and prior to PrEP, he did not want to engage in what he considered to be risky sex (i.e. condomless sex) (Phillip: 10). He further describes how prior to PrEP:

*I never would have been very submissive, because if you remove self-control, or give control over to someone else you risk that someone else not taking enough care in the same way that you would do, or assuming that you were positive, or assuming that you wouldn't care. And then you would expose yourself to risk. (Phillip: 129)*

I found it interesting that Phillip assumed that if others were in control, they wouldn't take care of him and his sexual health. Therefore, being in control during a sexual encounter, was tantamount to taking care of himself.

Having said that, part of the rationale for Phillip starting PrEP was to enable himself to explore his sexuality (Phillip: 149), and in particular, explore different power dynamics with his sexual partners

(Phillip: 166). He described a sexual encounter (Phillip: 191-221) since being on PrEP where he found that he allowed himself to be submissive with that sexual partner. What seemed to be highlighted for me in what Phillip enjoyed in that encounter was his ability to play with power dynamics and switch between being dominant and then submissive with this partner. This was something that he would not have done prior to being on PrEP, because as mentioned above, he would not have felt fully in control of his sexual health.

Joseph also felt that PrEP was pivotal for him feeling “*relaxed and in control*” in sexual environments (Joseph: 205). He contrasts being in control since PrEP with how he used to feel sometimes before starting PrEP:

*...[being a] messy mess at chariots saunas that I used to go to, probably twice a week at one point, you know [laughs]...yeah...erm... and then cry when I got home, and go ‘what the fuck happened then,’ and want to kill myself. So that was an interesting time. (Joseph: 208)*

Joseph describes this time euphemistically as “*interesting*”, without mentioning the apparent despair, pain and chaos that he seems to associate with not feeling in control. He does not attribute all of this despair to somehow not being on PrEP, and thus being terrified of contracting HIV (Joseph: 108). However, I wonder whether for Joseph, being sexual whilst on PrEP, means being relaxed and in control. And so more abstractly, Joseph’s sexuality is something that has the potential of making him feel out of control.

Peter was very explicit in his interview that he started PrEP because he wanted to ensure that he did not get HIV, but also to manage his anxiety around sex (Peter: 25). Again, what being in control of his sexual health has meant, was that Peter can now be much more relaxed in allowing his partners to decide whether or not to use condoms (Peter: 46). Having said that, I found it interesting that Peter seemed to try to establish a sense of control before engaging sexually with his partners:

*Usually I’d say...‘hey are you on PrEP, are you on treatment? Erm.. When was your last test? How often are you tested for STIs?’ just kind of have a broad conversation. I mean I work in sexual health, so it comes up and it’s, it’s easy for me to navigate. (Peter:79)*

Given that Peter works in HIV prevention, and is very knowledgeable about sexual health, I can imagine that that type of conversation, started by Peter, would in some way establish a certain power dynamic between himself and his partner, which would possibly also ensure that he was in control somehow. Therefore, I wonder if for Peter, being sexual whilst on PrEP, involves both the relinquishing of a certain amount of control to his partners (at least in terms of condoms), but still maintaining some power in how he has conversations around sexual health.

Paul initially resisted the idea of going on PrEP, because he felt he should be able to control his sexual urges, and be disciplined in using condoms for sex (Paul: 17). However, after an incident where a condom was not used, and he had to rush to get PEP, he decided to start taking PrEP (Paul: 18). When I asked him to say some more about his decision to start PrEP, he stated:

*I'm choosing to have control over... over, you know, whether I contract HIV. Having more control over my sexual health.* (Paul: 25)

This feeling of being in control has enabled him to worry less about the technicalities of using condoms during sex and to feel more relaxed (Paul: 41). But also, it has enabled him to allow his partners to decide whether or not to use a condom for sex (Paul: 46). I wonder if for Paul, being sexual whilst on PrEP has meant feeling in control of his sexual health, which then allows him not to be in control in other ways with his sexual partners.

For the majority of the participants (Simon, Michael, James Phillip, Peter and Paul) feeling in control of their sexual health (i.e. through their choice to be on PrEP) has often entailed that they can allow themselves not to be fully in control in their sexual encounters with their partners. Joseph was the only participant who highlighted how being in control of his sexual health has meant that he felt *"relaxed and in control"* of his sexual encounters (Joseph: 205). Possibly this is partly due to him feeling completely out of control in his life in general before the period when he started taking PrEP. In any event, it appears that being sexual whilst on PrEP for these participants means feeling in control of their sexual health, which then allows them to either enjoy being in or out of control with their partners.

### **6.3.3 Superordinate Theme 3 - Sex on PrEP**

It is implicit for all the participants, due to them choosing to be on PrEP, that they engage in sex. Therefore, what it means to be sexual to them necessarily relates to sex, and in particular what is different about the sex that they are having since starting PrEP. This can be separated into 3 subordinate themes: the first involves a measurable, tangible change in the reduction of condom use, while the remaining two subordinate themes involve the lived experience of sex.

#### *6.3.3.1 Subordinate Theme 1 – Moving away from condoms*

All of the participants reported that they preferred having sex without condoms, and that after starting PrEP all the participants' use of condoms dropped. This ranged from Peter *"almost never"* using condoms (Peter: 30), to Simon using condoms *"70% of the time... [which has] allowed for like*

30% not" (Simon: 60). For the participants, being sexual whilst on PrEP, therefore means having more condomless sex.

Joseph described why he disliked using condoms for anal sex as follows:

*Well sex with condoms, generally involves... heating... getting in the moment, getting going, getting hard... getting your partner relaxed. Then you've forgotten that you've opened one of those really hard condoms that it's hard to open. And you're using your teeth, and you've got some lube on your hand... you're hot and sweaty, and you can't do it, and you lose your hard-on, and you're suddenly losing the moment and you're going back to base camp one. And that's not really as hot as slowly... and more tenderly, making love, making erm...love [said in a slow drawl]... yeah? (Joseph: 63)*

Joseph focused on the technicalities of condom use, and possibly the need to resort to something outside of just the two bodies in order to have sex. He does however mention lube, which is something outside of the two bodies, but he does not seem to relate to that in the same way. Possibly because the purpose of lube is the facilitation of penetration, while a condom is a physical barrier to skin on skin contact during anal sex.

Joseph continues that for him condoms emphasised that the sex he was having as a gay man was unnatural (Joseph: 65), and so the choice for him to be on PrEP meant that he could start experiencing what he considered to be more natural sex without condoms. The irony of this belief is that the 'natural' sex that he experiences himself having whilst on PrEP is only made possible by being on an unnatural chemoprophylaxis.

Simon also alludes to natural sex when reflecting on his choice to be on PrEP. He calls barebacking a "very human innate act" (Simon: 123). He recounts an anecdote regarding his reasoning for valuing condomless sex:

*I remember once I had an ex-boyfriend who said 'I don't understand why people don't use condoms'. I said 'well I do, because condoms are like 400 years old or something [laughs]... but I said, if you are weighing up in this instinct the human drive, the innate urge to fuck versus like, the history of prophylactics, one is stronger than the other. Otherwise you wouldn't have HIV in the first place... (Simon: 124)*

Simon seems to position the "innate urge to fuck" as something that is separate to prophylactics, rather than as something that over the years has often integrated with prophylactics. The irony here seems to be that he does not view PrEP as a prophylactic that has arisen less than a decade ago (i.e. much more recent than his estimate of 400 years for condoms), and that it is only that by ignoring

that fact, is he able to engage with the fantasy of sex without prophylactics. I wonder if there is something about the tangibility of a condom during sex compared to the intangibility of one of the partners being on PrEP that facilitates this fantasy.

For both Michael and Andrew (who are 53 and 44 years old respectively), and who are older than the other participants, condom use (whilst topping) for them often meant that they either could not get or maintain an erection. Andrew says that for him:

*I mean I don't like using condoms. Condoms have for me, kind of... er... can make me completely lose my erection if I try and use a condom. (Andrew: 32)*

Andrew does not articulate why this happens, and whether he believes it is due to physiological or psychological reasons or a combination of both. In any event, he does not seem to mind if a partner used a condom while penetrating him, because he cannot tell the difference in sensation (Andrew: 39). Therefore, as a result of being on PrEP, the move away from condom use for him was a move towards ensuring he could continue to be able to top.

Michael says that for him:

*I've always been quite rubbery: so, I'd be stiff, and it goes up and down a lot. If I use a condom, it really does go... you know... basically, if I want to top, it's a case of... I don't know, sort of 3 or 4 minutes, and then after that I know it's just going to start failing. (Michael: 21)*

In the above excerpt, it's interesting to note how Michael initially refers to his erection as "*I've always been quite rubbery... I'd be stiff*" thus in a way referring to his erection as part of who he is. And then he refers to his erection as an "*it*" in its fluctuations, and "*it's just going to start failing*", which seems to suggest that he sees his erection (or his penis) as something separate from himself. I wonder if in moments when his penis is not erect, he experiences himself as somehow being dissociated from it. I did not explore this with Michael, but I wonder if his erection starts being referred to as an 'it' when 'it' does not respond in the way that he would like it to, and therefore, he experiences it as other to himself. Either way, it is quite ironic and prescient that he uses the term 'rubbery' to refer to the rigidity of his erections, as 'a rubber' is often used as a slang term for a condom.

James assumed that when he started using PrEP he would use it in addition to condoms as a 'belt and braces' approach:

*You really have to process it and what it means when you start taking it [i.e. PrEP]... because you start off taking it, and you're like "well of course I'm going to use condoms", and you*



*know.... Because the idea of barebacking is kind of an anathema... because all of those years of stressing about it somewhere, on some level. (James: 51)*

James suggests that condoms have become so normalised for him as part of (at least casual) sex, that even initially after starting PrEP, he assumed he would continue using them. I was struck by his use of the term “*anathema*” to describe barebacking, which possibly emphasises the extent to which he believed it was wrong and sinful. James seems to have changed his approach by the time of his interview, because he was quite clear that he does not like using condoms any more (James: 213).

Both Phillip and Paul noticed that their condom use had reduced once they started PrEP: Phillip attributed this change to the fact that barebacking had become normalised for him, as the risk of HIV was no longer significant (Phillip: 43). While Paul, described this phenomenon as follows:

*I think because I know I've got the protection, er...I'm much more likely to have unprotected sex now. (Paul: 29)*

I was quite struck by the apparent contradiction in Paul referring to condomless sex as “*unprotected*” sex in this excerpt, while just immediately prior to that, he states that he has got “*the protection*”. I wonder in what ways he may feel that the sex he is having without condoms is still unprotected, especially as he concedes that the STI he was worried about most was HIV (Paul: 142).

Peter did not seem to be under any illusion as to how he would be having sex once he started PrEP. Indeed, he was clear that he wanted to start PrEP because he wanted to have sex without condoms (Peter: 24). The reasons he gives for not liking condoms include:

*I find that they are quite painful to use. Particularly if I'm er... bottoming... it's really er... you know, I can have sex for like 7 or 8 minutes and that's, kind of it, because it's... there's sort of too much friction. And no amount of lube... and no amount fancy condoms really change that. (Peter: 14)*

Interestingly, as opposed to Michael and Andrew who wanted to take PrEP in order to ensure that they could continue topping, Peter wanted to be able to bottom for longer periods of time.

There are a variety of reasons as to why the participants reduced or completely stopped using condoms during sex. These include the technicalities of using condoms, the pain involved sometimes in the friction produced, the effect that they had on erections and the connotations of unnaturalness that condoms are associated with. Perhaps the overriding reason why the participants have reduced or completely stopped using condoms is because they do not feel they are necessary in a way that

they used to be prior to PrEP. Therefore, it appears that being sexual whilst on PrEP for these participants means a much lesser reliance on condoms in order to keep themselves safe.

Using less or no condoms during sex is one of the factors that has contributed to the next subordinate theme that arose for the participants in relation to sex.

#### 6.3.3.2 Subordinate Theme 2 – Having ‘good’ or ‘better’ sex

All 8 participants were clear that as a result of PrEP they are having good or ‘better’ sex (than prior to PrEP), and that somehow this was important for them. This ranged from James describing condomless sex as “*just more fun*” (James: 38), to other participants who valued condomless sex because it meant something for them. Therefore, I have found that being sexual whilst on PrEP for these participants is related having good or better sex.

This subordinate theme is to an extent reliant on the previous subordinate theme, because for most of the participants, they felt they were having good or better sex because they were moving away from condoms and having more condomless sex. However, this subordinate theme focuses on why each participant felt this to be the case.

Simon described it as follows:

*I really enjoy sex [laughs]... and I think it's a really lovely human instinctive thing, and I think frankly one reason why I tend to do barebacking is that it's a very human innate act. And anything around ... or which kind of like, impedes or reduces the sensation... you know people have been fucking since the human existed, right? (Simon: 123)*

I understand Simon to be implying that people have been “fucking” without condoms since the human existed – and therefore “barebacking” for him is going back to that “instinctive”, “innate” act. But I also noted that he initially referred to enjoying “sex”, which he then qualified as “barebacking”. What I believe this may reveal is that condoms have become such a normalised part of how he perceives of sexuality, that in order to reference sex without condoms, he has to qualify sex with a term. In other words, I wonder if the term “sex” implies sex with condoms, and so in order to signify condomless sex, which is the “very human innate act”, he has to use a term like “barebacking”. In any event, I remember the extent to which Simon was trying to convey how important it was for him to be having sex that was innate and natural. Therefore, to a certain extent, being sexual whilst on PrEP for Simon means being able to experience that.

Phillip also referred to primal human functions when he described the significance of condomless sex for him:

*I think sex is about 2 people... going to their base instincts, and... just going with their urges... er... and obviously in gay sex it's not going to result in having a child. I think we are still programmed with that, in the sense that we know that you need to deposit your seed. Erm... but we don't have that end point of having a child. But I still think that that is in your mind as the ideal thing. So, you're basically collecting other people's genetic material if you want to kind of put it very coldly. But I think in an emotional sense, that's the completion of your base instincts, to have sex... (Phillip: 113-115)*

I found it interesting that Phillip underscored that the “*ideal thing*” is somehow modelled on the potential for procreation and the need to “*deposit*” one’s “*seed*”, even though he repeated twice his awareness that gay sex is not going to result in the conception of a child. I feel that for Phillip, being sexual is intricately linked with being of the human race in a reproductive sense; that somehow there is a biological impulse to carry out the actions associated with procreation, even as a gay man.

Peter described the first time he intentionally had sex without condoms after starting PrEP as follows:

*I think maybe 2 or 3 weeks after I started PrEP, I was able to have sex without condoms with him [i.e. a particular sexual partner who was HIV+] for the first time, and it was something I had wanted for a number of years. It was something that was... something that was really er... significant for me. (Peter: 123)*

I remember feeling the force with which Peter described the significance of condomless sex for him. When I asked him to say more about that significance, he replied:

*So...I mean I think partly because I've had this emotional connection with this guy erm.... I'd always wanted to have sex without a condom with him. But his HIV status was a big barrier to that, erm... and that consequentially made it difficult to feel like we were, you know, properly intimate within that. Erm... being able to have sex without condoms sort of got past that, and we could have a level of intimacy that I previously wanted but wasn't having within that encounter. (Peter: 125)*

I found it interesting that Peter focused on his partner’s HIV status as the barrier, as opposed to condoms being the barrier. And he seems to suggest that it was a barrier to feeling “*properly intimate*”. Therefore, when Peter started PrEP, what that has meant is that that particular partner’s HIV status was no longer relevant, and therefore no longer a barrier, and so he could have the kind of intimate sex that he had always wanted with him.

Paul also felt that the sex he’d been having since PrEP has been more intimate (Paul: 78), and he also refers to the concept of not having a barrier:

*Mmm...[laughs] I'm not sure how I can like... if I can even explain it or even put it into words... but I guess it's that whole like sharing of, sharing of fluids I suppose... it's sort of like, there's no holding back... there's no, you know ok...erm... "you can cum inside me but you have to use a condom"... you know, then you throw it away sort of thing... it's just, like I say, no barriers... no... yeah.. (Paul: 88)*

I was struck by the sense of merging in sex that Paul described – also by the sense that sex with a condom involves throwing away the condom (presumably with the semen in it), as opposed to somehow holding onto the semen if it were ejaculated inside him, and therefore possibly continuing the sense of merging even after the act. On further reflection, Paul remarked:

*maybe it's got something to do with the fact that before I was on PrEP, the only time I ever did that was with boyfriends, who I was very emotionally intimate with, and so maybe I associate it with being more intimate with someone, I don't know. That could be it. (Paul: 91)*

I found it interesting that for Paul the conditions of a sexual act (i.e. anal penetration without condoms) took on meaning as a sign or expression of intimacy, because prior to PrEP those conditions would only occur with a boyfriend. But since PrEP, the meaning attributed to those conditions has remained even though Paul is having sex with men who are not his boyfriend. I wonder if this points somehow to how the experience of intimacy is constructed as well as being felt, and so it seems that PrEP helps (at least) Paul to construct his sexuality in a way that allows him to experience these feelings with his sexual partners.

Andrew values a flowing and seamless sexual experience, without it being punctured somehow by the necessities of sexual health precautions. He described having to use condoms as a “*technical interruption*” (Andrew: 102). Since starting PrEP, at least when he's the penetrating partner, Andrew now no longer has to interrupt his sexual flow with the technicalities of condoms.

Joseph also referred to “*condoms breaking that rhythm and the intimacy*” (Joseph: 46) and described sex since being on PrEP as ‘better’:

*Joseph: I'm now not scared to have erm... bareback sex and I think I probably have better sex because of it. Whereas I might have been masking, erm...or not relaxed, so masking the lack of erm...comfortability I had around intimacy or sex erm... with drink and drugs.*

*Interviewer: So, can you say a little bit more about 'better sex', what does that mean for you?*

*Joseph: Oh wow... what does it mean? I mean I did use to really like chemsex [laughs]. Erm...Better sex is...[long pause] what is better sex for me? I think I probably see more people*

*regularly, because the intimacy is better and we're probably more sober around it... yeah?*  
(Joseph: 41-43)

As a start, it seems “*better sex*” for Joseph equates to not being scared of condomless sex, when he has it, because prior to PrEP, he would get drunk or get high on drugs, and then have condomless sex, and be scared of the consequences (Joseph: 57). But it seems like another reason for having ‘better’ sex is not feeling so uncomfortable around intimacy, which he used to cover up with drink and drugs. Although PrEP seems to be one factor in Joseph having better sex, it seems that other factors are involved too. Nevertheless, it seems that for Joseph PrEP is associated with having ‘better’ sex, and being sexual for him whilst on PrEP involves him being more comfortable and less anxious around sex. Finally, when I asked Michael what was different about his life as a result of starting to take PrEP, he said:

*Erm...It's more exciting. It's more interesting... sexually. Erm... there's a definite element of... I think I'd started to give up on... I'd started to think "soon I won't be able to have sex any more"... "soon I won't be able to go to... you know, sleazy bars"... "soon I won't be able to... you know, pick up as easily, or anything "... and... actually the opposite has happened. And it... it's like a new lease of life. So, it's not just... it's just that things are more exciting...*  
(Michael: 58)

I felt that Michael’s sexuality was already changing prior to PrEP in that he was having thoughts about what he wouldn’t “*soon*” be able to do. Therefore, in a way, PrEP has enabled him not to give up on living his sexuality in the way that he wanted to. And so being sexual for Michael whilst on PrEP entails being able to carry through with his desires.

In summary, all of the participants felt that they were having good or better sex since starting PrEP. What this has meant has ranged from having more innate or natural sex, to more intimate sex to more flowing and seamless sex. Having said that, good or better sex does not mean risk-free sex, which is dealt with in the next subordinate theme.

#### *6.3.3.3 Subordinate Theme 3 – Sex is still potentially dangerous*

This has been a difficult theme to name, as it has been challenging to capture the essence of what the participants were expressing. Although similar to subordinate theme 6.3.1.3, the focus of this theme is the potentially dangerous nature of sex in contracting STIs *besides* HIV. I chose to use the term ‘dangerous’ in this subordinate theme to reflect the fact that a sexual act may be entirely consensual, emotionally satisfying and pleasing, and yet still result in the contraction of a STI, which is an unwanted

and health-disturbing physical consequence. Although none of the participants referred to the sex they had as non-consensual or somehow coercive or abusive, all the participants viewed sex as potentially dangerous. This danger was perceived in different ways by the participants, and depended on various factors such as the 'type' of man they were thinking about having sex with, to the type of sexual act they were thinking in engaging with. I included the word 'potentially' to reflect the various degrees to which this was true for the participants.

To start with, Simon finds that he "reads" people, and assesses how dangerous a potential sexual partner is by considering certain characteristics:

*Simon: it's awful and you read people, and think actually is this the kind of person who... I judge whether I think... it's dangerous or not...*

*Interviewer: And dangerous meaning?*

*Simon: That they might be more likely to have something that I would get. But that's a total...*

*Interviewer: Like an STD?*

*Simon: Yeah... For instance, if they're a real party animal, and I met them out clubbing and they're quite like... you know... they're just out in the scene and they're kind of a bit... I've met you somewhere in a club... I might be more like maybe [laughs]... if I'm having sex with a guy who lives down the road who's in an open relationship, who's... doesn't go clubbing and whom I've chatted to online... it is totally like moralistic screening, I'm not justifying it... (Simon: 163-167)*

On reflecting on this passage, I believe it would have been preferable to allow Simon to articulate what he meant by dangerous, rather than asking him the leading question "like an STD?". However, he referred prior to that in his interview to occasions when he contracted a "bonanza of horrible stuff" such as Shigella and other STIs (Simon: 25, 47).

Nevertheless, I found it striking that in judging someone from where they happen to be when he meets them, Simon seems to ignore his own presence in that same location. For example, when citing that he could meet a potential partner out clubbing, he does not seem to imply that he would consider himself also potentially dangerous, because he's displaying the same behaviour he 'screens' for. Further, he does not seem to consider that the person he meets next door who is in an open relationship, may not be telling the truth about their behaviour.

Having said that, he does acknowledge that what he is doing is "moralistic screening", and that he does not want to justify it. Presumably, he believes that it is not 'morally' right to judge people in this

way. Further, he was about to qualify his stance with “*but that’s a total...*” but I interrupted him with my question. In any event, it appears that although he believes his approach is “*awful*”, he hasn’t expressed a desire to change it. Bearing all that in mind, it seems that for Simon, being sexual whilst on PrEP entails that he still views sexual encounters as potentially harmful to him with respect to STIs (other than HIV), and that that is something he still risk-assesses for.

Phillip also finds that he assesses potential sexual partners and the likelihood of contracting a STI:

*...with HIV taken out of the landscape... you then start thinking about curable diseases, so you can get antibiotics for. And then, the... the ones that are going to cause you problems like warts... and... er... herpes, which like you’re not going to get any protection from... so what are the risk groups for them? What are the risk activities for them? So you... like your behaviour changes... I think...well in my head anyway, what your risk is. (Phillip: 43,44)*

I felt like Phillip is somehow geared to look out for sexual risks – if it’s not HIV, it’s other STIs, and that entails assessing whom he thinks he might contract it from. Perhaps a large factor in this approach is his background as a nurse, which means that he is more conscious of what to look out for when having sex with a man for the first time:

*I always tend to look at a guy’s penis and bum, and I try and do it in light... so that I can see if there are any warts, I can see if there’s any sore areas, red areas, bleeding areas... if there’s anything like scars... or anything like that... it’s... not scientific or methodical in the sense of an examination, because it would very easily miss something I think. Especially because you can’t see internally like without a speculum or something... so yeah... I would do a quick sweep. (Phillip: 205, 208)*

I found myself wondering whether Phillip does not assume that any of his casual partners are STI-free until and unless he checks. When challenged further on in the interview about him ‘missing something’ without a speculum, he conceded that the efficacy of his method is not high, but that it gives him a sense of reassurance (Phillip: 210). I wonder whether Phillip has a need to carry out some sort of a screening exercise, not because it is effective, but possibly just for the sake of having done it. I wonder if this is to allay any guilt if he were to contract a STI, that he did not screen. Either way, it seems for Phillip, being sexual even whilst on PrEP seems to entail being very cautious and risk averse of his sexual partners.

Joseph focused on the notion of keeping himself safe – he says that “*it’s about him*” and not about what his sexual partners tell him about their test results (Joseph: 105). He goes on to explain why a test result is not conclusive about whether someone has a STI, because of infection windows (Joseph:

105). Nevertheless, I noted that although he was aware of test windows (i.e. the number of days before a STI can be detected on a test), he did not suggest that he doubts the veracity of what he is told about when/whether someone did in fact get tested. Either way, being sexual for Joseph whilst on PrEP still entails an assessment of the likeliness of contracting STIs.

Paul described how prior to PrEP, his worries about contracting HIV in addition to other STIs were all “lumped” together (Paul: 140). Whereas since PrEP, he states that:

*it's just the other STDs ....But I... Because I ... I wouldn't say I worry about them as much as I worried about HIV before. (Paul: 148)*

Having said that, Paul did concede that he had a “fear... around STDs” (Paul: 105), and so I felt that despite him stating that the worry around STDs was less since PrEP, sex, for Paul, was still an activity in which he could contract something that he feared.

For Michael the theme of sex remaining potentially dangerous whilst on PrEP arose very briefly towards the end of his interview, after I asked him whether he had anything he wanted to add before finishing the interview. He expressed “worry” that he may “catch other things” (i.e. STIs) and worried that a resistant strain of HIV might emerge in the future (Michael: 202). Given at what stage this came out in the interview, I did not explore this with him further. However, even if relative to the other participants, Michael’s worry seemed less prominent, I believe that Michael still views sex as potentially dangerous both at present (due to other STIs) and possibly in the future due to a resistant HIV strain.

Of all the participants, James and Peter seemed the least wary of the dangers of sex. James was adamant that PrEP enabled him, theoretically, to have sex with “anyone” (James: 71). Possibly another way for me to hear this is that he no longer considered sex to be dangerous since being on PrEP (because prior to PrEP he was “fastidious” about using condoms (James: 26)). However, he mentioned, almost in passing:

*I just don't really care if I get chlamydia... it doesn't really upset me. erm... I don't think I'd want to get super gonorrhoea... but er... touch wood [touches the table] (James: 31)*

Although James seemed blasé about contracting a STI other than HIV (such as chlamydia), he noted super-gonorrhoea, which he would be upset about contracting, and in a superstitious manner, tried to ward that event from happening. Therefore, although on the whole it appears that for James sex is no longer dangerous, he still provides an example of a STI, which he would not want to contract – making sex for him very minimally potentially dangerous.



Peter, on the other hand, seems clear about the instances when he would be more wary about having sex with a casual partner: either when that partner is HIV+ and not on treatment or a partner who is not getting tested regularly for STIs (Peter: 81). I wonder if in the first instance Peter is concerned about the efficacy of PrEP, and in the second instance he is concerned about the possibility of contracting any other STI. Either way, I found myself wondering whether Peter limited the notion of 'danger' in sex to those two situations, both of which he would have to ask his partners to find out, and both of which rely on their (truthful) response.

Similarly to James, Peter seemed to be relatively unconcerned about the possibility of contracting a STI – Peter states that it wouldn't be a surprise (Peter: 73). I wonder to what extent this response results from his experience of having contracted STIs in the past, and/or from being exposed to the notion of STIs so frequently in his work in HIV prevention.

Finally, in relation to Andrew, although he did express that PrEP does not protect against STIs other than HIV (Andrew: 29), the theme of "sex as potentially still dangerous" (other than as a result of HIV) did not arise as such in his interview. In other words, he did not seem to focus his fear or worries about the potential dangers of sex on STIs. This is perhaps primarily because he is still fearful of contracting HIV (as a receptive partner) even though he's on PrEP (Andrew: 231), and so the focus of the dangers of sex for Andrew revolved around HIV as opposed to other STIs.

Being on PrEP has enabled the participants to feel that some of the danger that they previously associated with sex has been reduced. However, the participants still felt that sex is potentially physically threatening from a STI perspective. This varied in how much the participants cared about contracting certain STIs versus others, and what the participants did (if anything) to reduce their risk of contracting certain STIs. Perhaps the finding of this subordinate theme is self-evident: sex comes with potentially unwanted consequences. However, for the participants, prior to PrEP, sex carried the potential risk of a chronic lifetime virus, HIV. Despite that risk being virtually eliminated for them since being on PrEP, what this finding highlights is that sex is still viewed as potentially dangerous, but now in other ways.

## 7 Discussion

Following the themes that have arisen in my Findings sections, this Discussion section aims to answer the question of this research project: what meaning do gay men on PrEP make of their sexuality?

I start by looking at the ways that the participants made sense of being and doing something sexual, and explore this through the lens of sexual roles (section 7.1). I have chosen the lens of sexual roles primarily because it arose in all of the participants' narratives, and also because it encapsulates both acts and identities, depending on how the participants engaged with their roles.

I next explore how the participants made sense of their sexuality through speaking about it, but also how speaking about their sexuality appeared to be one of the ways that their sexuality manifested (section 7.2).

I then examine what it is like for the participants to be sexual in the world today by focusing on the notions of risk and protection in sex, as again this seemed of primary concern for all the participants (section 7.3).

In section 7.4, I explore the participants' notions of good sex and the sexual fantasies that they shared in highlighting what they desired.

Finally, given that this research has been conducted within an existent discourse around PrEP and sexuality, I look at the links between this research and other studies on the lived experience of being on PrEP in section 7.5.

### 7.1 Being vs doing sexuality: sexual roles

The working definition of sexuality that has guided this research from the start was Spinelli's (2014) definition of "*being or doing something sexual*". In other words, our sexuality comprises not only how we identify ourselves, but also what sexual acts we engage with. One of the ways in which this definition has come most into focus from this research has been the ways in which the participants perceived of and experienced themselves in relation to sexual roles, and the extent to which PrEP allows the participants more freedom in the acts they engage with and therefore also in their sexual identities

As mentioned above, sexual roles are constructs that exist in the gay community to refer to different perspectives of the act of anal penetration. Studies such as Johns et al. (2012) show the links between sexual roles and perceived heteronormative roles, with 'tops', for example, being perceived to be more masculine, and 'bottoms' being perceived to be more feminine. In contrast to penetrative sex

between a man and a woman, where often there is no confusion as to who penetrates whom, the participants, and arguably a large proportion of gay men, find themselves using the constructs of sexual roles to describe who they are and what they do sexually.

All of the participants referred to sexual roles in their narratives. Yet what was particularly interesting was *how* the participants described themselves in relation to those roles and what that could possibly reveal. To begin with, the participants articulated both being a sexual role and doing a sexual role. Some of the participants used a sexual role as an identity – for example, Paul said: “*I’m bottom, I’m always bottom*” (Paul: 59). While others described a sexual role as something that they did, for example, Simon stated “*I mostly bottom*” (Simon: 33) and Peter (row 17) referred to “*doing*” more bottoming when he was younger.

The participants often switched between language of being and doing when it came to sexual roles, and it has been interesting to note when that switch happened. One of the areas where this seemed to occur was in relation to the risk of contracting HIV. Some of the participants, in those instances used the language of identity (especially in relation to topping) as a possible way of distancing themselves from the likelihood of ever contracting HIV. For example, after acknowledging that it was more likely to contract HIV through passive anal sex, Andrew (row 32) affirmed that “*I am mostly top, but I do bottom sometimes*”. Therefore, the identity of a top could be perceived, on some level, to be someone who is less likely to contract HIV, notwithstanding what their actual sexual behaviour is.

On the other hand, in the narratives where sexual roles were described in ‘doing’ language, what seemed to come across was a certain distance between the sexual act and the person acting. In other words, in stating what acts a participant enjoyed or carried out, they were also possibly leaving the space for themselves to act differently on other occasions. For example, Simon (row 236) stated that he consciously tries not to label himself as *being* a certain sexual role, as that allows him more freedom and flexibility in experiencing whatever arises within the dynamic of a sexual encounter, which could be both active and passive. Perhaps this is true of all identities, in the sense that identifying as gay for example, implicitly excludes the possibility of having sex with women, or identifying as Muslim implicitly excludes going to a Christian church to celebrate mass. Therefore, in not using an identity, one is perhaps resisting the limitation to the range of activities that could be carried out. Indeed, Sartre (2003) might have framed a sexual role seen through the lens of being an identity as essentialising and therefore limiting to one’s freedom to be something other than that.

Nevertheless, it appears that for the participants, using language of identity to describe their sexual role often emerged in relation to other men, and in relation to mediating expectations from them. Therefore, in telling others that they *are* ‘top’, ‘versatile’, ‘bottom’, etc, the participants were also

implicitly communicating to others what could be expected and what they wanted from and how they would relate sexually to others. Therefore, in contradiction to Sartre's (2003) argument, in some ways, identifying as a certain sexual role increased one's freedom because it entails being able to relate with other men who used these constructs, who otherwise might not be willing to engage. Perhaps it is not possible to draw a parallel between those types of discourses and those entered into by a heterosexual couple, because most often in heterosexual couples it is implied that the man would be the penetrating partner, and therefore, there is no need to create an identity of the 'penetrator' as that comes along with the identity of being a (heterosexual) man.

The reliance of the participants' constructs of who penetrates whom, often comes with language that mirrors heteronormative (patriarchal) discourses where a man is the subject who penetrates a woman who is the object. For example, Simon (row 33) describes it as: "*it's mostly them fucking me*", where the subject is '*them*', the tops, and Simon is the object that is done unto. A feminist contrast to this situation is presented with the construct of 'engulfing', where the receptive partner is the subject who *engulfs* the penetrating partner, who is the object. However, none of the participants expressed themselves in those terms, which possibly shows the extent to which the participants view themselves and the sex they engage in through heteronormative lenses.

Describing bottoming (or being a bottom) in terms of being an object could be seen as even more significant when linking the idea of bottoming to a higher risk of contracting HIV. Therefore, to a certain extent if bottoming or being a bottom is being in the position of an object, and that is the position that HIV is most likely to be transmitted, then HIV, from this perspective, can be seen as something that happens to people. This could be contrasted, to some extent, to the phenomenon of 'bug chasing' where gay men actively seek out HIV+ men in order to contract the virus from them (Groves and Parsons, 2006) – in other words, rather than being passive objects where HIV just might happen to them, these men actively go out looking to get the virus.

What may be important to keep in mind at this point is how easy it is to slip into dualistic language of describing someone as being either a subject or an object. Merleau-Ponty (2002) argues that it is impossible to be polarised into just being a subject or an object at any one time, as we are all always both subject and objects (given that we always both have and are a body). Therefore, it may just be a matter of how we experience our subjectivity and objectivity in any situation which informs our shorthand way of describing ourselves as one or the other.

Nevertheless, the participant's narratives highlight the extent to which how they describe who they are and what they do shapes that very same identity and experience. This possibly leads to the notion that sexuality becomes something by being spoken about (or articulated).

Hook-up apps, such as Grindr, would appear to have become prime examples of spaces in which gay men are encouraged to speak about their sexualities, and in particular who they are and what they enjoy doing sexually. Hook-up apps even include the possibility of identifying oneself as 'neg on PrEP', thus promoting a new identity into the gay community's lexicon.

Since starting PrEP, it has been striking how the participants have used the identity of being 'on PrEP' as a means of communicating various messages such as "*I only want to have condomless sex*", or "*I am not a danger to you*". Therefore, similarly to identifying with a certain sexual role, it appears that identifying with being on PrEP also carries with it implied communications as to what one wants and how one wants to be perceived.

What this research shows is that PrEP has enabled some of the participants to experience more flexibility in the sexual roles they performed and therefore in their sexual identities. For some this has meant the ability to continue being the active partner, as condoms previously impaired their erections. While for others, given the fears they had of contracting HIV through receptive anal sex, PrEP has allowed them to experience being a bottom or bottoming in a way that they could tolerate.

Finally, what has become apparent from the results of this study is that the gay men who have chosen to start taking PrEP do not all identify in the same way in relation to PrEP. In his book *The Gay Science*, gender and queer theorist, Kane Race describes that part of the challenge in gay men starting PrEP is that they first have to come to terms with the possibility that they are "*subjects at risk*" of contracting HIV (Race, 2018). This can be challenging to some gay men, as it confronts them with realities about their behaviours and their proximity to HIV, which they might prefer not to acknowledge. Although some of the participants, such as Simon and Paul, did implicitly perceive themselves to be 'subjects at risk' of contracting HIV, because they experienced 'slipping up' in not using condoms during casual sexual encounters, and then panicking about the possible consequences, the Findings also show that some participants, such as James, Michael and Phillip felt that they were being meticulous in using condoms prior to PrEP, and therefore they did not deem themselves to be particularly at risk of contracting HIV. These participants' decision to start PrEP was not primarily about HIV prevention, because the strategies that they had been using (i.e. adherence to condoms) worked, but more about their desire to experience their sexuality in broader ways. Perhaps, (as a parallel to Race's (2018) terminology), these participants could be described as '*subjects who want more*'.

Race (2018) believes that the reluctance and ambivalence that many in the gay community have shown towards PrEP stem from the difficulty in confronting the real risks of contracting HIV and therefore accepting the possibility that they may in fact be 'subjects at risk'. Indeed, Race (2016) calls PrEP a *reluctant* object because it confronts its users about what it means to be taking it. Of course,

the notions of being a 'subject at risk' and a 'subject that wants more from sex' are interrelated: subjects are at risk because they want more from sex with more people. However, it seems that Race's (2018) emphasis about the community-wide ambivalence regarding PrEP is on the difficulty of accepting being at risk and the closeness to the reality of HIV. While my Findings suggest that the ambivalence around PrEP might also stem from the challenges of confronting one's desires of wanting more in sex. As Bersani (2010) explains, the notion of homosexual excess was often demonised as one of the main causes of the spread of HIV in the early days of the AIDS crisis, and this stigma is arguably still with us today. If limitless excess is terrifying prospect, it may be understandable how a condom, which acts as a physical boundary, may act more in a way to contain that excess than PrEP, which is an abstract chemoprophylaxis.

Being and doing sexuality is perhaps a starting point for examining what sexuality means for the participants. The participants used various sexual identities to both define who they are and to communicate to others what they want and what can be expected from them. Being on PrEP has helped the participants experience different aspects of their sexuality that they felt they could not prior to PrEP, but it has also emerged as a new identifier in sexuality, with its own implicit communications.

## 7.2 Speaking about sexuality

In addition to being and doing, sexuality is also something that these participants *speak* about. This is especially true for this particular group of men, as they have volunteered to speak to me, a researcher unknown to them, about their experiences of being on PrEP. However, the participants also referenced speaking about their sexuality to others in their lives, including friends, intimate partners, sexual partners, colleagues and family. One of the participants, who is a journalist, also writes about sexuality as part of his job.

With the advent of PrEP, the participants also referenced speaking about being on PrEP, and the various signals that they hoped were communicated by this disclosure. What seemed apparent from the Findings was that since the participants started PrEP, they often felt able to speak more openly about their sexuality because they had a new topic to bring up and discuss – PrEP itself.

Foucault (1998) believes that there are many political, economic and technical forces that incite us to speak about sexuality, even as these forces act to categorise, restrict and limit sexual behaviours and activities. Epstein and Mamo (2017) argue that nowadays talking about sex and sexuality is sanitised and legitimised by adding the word "health" to the notion of the sexual. Thus, sexual health has become something we are all encouraged to look after and improve. Unsurprisingly, as PrEP has

become one of the major tools in the fight against HIV, speaking about it therefore could be seen as what we are all incited to do. This thesis is an example of the urge that I have to articulate what I feel I need to articulate about sexuality, through the lens of PrEP.

Having said that, it is important not to lose sight of the phenomenon that is occurring when speaking about sexuality or sexual health: speaking (or articulating in general) is a form of ‘doing’, and therefore *speaking* about sexuality could be seen to be akin to *doing* something sexual. Possibly, at least for the participants, speaking about their sexuality and the fact that they are on PrEP is certainly one of the ways that they make sense of being sexual, but more presciently, one of the ways that they *do* something sexual.

This line of reasoning is not too dissimilar from Merleau-Ponty’s (2002) view that sexuality is ‘coextensive’ with life, and that all of our relating to others necessarily involves an element of the sexual. Therefore, according to Merleau-Ponty (2002) speaking to others even about topics that are not overtly sexual, involve the sexual – how much more so when speaking about topics that are sexual.

Interestingly, a few of the participants expressed when they would not talk about PrEP, usually in relation to their family or work colleagues, and that was because they felt that it would reveal something about their sexuality that they would rather their family/colleagues not know about. What could possibly be added to their expressed reasoning, following on from what has been said above, is the fact that speaking about PrEP could itself be experienced or perceived as doing something sexual – which is not something that they would be wanting to do with family/colleagues.

Sense making often, if not predominantly, comes about through words. In speaking about their experiences to me, the participants have been making sense of their sexualities. However, speaking about their sexuality is also a manifestation of how they are sexual, because it is something that they do.

Race (2018) following Foucault (1998) challenges the presumption that it is ever possible to finally understand ‘sex’ by speaking about it, or indeed that we will understand ourselves better as a result of speaking about sex. Instead, Race (2018) believes that speaking about sex often plays into the drive to categorise people into a larger social order that prizes normality above everything else. Although I disagree to a certain extent with Race’s (2018) views of speaking not necessarily leading to understanding, as this goes against the evidence of talking therapies in general, at the same time, I can appreciate what he is pointing to, which might explain why it is so difficult to pin down what sexuality actually is. Having said that, Race (2018) acknowledges that there is a way of speaking that opens up possibilities for us, and capacities to act in different ways. The most prescient example of

this, in light of my research question, is the participants speaking about their sexual health to their friends and partners, which has in turn led them to start taking PrEP in the first place.

Perhaps unsurprisingly, a facilitation to speak is not straightforward, as speaking about some subjects possibly entails not speaking about others, as is shown below in section 7.3.2 on trust. What seems clear however from this study, is that being on PrEP seems to provide the participants with another talking point about sexuality and sexual health, and therefore opens up the possibility of more words on sexuality. Having said that, there are a lot of aspects of sexuality which the participants found it relatively more difficult to put into words – one of those aspects being the perceived riskiness of sex, which is what I turn to next.

### 7.3 Protected Sexuality

A predominant part of being sexual for the participants involves having sex with other men. Although some of the participants were in relationships, all of the participants had sex with men other than their partners as well – which explains the rationale for them being on PrEP in the first place.

As opposed to other physical ways of being with others which often do not have tangible consequences, such as chatting or dancing, sex involves a much closer form of physicality and often a sharing of bodily fluids. As a result, sex between two people often has noticeable tangible consequences, in terms of either procreation or a transmission of an infection or virus from one person to another.

The consequences of gay sex (at least on a biological level) have varied throughout history as the severity of STIs and the availability of cures for those STIs have varied. Therefore, in exploring what it means to be sexual for a particular group of men, it is imperative to keep in mind the context and time that inherently informs what really is at stake in being sexual, as for example, what it means to be sexual as a gay man in the 1980s, at a time when there was no effective medication to stop HIV from being lethal, is likely to be very different to what it means to be sexual as a gay man in the 2010s at a time when there are no known STIs which cannot be either cured or managed. Further, what it means to be sexual as a gay man in a country with ready access to HIV treatment, is likely to be very different to what it means to be sexual as a gay man living in a country with no easy access to sexual health care.

One concept that I find incredibly useful in acknowledging the context of one's sexual being is Heidegger's (1962) notion of being-in-the-world: one is not separate from the world in which one finds oneself, and the hyphens between the words *being-in-the-world*, aim to convey that inextricable link between one's being and the world. This term is essential in conceiving of how the participants



experience and make sense of their sexualities. This is because as opposed to perspectives which conceptualise an inner world that is separate from an outer world, being-in-the-world situates the participants as integrally connected to the worlds in which they find themselves.

Apart from the fundamental ways in which the participants find themselves in the world (such as in relation to their bodies, their engagement with the constructs of gender, sexual orientation, the language(s) that they inhabit etc.), in relation to the topic of this study, these men find themselves being-in-the-world-post-the-AIDS-crisis. These men live in a world where only a couple of decades ago, hundreds of thousands of gay men died of AIDS (Rosenfeld, 2020). They either remember or were growing up in a world which was panicked by this new 'gay' epidemic, and which insinuated in so many ways through various advertising and awareness campaigns how dangerous and life-threatening gay sex can be. They live in a world in which being HIV+ is still subject to a lot of shame and stigma, and a lot of gay men prefer to keep their HIV status hidden, as is evidenced by the rare instances that gay celebrities, sportsmen or politicians 'come out' as HIV+ (BBC News, 2020).

Although, as a result of anti-retroviral treatments, contracting HIV is no longer a death sentence, there has been no cure found for HIV to date, and therefore contracting HIV still has serious lifetime ramifications. All of the participants were aware of the devastation that AIDS has wrought on the gay community, and all were very conscious of the persistent threat that HIV presents – several of the participants referenced friends or colleagues who are HIV+. Thus, it seemed inevitable that being sexual for these men entailed being sexual in a world where contracting HIV via sex is still a real possibility.

It seems like the predominant way that the participants have chosen to minimise the risk of contracting HIV has been to start taking PrEP. This has meant that they have had to start trusting a chemical prophylaxis in a way that they had previously only trusted a physical prophylaxis in the form of condoms. This has also meant that the participants are aware that PrEP would only protect them from HIV if taken as prescribed. Therefore, their adherence to PrEP is a testimony to their awareness of the reality of HIV and its persistent presence in their psyches, and a testimony that (at least casual) sex is something from which they need to protect themselves in one way or another.

Apart from HIV, being-in-the-world for these participants also entails being in a world where there is the possibility that a host of STIs, other than HIV, can be contracted from having sexual interactions with others, even with the use of condoms. The participants were aware of the possibilities of contracting other STIs, but professed to be less concerned by them compared to HIV because most other STIs either have cures, or are not life impairing in the same way that HIV would be.

Given the realities of the worlds and contexts within which these participants exist, all the participants were keenly aware that being sexual was risky, and something that they had to protect themselves against. I now turn to how the participants managed the risks of being sexual.

### 7.3.1 Managing risks

As a result of the potential consequences of engaging in gay sex, the participants used a variety of ways to manage the risks that they perceived were involved.

For some, this involved what sexual roles they allowed themselves to enact. Given that being the receptive partner is often the most risky form of anal sex (in relation to HIV), some of the participants chose to be the active partner in casual sex, and would only be the receptive partner in the confines of a relationship with someone they trust. Interestingly, for two of the participants, Joseph and Andrew, their reluctance to be passive during anal sex did not change much even since being on PrEP, and this was likely because they did not fully trust that PrEP would be effective in keeping them safe from HIV. Therefore, protecting oneself in these circumstances means not engaging in certain sexual acts.

Most of the participants engaged in some form of questioning their casual partners before having sex in order to determine basic information about their partners' sexual health, such as what their HIV status was, and when was their last sexual health screening. Some of the participants were aware that these questions had a limited effectiveness in relation to STIs, primarily because they relied on their partners telling the truth, but also because of the window period for STIs to show up in test results (e.g. It can take gonorrhoea up to a week to show in a test result (NHS, 2020)). Further, at least one participant found himself asking these questions after a sexual encounter. He candidly admitted that it was not of much use to ask the question after the event, but he felt that he had to ask it anyway, possibly to gauge whether he should be concerned.

Some of the participants assessed the riskiness of a sexual partner from the location where they met that partner. In other words, whether they met online, in a club, via a friend etc. It seemed that the more an encounter was deemed to be 'random', the more dangerous they felt that potential partner to be. One of the participants was discomforted by the thought that he was engaging in moral screening – yet he did not seem to want to change his approach. What seemed clear from the participants' accounts was that the more unknown a potential partner, the more dangerous they felt that partner could potentially be.

Finally, for one of the participants who had a medical background, the risk assessment of potential sexual partners often involved a cursory examination of that partners genitals and groin area. That

participant was very aware that such a method was not particularly effective as many signs could be missed without a speculum. However, he felt that it gave him some peace of mind to carry out such a cursory examination.

Although there are many cultural sociological theories on risk especially in symbolic interactionism (Blumer, 1986) and relational sociology (Emirbayer, 1997), from a phenomenological perspective, what struck me most from these Findings was the extent to which the participants viewed their potential sexual partners as potentially dangerous. Further, although being on PrEP has neutralised the danger that others present in terms of HIV, to a certain extent for all the participants it has not changed the inherent suspicion that exists on some level for the participants when approaching others sexually.

Being sexual for these participants entails the need to protect themselves. Prior to PrEP, this often took the form of condoms, and since PrEP the focus of how the participants protect themselves from a sexual encounter has shifted onto the awareness of other STIs and various ways of screening how likely they might contract a STI from a casual partner. Having said that, PrEP has not proven to be a panacea for the anxiety of contracting HIV, and this has been highlighted in what I turn to next in relation to trust and control.

### 7.3.2 Trust and control

Perhaps the reverse side of viewing something as a risk is trusting that something is safe. Trust has been a theme that has arisen in all of the participants' narratives: trusting in others, trusting in PrEP, and/or trusting their own instincts as to the risks they faced.

In order to engage with others sexually, the participants have had to trust something. Some found it impossible to trust others, and therefore preferred to trust PrEP. While others found it difficult to trust that PrEP was effective, and therefore either relied on condoms, or did not engage in acts that they perceived to be most dangerous in terms of HIV (i.e. being the receptive partner in anal sex).

I found it noticeable that trust seemed to arise mostly in relation to having sex itself as opposed to being sexual more generally. For example, none of the participants talked about trusting that their sexual partners wouldn't hurt them emotionally – the hurt and the danger that the participants solely referred to was physical in the form of STIs.

Having said that, I wonder to what extent the focusing of the dangers that others present on STIs alone can in some way be interpreted as an unwillingness to confront the less tangible fears of being hurt interrelationally by getting closer to others. It's almost as if the dangers of intimacy for these

participants have been reduced to the tangibles of what shows up on an STI test rather than a whole array of fears and anxieties about intimate and sexual relationships in general.

Nevertheless, trusting that others will not harm them often relates to feeling secure and in control, or secure enough not to need to be in control. One area in which the interplay of control was highlighted most poignantly was in the choice of whether or not to use a condom when having sex, since starting PrEP. Simon (row 157) and Paul (row 46) for example, leave the decision of whether or not to use a condom during sex to their partners. In other words, they allow their partners to determine that aspect of the sex they have – possibly suggesting that they are giving their partners control as to what will happen in that situation. Looked at from a different perspective, which I feel is more rigorous, Sartre (2003) might argue that they are choosing for their partners to choose: on the one hand, off-loading the responsibility of that choice to their partners, but also that implies that they are the ones who have chosen and controlled how that choice will be made (i.e. not by them).

James on the other hand seemed far more active in enjoying the giving over of control to his sexual partners during sex, as a result of feeling more certain that he would not contract HIV whilst being on PrEP. Again, I felt that there was a dualistic element of, on the one hand, not feeling in control of what was happening during sex, but on the other hand, the implication was that he determined that an interaction was to be just so. Perhaps what was more striking in relation to James was the extent to which he wanted to put himself in a position where something was done to him. James described an example as “*not giving a shit [while getting fucked] in a darkroom in Berlin*” (James: 226). This type of an interaction makes me wonder to what extent sex entails the interplay of what we decide to do to others and what we decide to have done to us, while at the same time negotiating what others have decided to do to us, and what they have decided we do to them.

What seemed most striking to me from the participants’ accounts is the extent to which they were reluctant to trust others and allow themselves not to be in control during a sexual encounter. Perhaps it was trusting in others that led to so many deaths from AIDS during the 1980’s and 1990’s, and therefore, all the generations of men following that no longer trusted others but relied on tried and tested ways of keeping themselves safe: first off with condoms, and now with PrEP.

Nevertheless, I wonder if the issues of trust and hurt and control have simply not been dealt with in the gay community at large, and PrEP to a certain extent acts as a detour from confronting these issues, because partners do not need to trust each other as they used to with condoms, and yet still give the illusion that the sex that is taking place is more intimate because condomless sex was the type of sex that most often would only happen in monogamous relationships.

Ironically, although my Findings show that PrEP has helped the participants open up conversations about sex and sexual health, Spieldenner (2016) suggests that PrEP possibly also enables its users to avoid other types of conversations, particularly around trust, as if sex only involved the technicalities of anal penetration, and as if sexual pleasure were definitively constrained by condoms.

#### 7.4 Good sex and sexual fantasies

It is clear from the Findings that the participants felt that they were having good or better sex since starting PrEP, and that this was important for them. This seems mainly to involve (anal) sex with no condoms and much less anxiety about contracting HIV. Some saw condoms as a barrier to more intimacy in their sexual encounters. Others experienced condoms to be painful, especially when being the receptive partner during anal sex. While others experienced condoms to impair their erection whilst being the active partner during anal sex. Nevertheless, the participants referenced notions of condomless sex being more 'natural' and instinctive. One participant in particular felt that ejaculating in another man's anus was a manifestation of a procreative urge.

I found it particularly interesting that each participant, in their own way, constructed what was 'good' sex for them, and that this often involved notions of 'innate' and 'natural' sexuality. Given that homosexuality has been viewed historically as perverse, criminal and unnatural, perhaps the valuing of the constructs of the innate and natural is unsurprising.

On a practical level, it seemed that condoms somehow did not fit into this notion of innate sexuality, possibly primarily because they were a man-made product that is extraneous to two bodies coming together. Condoms are also a reminder of the potential danger that others can be, and therefore a reminder of the need to protect oneself from others, which acts in the opposite direction to opening oneself up to others. Finally, I wonder if condoms can be seen as a hindrance of the innate because, as mentioned above, some of the participants often used heteronormative constructs as a basis for their own sexuality, and therefore in a heterosexual context, condoms are a barrier to procreation.

A few of the participants expressed feeling more emotional intimacy with their partners as a result of being physically closer to their partners when not using a physical prophylaxis. None of the participants were able to express how a closer physical encounter translated into a closer emotional encounter for them (except that condomless sex used to be reserved for monogamous relationships prior to PrEP). However, it almost seemed like a skin on skin sexual encounter was as close as physically possible for two people to merge into each other, thus leading to a possible emotional merging too.

In addition to feeling that they were having 'better' sex, the participants also felt that they were able to actively explore their sexual fantasies since being on PrEP in a way that they could not prior to PrEP, primarily because of the fear of HIV. A lot of the sexual fantasies referenced by the participants involved a focus on engaging with other men's semen and sex with multiple men simultaneously. This focus on semen often came across as a fetish that the participants described wanting to revel in. One of the participants, James, referred to the slang phrase he used with his friends of "*collecting loads*", whereby a man's ejaculate becomes a thing which can be collected and tallied up.

The fantasy of sexual orgies and abandon is not particularly new, and various cultures throughout history have ritualised sexual excess (Weeks, 1985). However, what I found to be noteworthy of the participants' fantasies was the extent to which they encapsulated exactly the types of sexual behaviours that would have been deemed to be life threatening a mere three decades ago. It seems as if, after decades of being told as a community what gay men should not be doing, what was going to lead to sickness and death, and in general in society, what was considered to be 'slutty', shameful and wrong, took on a charged value in these participants' psyches. Therefore, these sexual fantasies may reveal the extent to which the participants have been personally affected by society and culture in signposting specific acts and behaviours as particularly worthy of attention. Having said that, I wonder if gay men had similar types of fantasies before the AIDS crisis, and if so, whether there is something intrinsic about excess and unbridled abandon which characterises fantasies.

Dean (2015) argues that sex is always mediated by fantasy, both conscious and unconscious, and that for gay men, the fantasy of 'raw sex' is so powerful precisely because gay sex is so heavily mediated, by technology, pharmacology and pornography. I would add from my Findings that the fantasy of raw or innate or natural sex is so powerful, possibly because gay sex has been deemed to be unnatural and wrong for a long time in recent history.

What was noticeable however, was that the participants did not think that sex mediated by a chemical prophylaxis was somehow less natural, and so were able to hold onto the notion of condomless sex whilst on PrEP *actually* being raw and natural and innate, rather than just being an illusion. Dean (2015) suggests that only those aspects of our sexuality which uphold our fantasies are generally accepted, while those that get in the way are eventually rejected. Therefore, at least for the time being, the participants seem to endorse PrEP as something which helps them have better, more natural sex. I wonder how views might change about PrEP if it gets perceived to be yet another barrier between two bodies coming together. Maybe the construct of unmediated sex itself is the Garden of Eden, which we can never return to.

## 7.5 Links with existing research on PrEP

On the whole, the results of this research are broadly in line with other research conducted on the lived experience of being on PrEP in various cities/countries around the world (for example, see Collins et. al 2017, and Arnold et. al 2017).

As mentioned previously, there is no research that I have identified to date that specifically looks at the meaning making of sexuality for gay men on PrEP, and therefore comparing and contrasting my results with other research results on PrEP may be of limited value as the comparison is of different issues. However, I still believe it is useful to situate my Findings amidst other research of the lived experience of gay men on PrEP, as my research exists within the context of a broader discourse around sexuality and PrEP. I therefore explore below the similarities and differences in three of the most prominent themes that arose in other studies and compare with the themes of my own study. These themes are: the improvement of sexual lives as a result of PrEP, the mistrust of PrEP and the experience of being stigmatised for being on PrEP.

### 7.5.1 Improvement in sexual lives

One of the themes that seems to resonate across different studies and that has also arisen in this current study, is that PrEP enables its users to experience their sexualities in more enjoyable and less anxiety-provoking ways. The participants in the Collins et al. (2017) study reported feeling less vulnerable, afraid and ashamed of their sexual behaviour. The Koester et al. (2017) participants revealed that they felt much less anxiety around sex and HIV since starting PrEP, while the Arnold et al. (2017) study relayed how the participants felt more aware of their health and well-being as a result of PrEP and felt more in control of their lives. Finally, the Grace et al. (2018) study showed that its participants felt that the sex they were having was more exciting and pleasurable since starting PrEP.

One of the themes of this current study is that all the participants reported having good or better sex since starting PrEP. For most participants of this study, this was primarily due to them not using condoms as much as they used to (which is in line with the Holt et al. (2018) Australian study). Therefore, notwithstanding the potential dangers of sex that the participants were aware of, they did report feeling that they could enjoy the physicality of sex relatively more without having a physical barrier as a prophylaxis.

This study found different reasons as to why sex was felt to be 'better' for the participants since being on PrEP. For example, for Simon and Phillip, what made sex 'better' was that they felt that the sex they engaged in was more 'natural', because they did not have to use a physical prophylaxis. On the

other hand, Michael and Andrew, similar to the participants in the Collins et al. (2017) study, felt that their sexual lives were ‘better’ because they could now experience different sexual roles than prior to PrEP, which they felt too scared to try, due to the decreased risk of HIV contraction. Additionally, for Michael and Andrew, they felt that PrEP enabled them to continue being the active partner during sex, primarily because condoms used to negatively impact their erections.

In the Arnold et al. (2017) study, some of the participants reported having “won their life back” since starting PrEP. This seems to resonate with the oldest participant of my study, Michael, who felt that prior to PrEP he faced a future where he was unable to live out his sexuality in a way that he wanted to due to his inability to maintain erections with a condom.

Some of the participants in the Jaspal and Daramilas (2016) study expressed the view that PrEP might open up the possibility for them to feel more in control of their lives and sexual health. This resonated with the participants of this current study, who felt that by feeling in control of their sexual health, i.e. by being in control of the likelihood of contracting HIV, they could then allow themselves to play with being in and out of control with their sexual partners.

### 7.5.2 Mistrusting PrEP

Both the study by Jaspal and Daramilas (2016) and the study by Williamson et. al (2019) highlighted the mistrust that the participants had in the effectiveness of PrEP. Although none of the participants in the Jaspal and Daramilas (2016) study were actually on PrEP, and only one participant in the Williamson et. al. (2019) study was on PrEP at the time of the interviews, some of the participants in this current study also expressed a slight doubt as to the effectiveness of PrEP. This also accorded with the Chu et al. (2019) quantitative study. Most notably, Andrew stated that even though he was on PrEP, he would not be a passive partner during sex without the active partner using a condom.

Interestingly, in contrast to the Williamson et al. (2019) study, where some of the participants voiced concern that PrEP would lead to a reduction of meaningful conversations around sex and a mistrust around how others reported their HIV status, this current study found that being on PrEP has helped participants to start and navigate conversations around sexual health and sexuality. For example, Joseph found that *“discussions that you have around PrEP when you talk to someone I think is more complex and advanced, rather than ‘oh yeah, just put a condom on and it’ll be fine”* (Joseph: 48).

### 7.5.3 Stigma of being on PrEP

It is noteworthy that although the participants in studies such as Huang et. al (2019), Newman et al. (2018), Grace et al. (2018) and Dubov et al. (2018) reported experiencing negative judgements and



stigma from others because of their use of PrEP, this theme did not arise so much for the participants of my study. Only one participant, Simon (row 154), recounted an experience where he was shamed for being on PrEP by a potential sexual partner. While Michael and Phillip both expressed that they would be more cautious of revealing that they were on PrEP to their social circles because they felt it would reveal more than they would like about their sexual lives. They did not mention any reluctance to reveal that they were on PrEP to potential sexual partners – on the contrary, being on PrEP formed part of their sexual identities. None of the other participants mentioned any stigmatising experiences either.

At least in relation to the Dubov et al. (2018) study, only 43 men out of a pool of 250 men stated that they had experienced stigma from being on PrEP, and that study was aimed at exploring specifically those experiences. While in the Grace et al. (2018) study, some of the participants seemed content to brush off any negative judgements they received and were adamant not to let any experiences of stigma get in the way of their newfound 'sexual liberation'. The authors of the Grace et al. (2018) study highlighted that their participants were predominantly white, highly educated and highly motivated as they were considered to be 'early adopters' of PrEP. Further, all of their participants lived in Toronto.

The participants of my study are not too dissimilar from those in Grace et al. (2018): all of them are white, educated and live in a large cosmopolitan metropolis. I wonder therefore, to what extent the participants of my study have not reported feeling stigmatised for using PrEP because similarly to the Grace et al. (2018) participants, they refused to allow that to get in the way of their sexual lives, and so, did not even want to bring it up in their interviews - especially as I had not explicitly asked about experiences of being shamed.

On the other hand though, the interviews for my study took place in 2018, which is later than the other studies, and therefore, I wonder to what extent the participants didn't report any experiences of being stigmatised because they did not in fact experience any stigma due to PrEP becoming more normalised, at least in the gay community in London.

## 8 Conclusion

The question for this research project “*what meaning do gay men on PrEP make of their sexuality?*” started crystallising for me towards the end of 2016, at a time when I was noticing how I was experiencing my sexuality differently after being on PrEP for about 6 months. I was intrigued to find out how other gay men on PrEP were experiencing their sexualities, and what sense they made of it, and embarked on a research journey to discover this. In particular, I wanted to understand what is this thing called sexuality or being sexual, what do gay men do about it, and how do they come to terms with it?

I have looked at how sexuality has been approached by different philosophical disciplines, namely psychoanalysis and social constructionism, but relied on the grounding of existential phenomenology to guide this research, primarily because that is how I practice as a psychotherapist, but also because there is relatively less writing on sexuality in existential thought (than compared to other aspects of life such as meaning or death).

Although traditional existential thought (mainly Merleau-Ponty (2002) and Sartre (2003)) provides a basic structure from which to understand sexuality ontologically, I have found it lacking in its ability to relate to gay men in the 21<sup>st</sup> century, possibly because as Butler (1989) argues, this thought consists of implicit heteronormative assumptions about the nature of sexuality, and the gaze often referred to in this thought is implicitly the gaze of a heterosexual male. As a result, this thought has not been very relevant in understanding what is at stake in being sexual for gay men today.

Modern existentialist thinkers such as Smith-Pickard (2014) and Spinelli (2014), on the other hand, both argue that it is perhaps difficult to pin down the meaning of sexuality as such, because sexuality is necessarily related to the contexts of space and time and therefore always in flux, which brings a modern existential understanding of sexuality much closer to a social constructionist position, and makes an ontological explanation of sexuality less relevant to theory and practice, compared to an understanding of its ontic manifestations. This research therefore focused on a very specific group of gay men at a very specific time in history to understand their sexuality, and the Findings may prove useful for the gay community at large.

For the last sub-sections of this thesis, I turn to the implications of my Findings for theory and practice in section 8.1, and look at the limitations of this study and suggestions for future research in section 8.2.

## 8.1 Implications for theory and practice

As a result of gathering in-depth reflections on the lived experience of gay men on PrEP and the meaning that they make of their sexuality, there are quite a few implications that may be relevant for the gay community at large in terms of how we, as practitioners, researchers and teachers, understand gay sexuality today, especially in relation to PrEP.

I divide this section largely following the outline of the Discussion (section 7), in order to highlight what could be learnt from this study from a clinical, theoretical as well as a research perspective.

### 8.1.1 Identity and acts

Being gay probably means different things to every man that identifies as gay. However, within that umbrella identity, this study has shown that the participants use additional sexual identities to define who they are. In particular, the participants identified themselves as being a certain sexual role (i.e. 'top', 'vers', 'bottom') and with the advent of PrEP, new identities have emerged such as, 'neg on PrEP' often used in hook up apps. What this study highlights is that there is far more to sexual identity than just being 'gay', and it may be important to explore from a therapeutic perspective with gay clients, what sexual identities they use, how have they arrived at these identities, and what are they hoping to communicate through these identities?

From a theoretical perspective, what this study illustrates (following Spinelli (2014)), is that a person *is* sexual to the extent that they identify with any sexual identity (i.e. sexual orientation, sexual role, HIV status, being on PrEP etc.) From a research perspective in relation to PrEP, some authors (notably Race (2018)) have highlighted the challenges of some in the gay community to accept PrEP, because that would entail that they would have to first identify as being a 'subject at risk' from HIV. What this study shows is that in addition, some gay men may also find it difficult to start PrEP because they would have to also confront the possibility that they are 'subjects who want more' from sex. This entails confronting the shame of wanting to be more sexual and to engage more with other men's bodily fluids.

In relation to sexual acts, it may be important from a clinical perspective to be alert to the language that clients use to describe what they do sexually, in particular their positions of subjectivity and objectivity in passive and active sex. It may be useful to explore with clients if anything would be different about their experience if they were to change how they described it, in particular, relating to anal sex as fucking/being engulfed, or being fucked/engulfing.

Further it may be useful to explore what makes any particular act sexual, as from a Merleau-Ponty's (2002) perspective, sexuality is infused in all our relationships, including our therapeutic and research relationships, and therefore all our acts and forms of relating contain a sexual element on some level. As a result, as practitioners and researchers, it is important to reflect on how sexuality arises within our therapeutic and research relationships, and what can be done to acknowledge them in a way that does not overshadow other aspects of the relationship.

### 8.1.2 Expression

A significant aspect of the participants' sexuality appears to be the fact that they can speak about it. This is perhaps self-evident when it comes to sexual identities which are constructs that only emerge through articulation. However, speaking about sexuality can also be seen as doing something sexual. Therefore, what is being said, how it is being communicated, and to whom it is addressed will all be relevant in considering the quality of that sexual 'act'. For example, talking about being sexual to a researcher will be different to talking about being sexual to a therapist, friend or sexual partner. This possibly links to the intention of the speech, but also to how it is being delivered. What seems clear is that in talking about our sexuality we are living it in a way that does not necessarily involve sex or even the preliminaries of sex. In talking about sexuality, we can be sexual just through the act of speaking (or articulating more broadly). Having said that, it may be important to consider how we as therapists create the space for clients to talk about their sexualities, and where do we draw the line between speaking something sexual and doing something sexual?

Further, although PrEP seems to facilitate discussions around sex and sexual health, it may be useful from a therapeutic perspective, to listen out to the types of conversations that a client may *not* be having, especially around trust and relating in ways other than physically in sex.

In relation to PrEP, this study has shown the role that PrEP plays in helping the participants be more open about their sexualities and communicating who they are and what they want from their partners. It is noteworthy that an identity has emerged around the use of PrEP (for example, "neg on PrEP") in a way that it has not around the use of condoms (i.e. condom use is precisely that, an action rather than an identity of 'condom-user'). As a result, it may be important from a research perspective in new prophylaxes, to be mindful of the extent to which the creation of an identity around a prophylaxis helps or hinders its uptake in the community.

### 8.1.3 The context of gay sexuality today

Contexts are very specific, and therefore even the title of this subheading is elusive, as 'today' is one marker of time that is meant to be broad, yet given the speed at which technology is changing the landscape in terms of HIV prophylaxes, it is also very fleeting. Nevertheless, from a theoretical point of view, what has been universal for these HIV negative participants, in terms of their contexts is that despite being on PrEP, their sexuality is still defined and impacted by the anxieties and fears around HIV. I think it is fair to say that it is not possible to consider gay sexuality today without acknowledging the impact that HIV has on it.

This study has made clear that sexuality cannot be seen in a contextless void as is often portrayed in Merleau-Ponty's (2002) or Sartre's (2005) phenomenological thought. Sexuality is intrinsically of the time and place (and gender, and race, and language etc.) in which one finds oneself. This includes the context of what STIs are present in the community as well as what technology is available to combat and cure those STIs. Therefore, it is important and necessary to take into account a person's history as well as their current social, cultural and economic contexts in order to understand what it may be like for them to be sexually-in-the-world.

Further, from a practitioner's perspective, it may be important to explore the ways in which the anxieties around HIV and other STIs have shaped a client's sexuality, and the ways in which they have dealt with those anxieties. Particularly in relation to their sexual identities and the language that they use around sex and being sexual.

This study has also shown that the issues of trust and control arise often in relation to being sexual with others. From a theoretical perspective, this is not unlike Merleau-Ponty's (2002) views on relating sexually with others. However, it is important to remember that often what is at stake in trusting and not being in control for these participants, is the contraction of a lifelong disease. Therefore, from a clinical perspective, it may be important to explore with relevant gay clients what it is that they need in order to trust others and in order to let go of control.

#### 8.1.4 Constructing good sex

Finally, the participants' narratives have revealed the extent to which they construct their ideal notions of 'good' or 'natural' sex. For some of the participants, these constructs were based on heteronormative ideals for procreation, while for others, the sex that they wanted to have and that they fantasised about seemed to be directly linked to what would have been considered reckless, dangerous and taboo only a couple of decades ago. In particular, the fantasies of having sex with multiple partners, and the fetishisation of semen.

From a theoretical perspective, these Findings alert us to the importance of considering what lies beneath sexual fantasies and notions of good sex, and to what extent they may be linked with trauma on a community level both in terms of what was prohibited, but also in terms of what has been considered normal sexual or gendered behaviour.

From a clinical perspective, it may be important to explore with clients their notions of good sex, as well as their sexual fantasies. In particular, from where they sense that they have got these constructs, and what their fantasies might reveal not only about what they want, but also about what they have been specifically told not to do, and what might bring them shame, guilt or humiliation?

The implications of my research suggest that from a practical perspective, there is potential to turn the findings of this study into a psycho-educative set of resources and material to improve cultural competencies that could be used in front line LGBT and sexual health services. For example, training packages or workshops may aim to address psychotherapeutic and sexual health professionals' personal biases and misconceptions around PrEP, including historical perspectives so that the nuances involved around the use of PrEP, especially for gay men, may be better understood and appreciated. Further, it may be useful and important for any educational packages that could arise from this work to highlight what really is at stake for gay men when using a prophylaxis such as PrEP, and how prevalent the anxieties and fears of HIV and other STIs are for gay men, and what this could mean for their sexualities.

## 8.2 Limitations and suggestions for further research

### 8.2.1 Limitations

There have been several limitations to this study, and several things that I may have done differently if I were to have conducted this study again.

To start with, one of the limitations of this type of research is that there is only one researcher. I did not have a second or co-researcher to either independently check or audit my work, and who may well have found different themes from the same data. Having said that, I took several steps in order to mitigate this limitation as much as possible.

First, in structuring the method for this study by starting with a first heuristic step of being interviewed myself, I hope I have managed to highlight for myself my position and own experience of being on PrEP and sexuality to the extent that I was able to bracket that both during the interviews, and the analysis of my data. I felt that this first step was incredibly significant in my reflexive process. Secondly, my supervisors have been instrumental in helping me focus my research, as well as sense check my work, in particular my analysis of Findings and Discussion. Thirdly, in order to be as alert as

possible to my biases, I kept a reflexive diary throughout the whole process of this project, in particular after each interview, to note how I felt, whether I sensed that I was fully open to that particular participant's experience, and whether there was anything that stood out for me in relation to my response to what was said. Finally, I used my own personal therapy to help me process and reflect on elements of my research in particular the meaning making around sexuality.

Possibly one further step that I could have taken but I did not, was to conduct a follow up interview with the participants in order to clarify with them areas that I wasn't clear about and invite them to elaborate on aspects that I felt would have been helpful. Flowers (2008) suggests that a second interview with a participant could achieve a depth in the experiences relayed that a single interview often is not able to.

A further limitation that is possibly relevant to all qualitative research, but which has arisen in my study, in particular with my second participant, Peter, is that the richness of data largely relies on how open the participants are during the interview, and how well they interact with the interviewer. I noticed that in relation to Peter, from the moment that we met for the interview, we did not seem to get along in the same way that I did with the other participants, and I noticed that he seemed less willing to elaborate on a lot of his responses. As a result, his interview lasted just over half an hour, compared to the other interviews which lasted around an hour or slightly more. Although this is not problematic per se, I was left feeling that perhaps more richness might have been elicited either in a different setting or with a different interviewer or given more time. However, it is important to acknowledge that sexuality is often felt to be a sensitive topic to speak about, and therefore it may be unsurprising that at least one of the participants would find it difficult to be more elaborative.

I wonder if for future research on sexuality, it would have been helpful to conduct a group session first with the participants so that they could meet and interact with me first, and then to conduct individual in-depth interviews with each of the participants. The rationale being that hopefully by the time it came to meet for the individual interview, they would feel relatively more relaxed and comfortable to open up. Nevertheless, simply having a second follow-up interview as mentioned above, may achieve the same outcome of helping participants feel more at ease in order to open up.

Another limitation which I feel applies to this study is that the participants were recruited via a snowballing method of asking friends to pass my research flyer to their respective networks. In effect, this has meant that the participants are more or less from socio-economic-cultural backgrounds that are limited to the diversity of my own networks which, however diverse they may be, are still relatively narrow compared to the plurality of gay people around London, or even the UK or the world. Having said that, it is important to note that this research does not purport to cover the diversity of gay men

in London or even the UK, and that with a sample size of 8 participants, the extent of the diversity achieved cannot be realistically expected to include all sub-minorities within the gay community. Nevertheless, all the participants were white and not from ethnic minorities' backgrounds, and all were able-bodied. Although rich and important, the narratives produced from this study simply add to the existent dominant narratives of able-bodied, white gay men who live in big cities. If I were to have carried out recruitment again, I may have allocated half the participant size to my above method, and the other half to participants who would approach me via seeing flyers that I would have posted in various LGBT centres around London, such as London Friend, the Terrence Higgins Trust or GUM clinics etc. The hope would be that the flyers in LGBT centres may reach gay men that would not be part of my larger social network, and therefore add some diversity to my data.

Finally, if I were to conduct this research again, I perhaps would not have included my final question in the research schedule which was:

*“Now that we’ve had this discussion, what does being sexual mean to you, and has that changed since taking PrEP?”*

The intention behind the questions' schedule was to create a space where the participants would be able to explore their experiences of being on PrEP from an existential 4 world model (van Deurzen, 2014), i.e. from the perspective of their physical, person, social and spiritual (or meaning making) experiences. Following on from that, to explore a specific experience that they consider sexual and what was important about that for them. Finally, to end with the question above, which was what meaning they attributed to being sexual. Although Simon, who was the pilot interviewee, was able to articulate an answer to that final question, which is why I kept the question in the interview schedule, most of the other participants found it difficult to articulate an answer. Further, the answers that were articulated seemed generic and far less rich than the descriptions and the sense that they made out of their actual experiences, which they considered to be sexual. I thought that for completion it would be important to include this question, given the title of my research, but on reflection I realised it was not a useful question.

### 8.2.2 Suggestions for further research

On reflecting on the process of this research project, and the areas which this research did not and could not cover, I feel it may be useful to explore the experiences of gay men who are from ethnic minorities backgrounds, and/or gay men who aren't able-bodied. I believe that race and disability are hugely significant in the ways that people experience being sexual, in particular in relation to their experience of power dynamics, and what may be projected onto them. Further, it may be useful to



explore the experiences of queer men or non-binary people in relation to sexuality and PrEP, especially where gender is not experienced in the traditional ways.

Another aspect of PrEP which was not explored in this study was the frequency and mode of using PrEP. As mentioned in section 2.2.3 above, there are two effective ways of taking PrEP: either daily, or 'event-based' surrounding potentially risky sexual activity. One of the criteria for inclusion as a participant is that the participant must have been on PrEP daily for at least 6 months prior to the interview. However, I feel it may be useful to explore in a further study, what makes someone decide which method to use (i.e. daily or event based), as this most likely relates to their sexual behaviour and whether it is planned in advance, and thus their experience of being sexual.

## 9 References

Ahmed, S. (2006). *Queer Phenomenology*. London: Duke University Press.

AIDS Map. (2017). *What is HIV?* Available at: <http://www.aidsmap.com/hiv-basics>. Accessed on: 09/10/2017.

AIDSVu. (2020). *Mapping PrEP: First Ever Data on PrEP Users Across the U.S. - AIDSVu*. Available at: <https://aidsvu.org/prep/>. Accessed on: 15/02/2020.

Arnold, T., Brinkley-Rubinstein, L., Chan, P.A., Perez-Brumer, A., Bologna, E.S., Beauchamps, L., Johnson, K., Mena, L. and Nunn, A. (2017). Social, structural, behavioral and clinical factors influencing retention in Pre-Exposure Prophylaxis (PrEP) care in Mississippi. *PloS one*, 12(2), p.e0172354.

Auerbach, J.D. & Hoppe, T.A. (2015). Beyond "getting drugs into bodies": social science perspectives on pre-exposure prophylaxis for HIV. *Journal of the International AIDS Society*. vol. 18(1).

Avert. (2017). *History of HIV and AIDS overview*. Available at: <https://www.avert.org/professionals/history-hiv-aids/overview>. Accessed on: 13/10/2017.

BBC News. (2020). *MP tells Commons he is HIV positive*. Available at: <https://www.bbc.co.uk/news/uk-england-sussex-46391287>. Accessed on: 29/01/2020.

Bersani, L. (2010). *Is the Rectum a Grave? And Other Essays*. Chicago: The University of Chicago Press.

Blumer, H. (1986). *Symbolic interactionism: Perspective and method*. Los Angeles: University of California Press.

Breckenridge, J. P., Jones, D., Elliott, I., Nicol, M. (2012). Choosing a Methodological Path: Reflections on the Constructivist Turn. *Grounded Theory Review*. Available at: <http://groundedtheoryreview.com/2012/06/01/choosing-a-methodological-path-reflections-on-the-constructivist-turn/>. Accessed on: 25/09/2019.

Brinkmann, S. and Kvale, S. (2008). Ethics in Qualitative Psychological Research. In ed. Willig, C. and Stainton-Rogers, W. (2008). *The Sage Handbook of Qualitative Research in Psychology*. London: Sage Publications Ltd.

Brocki, J. & Wearden, A. (2006). A critical evaluation of the use of interpretative phenomenological analysis (IPA) in health psychology. *Psychology & Health*, vol 21(1), pp. 87 -108

Butler, J. (1989). *Sexual Ideology and Phenomenological Description: a Feminist Critique of Merleau-Ponty's Phenomenology of Perception*. In Allen, J. and Young, I.M. eds. (1989). *The thinking muse: Feminism and modern French philosophy*. Bloomington: Indiana University Press.

Cairns, G. (2017). *STI rates in PrEP users very high, but evidence that PrEP increases them is inconclusive*. Available at: <http://www.aidsmap.com/STI-rates-in-PrEP-users-very-high-but-evidence-that-PrEP-increases-them-is-inconclusive/page/3119743/>. Accessed on: 09/10/2017.

Cairns, G.P., Race, K., & Goicochea, P. (2016). PrEP: Controversy, agency and ownership. *Journal of the International AIDS Society*. Vol (19) 7S6

Centers for Disease Control and Prevention, (2016). Updated Guidelines for Antiretroviral Postexposure Prophylaxis After Sexual, Injection Drug Use, or Other Nonoccupational Exposure to HIV— United States, 2016. Available at: <https://www.cdc.gov/hiv/pdf/programresources/cdc-hiv-npep-guidelines.pdf>. Accessed on: 24/10/2019.

Centers for Disease Control and Prevention, (2017a). *Dear Colleague: September 27, 2017*. Available at: <https://www.cdc.gov/hiv/library/dcl/dcl/092717.html>. Accessed on: 14/10/2017.

Centers for Disease Control and Prevention, (2017b). *HIV/AIDS*. Available at: <https://www.cdc.gov/hiv/basics/prep.html>. Accessed on: 15/10/2017.

Chu, M., Cotler, K. and Yingling, C., (2019). Understanding patient motivations for HIV pre-exposure prophylaxis initiation and adherence. *Journal of the American Association of Nurse Practitioners*. Vol 00, p. 1-6.

Cohn, H.W. (1997). *Existential thought and therapeutic practice: An introduction to existential psychotherapy*. London: Sage.

Cohn, H.W. (2014). Being-in-the-world sexually. In Milton, M. (2014). *Sexuality: Existential Perspectives*. Monthmouth, UK: PCCS Books

Collins, S.P., McMahan, V.M. and Stekler, J.D., (2017). The impact of HIV Pre-exposure Prophylaxis (PrEP) use on the sexual health of men who have sex with men: a qualitative study in Seattle, WA. *International Journal of Sexual Health*, vol 29(1), pp.55-68.

Craig, E. (2015). The lost language of being: Ontology's perilous destiny in existential psychotherapy. *Philosophy, Psychiatry, & Psychology*. Vol 22(2) pp.79–92.

Crawford, R. (1980). Healthism and the medicalization of everyday life. *International journal of health services*, vol 10(3), pp.365-388.

- Dean, T. (2015). Mediated intimacies: Raw sex, Truvada, and the biopolitics of chemoprophylaxis. *Sexualities*, vol 18(1-2), pp.224-246.
- Dean, T. (2019). Afterword: The Raw and the Fucked. In Varghese, R. (ed.) (2019). *Raw: PrEP, Pedagogy and the Politics of Barebacking*. London: Zed Books Ltd.
- Desai, M., Field, N., Grant, R. and McCormack, S. (2017). Recent advances in pre-exposure prophylaxis for HIV. *Bmj*, vol 359, p.j5011.
- Dubov, A., Galbo Jr, P., Altice, F.L. and Fraenkel, L. (2018). Stigma and shame experiences by MSM who take PrEP for HIV prevention: a qualitative study. *American journal of men's health*, vol 12(6), pp.1843-1854.
- Elliott, R., Fischer, C., and Rennie, D. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology*. Vol 38, pp 215-229.
- Emirbayer, M. (1997). Manifesto for a relational sociology. *American journal of sociology*, vol 103(2), pp.281-317.
- Epstein, S. and Mamo, L. (2017). The proliferation of sexual health: Diverse social problems and the legitimation of sexuality. *Social Science & Medicine*, vol 188, pp.176-190.
- Finlay, L. (2009). Debating Phenomenological Research Methods. *Phenomenology & Practice*. Vol 3(1). Pp. 6-25
- Flowers, P. (2008). Temporal tales: The use of multiple interviews with the same participant. *Qualitative Methods in Psychology Newsletter*. Vol 5, pp. 24-27.
- Food and Drugs Administration. (2012). *Truvada for PrEP fact sheet: ensuring safe and proper use*. Available at: <https://www.fda.gov/downloads/drugs/drugsafety/postmarketdrugsafetyinformationforpatientsandproviders/ucm312290.pdf>. Accessed on: 18/09/2017
- Foucault, M. (1998). *The history of sexuality: An introduction, volume I*. Trans. Robert Hurley. London: Penguin Books.
- Frankis, J., Young, I., Flowers, P. and McDaid, L. (2016). Who will use pre-exposure prophylaxis (PrEP) and why?: understanding PrEP awareness and acceptability amongst men who have sex with men in the UK—a mixed methods study. *PloS one*, vol. 11(4).
- Freud, E. (1961). *Letters of Sigmund Freud 1873-1939*. London: Hogarth Press

Freud, S. (1986/1905a). *The Standard Edition of the complete psychological works of Sigmund Freud* vol.7, London: Hogarth

Freud, S. (1986/1905b). *The Standard Edition of the complete psychological works of Sigmund Freud* vol.23, London: Hogarth

Gadamer, H.G. (1989). *Truth and method* (J. Weinsheimer & DG Marshall, trans.). New York: Continuum.

Giorgi, A. and Giorgi, B. (2003). The descriptive phenomenological psychological method. In P.M. Camic, P.M., Rhodes, J.E. And Yardley, L (eds) (2003). *Qualitative Research in Psychology: Expanding Perspectives in Methodology and Design*. Washington, DC: American Psychological Association.

Given, L. (2008). *The Sage encyclopaedia of qualitative research methods*. 1st ed. Los Angeles, Calif.: Sage Publications.

Glyde, T. (2015). Chemsex exposed. *The Lancet*. Vol 386 (10010). Pp. 2243-2244

Glaser, B. G. (2005). *The grounded theory perspective III: Theoretical coding*. Mill Valley, CA: Sociology Press.

Gonzalez, O. (2019). HIV Pre-Exposure Prophylaxis, “The Truvada Whore”, and the new Gay Sexual Revolution. In Varghese, R. (ed.) (2019). *Raw: PrEP, Pedagogy and the Politics of Barebacking*. London: Zed Books Ltd.

GOV.UK. (2020). *New HIV diagnoses fall by a third in the UK since 2015*. Available at: <https://www.gov.uk/government/news/new-hiv-diagnoses-fall-by-a-third-in-the-uk-since-2015>.

Accessed on: 15/02/2020.

Grace, D., Chown, S.A., Kwag, M., Steinberg, M., Lim, E. & Gilbert, M. (2015). Becoming "Undetectable": Longitudinal Narratives of Gay Men's Sex Lives After a Recent HIV Diagnosis. *AIDS education and prevention : official publication of the International Society for AIDS Education*. vol. 27(4). pp. 333.

Grace, D., Jollimore, J., MacPherson, P., Strang, M.J. and Tan, D.H. (2018). The pre-exposure prophylaxis-stigma paradox: learning from Canada's first wave of PrEP users. *AIDS patient care and STDs*, vol 32(1), pp.24-30.

Grov, C., Parsons, J., (2006). Bug chasing and gift giving: the potential for HIV transmission among barebackers on the internet. *AIDS Education and Prevention*. vol 18(6), pp. 490–503.

Harper, D. (eds). *Qualitative research methods in mental health and psychotherapy: a guide for students and practitioners*. Oxford: John Wiley & Sons.

Halperin, D. (1989). Is there a history of sexuality? *History and Theory*. Vol 28(3). Pp. 257-274.

Heidegger, M. (1962). *Being and Time*. London: Blackwell Publishing.

Hiles, D., Cermak, I. (2008). Narrative Psychology. In ed. Willig, C. and Stainton-Rogers, W. (2008). *The Sage Handbook of Qualitative Research in Psychology*. London: Sage Publications Ltd.

HIV Insite. (2016). *PrEP uptake by sex, race and age*. Available at: <http://hivinsite.ucsf.edu/inSITE?page=hmq-1609-06>. Accessed on: 09/10/2017.

Hollway, W., & Jefferson, T. (2012). *Doing qualitative research differently: A psychosocial approach*. London: Sage.

Holt, M., Lea, T., Mao, L., Kolstee, J., Zablotska, I., Duck, T., Allan, B., West, M., Lee, E., Hull, P. and Grulich, A. (2018). Community-level changes in condom use and uptake of HIV pre-exposure prophylaxis by gay and bisexual men in Melbourne and Sydney, Australia: results of repeated behavioural surveillance in 2013–17. *The lancet HIV*, vol 5(8), pp.e448-e456.

Huang, P., Wu, H.J., Strong, C., Jan, F.M., Mao, L.W., Ko, N.Y., Li, C.W., Cheng, C.Y. and Ku, S.W.W. (2019). Unspeakable PrEP: a qualitative study of sexual communication, problematic integration, and uncertainty management among men who have sex with men in Taiwan. *Journal of Applied Communication Research*, vol 47(6), pp.611-627.

Husserl, E. (1900/1970). *Logical Investigations*. (Trans. J Findlay). London: Routledge.

iwantprepnw.co.uk. (2019). Available on: <https://www.iwantprepnw.co.uk/prep-trials/#proud>. Accessed on 24/10/2019.

iwantprepnw.co.uk. (2020) Available on: <https://www.iwantprepnw.co.uk/prep-on-the-nhs/>. Accessed on 04/02/2020.

Jaspal, R. and Daramilas, C. (2016). Perceptions of pre-exposure prophylaxis (PrEP) among HIV-negative and HIV-positive men who have sex with men (MSM). *Cogent Medicine*, vol 3(1), p.1256850.

Johns, M. M., Pingel, E., Eisenberg, A., Santana, M. L., & Bauermeister, J. (2012). Butch Tops and Femme Bottoms? Sexual Positioning, Sexual Decision Making, and Gender Roles Among Young Gay Men. *American Journal of Men's Health*. Vol 6(6). pp. 505–518.

Kesteren, v., N.M.C, Hospers, H.J., Kok, G.J. & Empelen, v., P. (2005). Sexuality and sexual risk behavior in HIV-positive men who have sex with men. *Qualitative Health Research*. Vol. 15(2). pp. 145-168.

Koester, K., Amico, R.K., Gilmore, H., Liu, A., McMahan, V., Mayer, K., Hosek, S. and Grant, R. (2017). Risk, safety and sex among male PrEP users: time for a new understanding. *Culture, health & sexuality*, vol 19(12), pp.1301-1313.

Kovacs, G. (1993). The personalistic understanding of the body and sexuality in Merleau-Ponty. In

Kelly, M. G. (2013). *Foucault's' History of Sexuality Volume I, The Will to Knowledge': An Edinburgh Philosophical Guide: An Edinburgh Philosophical Guide*. Edinburgh: Edinburgh University Press.

Laplanche, J., & Pontalis, J. B. (1988). *The language of psychoanalysis*. London: Karnac Books.

Langdrige, D. (2007). *Phenomenological Psychology*. Harlow: Pearson.

Larkin, M. and Thompson, A.R. (2011). Interpretative phenomenological analysis in mental health and psychotherapy research. In Harper, D. and Thompson, A.R. eds. (2011). *Qualitative research methods in mental health and psychotherapy: A guide for students and practitioners*. Chichester: John Wiley & Sons.

Lévinas, E. (1969). *Totality and Infinity*. Pittsburgh, Pennsylvania: Duquesne University Press.

Liu, A.Y., Cohen, S.E., Vittinghoff, E., Anderson, P.L., Doblecki-Lewis, S., Bacon, O., Chege, W., Postle, B.S., Matheson, T., Amico, K.R. and Liegler, T. (2016). Preexposure prophylaxis for HIV infection integrated with municipal-and community-based sexual health services. *JAMA internal medicine*, vol 176(1), pp.75-84.

LGBT Foundation (2017). *Mental Health*. Available at: <http://lgbt.foundation/information-advice/mental-health/>. Accessed on: 15/10/2017.

McCormack, S., Dunn, D.T., Desai, M., Dolling, D.I., Gafos, M., Gilson, R., Sullivan, A.K., Clarke, A., Reeves, I., Schembri, G. and Mackie, N. (2016). Pre-exposure prophylaxis to prevent the acquisition of HIV-1 infection (PROUD): effectiveness results from the pilot phase of a pragmatic open-label randomised trial. *The Lancet*, vol 387(10013), pp.53-60.

Merleau-Ponty, M. (2002). *Phenomenology of Perception*. London: Routledge Classics

Milligan, D. (1993). *Sex-life: a critical commentary of the history of sexuality*. London: Pluto Press

Milton, M. (2014). *Sexuality: Existential Perspectives*. Monmouth, UK: PCCS Books.

Montano, M.A., Dombrowski, J.C., Barbee, L.A., Golden, M.R. and Khosropour, C.M. (2017). Changes in sexual behavior and STI diagnoses among MSM using PrEP in Seattle, WA. *Age*, vol 30(8), p.7.

Moran, D. (2000). *Introduction to phenomenology*. London: Routledge

Moustakas, C. (1990). *Heuristic research: Design, methodology, and applications*. Newbury Park, CA: Sage.

Myers, J.E. and Sepkowitz, K.A. (2013). A pill for HIV prevention: deja vu all over again?. *Clinical infectious diseases*. vol 56(11), pp.1604-1612.

Mugwanya, K.K., Donnell, D., Celum, C., Thomas, K.K., Ndase, P., Mugo, N., Katabira, E., Ngure, K., Baeten, J.M. and Partners PrEP Study Team. (2013). Sexual behaviour of heterosexual men and women receiving antiretroviral pre-exposure prophylaxis for HIV prevention: a longitudinal analysis. *The Lancet infectious diseases*, vol 13(12), pp.1021-1028.

NHS England. (2017). *NHS England announces world's largest single PrEP implementation trial to prevent HIV infection*. Available at: <https://www.england.nhs.uk/2017/08/nhs-england-announces-worlds-largest-single-prep-implementation-trial-to-prevent-hiv-infection/>. Accessed on: 18/09/2017.

NHS (2017). *HIV and AIDS*. Available at: <http://www.nhs.uk/conditions/HIV/Pages/Introduction.aspx>. Accessed on: 15/10/2017.

NHS (2020). *Gonorrhoea - Diagnosis*. Available at: <https://www.nhs.uk/conditions/gonorrhoea/diagnosis/>. Accessed 29/01/2020.

Newman, P.A., Guta, A., Lacombe-Duncan, A. and Tepjan, S. (2018). Clinical exigencies, psychosocial realities: negotiating HIV pre-exposure prophylaxis beyond the cascade among gay, bisexual and other men who have sex with men in Canada. *Journal of the International AIDS Society*, vol 21(11), p.e25211.

Paparini, S., Nutland, W., Rhodes, T., Nguyen, V. K., & Anderson, J. (2018). DIY HIV prevention: Formative qualitative research with men who have sex with men who source PrEP outside of clinical trials. *PloS one*, 13(8), e0202830. <https://doi.org/10.1371/journal.pone.0202830>

Pearce, R. (2011). Escaping into the other. *Journal of the Society for Existential Analysis*. Vol. 22(2).

Petersen, A.R., & Lupton, D. (1996). *The new public health: Discourses, knowledges and strategies*. London: Sage Publications.

Pinkuk.com. (2020). *Gay Slang Dictionary starting with A*. Available at: <https://pinkuk.com/stayingin/slang.aspx>. Accessed on: 16/02/2020.

Polkinghorne, D. (1988). *Narrative Knowing and the Human Sciences*. Albany, NY: State University of New York Press.

Prepimpacttrial.org.uk. (2019). Available at: <https://www.prepimpacttrial.org.uk/participant-information-sheet>. Accessed on: 24/10/2019.



- Prevention Access Campaign. (2016). Available at: <https://www.preventionaccess.org/about>. Accessed on: 04/02/2020.
- Race, K. (2016). Reluctant objects: Sexual pleasure as a problem for HIV biomedical prevention. *GLQ: A Journal of Lesbian and Gay Studies*, vol 22(1), pp.1-31.
- Race, K. (2018). *The Gay Science*. New York: Routledge.
- Ricoeur, P., (1981). *Hermeneutics and the human sciences*. (J. Thompson, Ed. and Trans.). New York: Cambridge University Press.
- Roach, Thomas J. (2009). 'Sense and sexuality: Foucault, Wojnarowicz, and biopower', *Nebula. NobleWorld*, vol 6(3).
- Rose, N. (2001). The politics of life itself. *Theory, culture & society*, vol 18(6), pp.1-30.
- Rosenfeld, D. (2020). *The AIDS epidemic's lasting impact on gay men*. Available at: <https://www.thebritishacademy.ac.uk/blog/aids-epidemic-lasting-impact-gay-men>. Accessed on: 15/01/2020.
- Sartre, J.P. (2003). *Being and Nothingness*. 2<sup>nd</sup> ed. London: Routledge Classics.
- Scalvini, M. (2010). Glamorizing sick bodies: how commercial advertising has changed the representation of HIV/AIDS. *Social Semiotics*. vol 20(3). Pp. 219-231.
- Schwandt, T. A. (1994). Constructivist, interpretivist approaches to human inquiry. *Handbook of qualitative research*, vol 1, 118-137.
- Sherhoff, M. (2006). *Without condoms: unprotected sex, gay men and barebacking*. New York: Routledge
- Sherhoff, M. and Smith, RA. (2001). *HIV treatments: a history of scientific advance*. Available at: <http://www.thebody.com/content/art30909.html>. Accessed on: 17/09/2017
- Shinebourne, P. (2011). The theoretical underpinnings of interpretative phenomenological analysis (IPA). *Existential Analysis*, vol 22(1), 16-32.
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. London: Sage.
- Smith-Pickard, P. and Swynnerton R. (2005). The Body and sexuality. In Van Deurzen, E. and Arnold-Baker, C. (2005) *Existential Perspectives on Human Issues*. Basingstoke: Palgrave Macmillan.

- Smith-Pickard, P. (2009) Existential sexuality and the body in supervision. In Ven Deurzen, E and Young, S. (2009). *Existential perspectives on supervision*. Basingstoke: Palgrave Macmillan.
- Smith-Pickard, P. (2014). Merleau-Ponty and existential sexuality. In Milton, M. ed. (2014). *Sexuality: Existential Perspectives*. Monmouth, UK: PCCS Books.
- Smith-Pickard, P. (2014). Transference as existential sexuality. In Milton, M. ed. (2014). *Sexuality: Existential Perspectives*. Monmouth, UK: PCCS Books.
- Spieldenner, A. (2016). PrEP whores and HIV prevention: The queer communication of HIV pre-exposure prophylaxis (PrEP). *Journal of homosexuality*, vol 63(12), pp.1685-1697.
- Spinelli, E. (1996). Some hurried notes expressing outline ideas that someone might someday utilise as signposts towards a sketch of an existential phenomenological theory of human sexuality. *Journal of the Society for Existential Analysis*. Vol 8(1), pp. 2-20.
- Spinelli, E. (2014). Being sexual: reconfiguring human sexuality. In Milton, M. ed. (2014). *Sexuality: Existential Perspectives*. Monmouth, UK: PCCS Books.
- Terrence Higgins Trust. (2017). *PrEP (Pre-exposure prophylaxis)*. Available at: <http://www.tht.org.uk/sexual-health/About-HIV/Pre-exposure-Prophylaxis#dose>. Accessed on: 18/09/2017.
- Terrence Higgins Trust. (2020). *PrEP (pre-exposure prophylaxis) | Terrence Higgins Trust*. Available at: <https://www.tht.org.uk/hiv-and-sexual-health/prep-pre-exposure-prophylaxis>. Accessed on: 15/02/2020.
- The Body. (2016). *Grindr, Largest Gay Hookup App, Adds Fields for HIV Status, Undetectable, and PrEP Use*. Available at: <http://www.thebody.com/content/78739/grindr-largest-gay-hookup-app-adds-fields-for-hiv-.html>. Accessed on: 15/10/2017.
- Tucker, T.G. (1976). *Etymological Dictionary of Latin*. London: Ares Publishers.
- Weeks, J. (1985). *Sexuality and its discontents: Meanings, myths, and modern sexualities*. London: Routledge.
- Weeks, J. (1998). The sexual citizen. *Theory, culture and society*. Vol 15(3). Pp. 35-52.
- Willig, C. (2008). *Introducing qualitative research in psychology: adventures in theory and method*. 2<sup>nd</sup> Ed. Maidenhead: McGraw-Hill Open University Press.
- Willig, C. (2011). The Ethics of Interpretation. *Existential Analysis*. Vol 22, (2), pp. 255-271.

Willig, C. (2013). *Introducing qualitative research in psychology*. Maidenhead, Berkshire: Open University Press.

Willig, C. and Stainton-Rogers, W. (2008). Introduction. In ed. Willig, C. and Stainton-Rogers, W. (2008). *The Sage Handbook of Qualitative Research in Psychology*. London: Sage Publications Ltd

Van Deurzen, E. (2014). Structural Existential Analysis (SEA): A phenomenological research method for counselling psychology. *Counselling Psychology Review*. Vol. 29(2). Pp.70-83.

Van Manen, M. (1990). *Researching Lived Experience: Human science for an action sensitive pedagogy*. London, ON, Canada: The State University of New York Press.

Van Manen, M. (2017). But is it phenomenology? *Qualitative Health Research*. Vol 27(6). Pp 775-779.

Volk, J.E., Marcus, J.L., Phengrasamy, T., Blechinger, D., Nguyen, D.P., Follansbee, S. and Hare, C.B. (2015). No new HIV infections with increasing use of HIV preexposure prophylaxis in a clinical practice setting. *Clinical infectious diseases*, vol 61(10), pp.1601-1603.

Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology and Health*. Vol 15(2), pp 218-228.

Young, I., Flowers, P. and McDaid, L.M. (2014). Barriers to uptake and use of pre-exposure prophylaxis (PrEP) among communities most affected by HIV in the UK: findings from a qualitative study in Scotland. *BMJ open*, vol 4(11), p.e005717.

Young, I., Flowers, P. and McDaid, L. (2016). Can a pill prevent HIV? Negotiating the biomedicalisation of HIV prevention. *Sociology of health & illness*, vol 38(3), pp.411-425.

Young, I., Davis, M., Flowers, P. and McDaid, L.M. (2019). Navigating HIV citizenship: identities, risks and biological citizenship in the treatment as prevention era. *Health, Risk & Society*, DOI: 10.1080/13698575.2019.1572869.

## Appendix I: Participant Information Sheet



*The Department of Health and Social Sciences  
Middlesex University  
Hendon  
London NW4 4BT*



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### Participant Information sheet

Date:

Title

**What meaning do gay men on PrEP make of their sexuality: a phenomenological investigation.**

Invitation paragraph

Thank you for agreeing to take part in this research, which I am undertaking as part of my Doctorate by Professional Studies in Existential Psychotherapy and Counselling programme at the New School of Psychotherapy and Counselling (NSPC) and Middlesex University.

Please take your time to read this information sheet carefully, and feel free to speak to the Researcher or anyone else about your participation in this research, if you feel that is necessary.

What is the purpose of the research?

The purpose of this research is to explore how gay men who take PrEP make sense of their sexuality. Taking PrEP is an active choice, and so this research aims to understand what is it that gay men choose when they choose to take PrEP and what does this say about how they make sense of sex and their sexuality.

Why have I been selected?

You have been selected because you indicated that you would be willing to take part, and fulfil the following criteria:

- 5) Cis-gendered man who self-identifies as gay;
- 6) Born between 1965 and 1987;
- 7) Taken PrEP daily for at least 6 months prior to the interview; and
- 8) If you happen to engage in chemsex, then this should not have been more than once in the 3 months prior to the interview.

Do I have to take part?

You are under no obligation to take part, and you are free to withdraw from this research at any point without a need for justification.

What will happen to me if I take part?

Should you agree to take part, I will then arrange for you to be interviewed. The interview process will last around 60 minutes. It will be audio-recorded and I will ask you to sign a consent form indicating your agreement prior to commencing. I will transcribe the recording myself. There will be no reference in the text of the dissertation to your name, and all personal details about you will be disguised and anonymised.

Brief extracts from the interview will be included in the body of the dissertation to illustrate themes that arise, but in no way will these be identifiable.

#### What are the possible disadvantages to taking part?

Sexuality is a sensitive topic. As with any other topic of a very personal nature, discussing it openly may result in uncomfortable feelings. In the event that you become distressed or upset by anything discussed, you may stop the interview immediately without justification, and you would be signposted to the appropriate support.

#### What are the possible advantages of taking part?

Discussing the meaning that you make of sexuality can lead to greater insight into how you live your sex life, as well as the choices that you make therein. You will also be contributing to the furtherment of knowledge in this field, which, to date, remains relatively under-explored.

#### Consent

You are free to not answer any question that arises in the interview, and are free to withdraw from this research at any stage without needing to explain. Should you indicate that you so wish, I will also check with you once the dissertation has been written but before publication (ie. submission of the doctorate dissertation), that you are happy that your data has been anonymised and your confidentiality has been preserved.

#### Who is organising and funding the research?

This research constitutes an integral part of the DProf in existential psychotherapy and counselling joint programme of the New School of Psychotherapy and Counselling and Middlesex University. It is a self-funded research.

#### What will happen to the data?

The data collected from this research will be published in a doctoral dissertation. All your personal and contact details will be destroyed upon publication. However, an anonymised recording of your interview will be kept for 10 years, using a unique ID, identifiable only by the researcher

#### Who has reviewed the study?

All proposals for research using human participants are reviewed by an Ethics Committee before they can proceed. The NSPC Ethics Committee have reviewed and approved this proposal.

#### Concluding section

Thank you once again for agreeing to take part, and please do not hesitate to get in touch with me if you have any further questions.

Researcher: Phoebus Ebbini, contactable by email at [p.ebbini@gmail.com](mailto:p.ebbini@gmail.com)  
Supervisor: Dr Neil Lamont, contactable by email at [nspcneil@gmail.com](mailto:nspcneil@gmail.com)

## Appendix II: Informed Consent



*The Department of Health and Social Sciences  
Middlesex University  
Hendon  
London NW4 4BT*



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### **Informed consent**

Title: What meaning do gay men on PrEP make of their sexuality: a phenomenological investigation.

Researcher: Phoebus Ebbini

Supervisor: Dr Neil Lamont

- a) I understand the details of the research as explained to me by the Researcher, and confirm that I have voluntarily consented to act as a participant.
- b) I understand that I may withdraw from participation in this research at any time, without the need for justification.
- c) I have been given contact details for the researcher in the information sheet.
- d) Any anonymised notes and audio recordings made during my interview with the researcher may be used and included in the writing of the DProf thesis and subsequent publications.
- e) Should any material from the interview be used it to illustrate a point, I understand that this will be done with care and will conceal the identity of any person referred to.
- f) I understand that should I wish to check that my data has been anonymised appropriately, I may contact the Researcher to check prior to publication.
- g) Once the thesis is passed, all my personal and contact details will be destroyed. However, I understand that the anonymised interview recording will be kept for 10 years from the date of publication, and will be ascribed a unique ID identifiable only by the researcher.

I agree and consent to the use of interview material, audio recordings made during my interview, for the purposes outlined above. I give permission for the researcher to quote me from the interview, anonymously – ie. in a way in which I cannot be identified.

Signed:.....Date:.....

Print name:.....

## Appendix III: Debrief following Interviews



*The Department of Health and Social Sciences  
Middlesex University  
Hendon  
London NW4 4BT*



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### 6 Debriefing

**Title:** What meaning do gay men on PrEP make of their sexuality: a phenomenological investigation.

Researcher: Phoebus Ebbini  
Supervisor: Dr Neil Lamont

*This following debrief will take place in person at the end of the interview, and is intended to act as a brief informal chat to ensure that the participant is ok, and to assist in next steps if necessary.*

Thank you for taking part in this research and making a valuable contribution towards the aims of the study. This debrief is your opportunity to talk about your experience of being interviewed. If you feel you would like to talk more about the issues which have arisen in the interview process, or any difficult feelings you have experienced in relation to this, there is a list of organisations at the bottom of the page.\*

This research aims to explore the meaning that gay men on PrEP make of their sexuality. As part of this exploration, it has been the intention to understand your relationship to sex, your body, and others. It has also been important to explore your choice regarding PrEP, what it means to you, and what changes you have experienced in your life.

Once this study is completed, you would be more than welcome to have access to the results, which may be obtained by contacting me.

If you have concerns or would like to make a complaint please contact my supervisor, Dr Neil Lamont at [nspcneil@gmail.com](mailto:nspcneil@gmail.com)

**\*Further Support:**

London Friend [www.londonfriend.org.uk](http://www.londonfriend.org.uk) (LGBT mental health charity offering counselling and groups, based in Kings Cross)

ELOP [www.elop.org](http://www.elop.org) (LGBT community center offering counselling, based in Walthamstow)

Pink Therapy [www.pinktherapy.com](http://www.pinktherapy.com) (LGBT network of counsellors working privately)



## Appendix IV: Risk Assessment

### INDEPENDENT FIELD/LOCATION WORK RISK ASSESSMENT

FRA1

*This proforma is applicable to, and must be completed in advance for, the following field/location work situations:*

1. *All field/location work undertaken independently by individual students, either in the UK or overseas, including in connection with proposition module or dissertations. Supervisor to complete with student(s).*
2. *All field/location work undertaken by postgraduate students. Supervisors to complete with student(s).*
3. *Field/location work undertaken by research students. Student to complete with supervisor.*
4. *Field/location work/visits by research staff. Researcher to complete with Research Centre Head.*
5. *Essential information for students travelling abroad can be found on [www.fco.gov.uk](http://www.fco.gov.uk)*

#### FIELD/LOCATION WORK DETAILS

<b>Name:</b>	Phoebus Ebbini	<b>Student No</b> <b>Research Centre:(staff only)</b>	<b>M00623038</b>
<b>Supervisor:</b>	Dr Neil Lamont	<b>Degree course</b>	DProf Existential Psychotherapy and Counselling

<b>NEXT OF KIN</b> Telephone numbers and name of next of kin who may be contacted in the event of an accident	<b>Name:</b> [redacted] <b>Phone:</b> [redacted]
<b>Physical or psychological limitations to carrying out the proposed field/location work</b>	None
<b>Any health problems (full details)</b> Which may be relevant to proposed field/location work activity in case of emergencies.	None
<b>Locality (Country and Region)</b>	London, UK
<b>Travel Arrangements</b> NB: Comprehensive travel and health insurance must always be obtained for independent overseas field/location work.	Public transportation
<b>Dates of Travel and Field/location work</b>	Between May and December 2018, 19 Wentworth Street, London E1 7TB

PLEASE READ THE FOLLOWING INFORMATION VERY CAREFULLY

#### Hazard Identification and Risk Assessment

List the localities to be visited or specify routes to be followed (**Col. 1**). For each locality, enter the potential hazards that may be identified beyond those accepted in everyday life. Add details giving cause for concern (**Col. 2**).

**Examples of Potential Hazards :**

Adverse weather: exposure (heat, sunburn, lightening, wind, hypothermia)  
 Terrain: rugged, unstable, fall, slip, trip, debris, and remoteness. Traffic: pollution.  
 Demolition/building sites, assault, getting lost, animals, disease.  
 Working on/near water: drowning, swept away, disease (weils disease, hepatitis, malaria, etc), parasites', flooding, tides and range.  
 Lone working: difficult to summon help, alone or in isolation, lone interviews.  
 Dealing with the public: personal attack, causing offence/intrusion, misinterpreted, political, ethnic, cultural, socio-economic differences/problems. Known or suspected criminal offenders.  
 Safety Standards (other work organisations, transport, hotels, etc), working at night, areas of high crime.  
 Ill health: personal considerations or vulnerabilities, pre-determined medical conditions (asthma, allergies, fitting) general fitness, disabilities, persons suited to task.  
 Articles and equipment: inappropriate type and/or use, failure of equipment, insufficient training for use and repair, injury.  
 Substances (chemicals, plants, bio- hazards, waste): ill health - poisoning, infection, irritation, burns, cuts, eye-damage.  
 Manual handling: lifting, carrying, moving large or heavy items, physical unsuitability for task

**If no hazard can be identified beyond those of everyday life, enter 'NONE'.**

1. LOCALITY/ROUTE (specify here the exact name and address of each locality/organization)	2. POTENTIAL HAZARDS
Koan Practice, 19 Wentworth Street, London E1 7TB	The Koan practice constitutes 6 therapy rooms, which are used by myself (for my training placement) as well as other therapists. There is however no reception or receptionist, and no panic button in the room. Having said that, I have been in placement at this location since July 2015, and there are always other therapists with clients in other rooms (therefore I would never be alone in the building), and the windows in each therapy room face a busy street (and so in the case of emergency, besides alerting others inside the building, it would be easy to alert others on the street).

The University Field/location work code of Practice booklet provides practical advice that should be followed in planning and conducting field/location work.

**Risk Minimisation/Control Measures**

PLEASE READ VERY CAREFULLY

For each hazard identified (**Col 2**), list the precautions/control measures in place or that will be taken (**Col 3**) to "reduce the risk to acceptable levels", and the safety equipment (**Col 5**) that will be employed.

Assuming the safety precautions/control methods that will be adopted (**Col. 3**), categorise the field/location work risk for each location/route as negligible, low, moderate or high (**Col. 4**).

**Risk increases with both the increasing likelihood of an accident and the increasing severity of the consequences of an accident.**

**An acceptable level of risk is:** a risk which can be safely controlled by person taking part in the activity using the precautions and control measures noted including the necessary instructions, information and training relevant to that risk. The resultant risk should not be significantly higher than that encountered in everyday life.

**Examples of control measures/precautions:**

Providing adequate training, information & instructions on field/location work tasks and the safe and correct use of any equipment, substances and personal protective equipment. Inspection and safety check of any equipment prior to use. Assessing individuals fitness and suitability to environment and tasks involved. Appropriate clothing, environmental information consulted and advice followed (weather conditions, tide times etc.). Seek advice on harmful plants, animals & substances that may be encountered, including information and instruction on safe procedures for handling hazardous substances. First aid provisions, inoculations, individual medical requirements, logging of location, route and expected return times of lone workers. Establish emergency procedures (means of raising an alarm, back up arrangements). Working with colleagues (pairs). **Lone working is not permitted where the risk of physical or verbal violence is a realistic possibility.** Training in interview techniques and avoiding /defusing conflict, following advice from local organisations, wearing of clothing unlikely to cause offence or unwanted attention. Interviews in neutral locations. Checks on Health and Safety standards & welfare facilities of travel, accommodation and outside organisations. Seek information on social/cultural/political status of field/location work area.

**Examples of Safety Equipment:** Hardhats, goggles, gloves, harness, waders, whistles, boots, mobile phone, ear protectors, bright fluorescent clothing (for roadside work), dust mask, etc.

If a proposed locality has not been visited previously, give your authority for the risk assessment stated or indicate that your visit will be preceded by a thorough risk assessment.

3. PRECAUTIONS/CONTROL MEASURES	4. RISK ASSESSMENT (low, moderate, high)	5. SAFETY/EQUIPMENT
I believe it would be prudent to have my mobile phone with me at all times. The Koan practice manager will be aware of me using the room, as I would need to book it with her, however, I will also notify my supervisor of the times and dates of each interview.	low	Mobile phone

**PLEASE READ THE FOLLOWING INFORMATION AND SIGN AS APPROPRIATE**

**DECLARATION:** The undersigned have assessed the activity and the associated risks and declare that there is no significant risk or that the risk will be controlled by the method(s) listed above/over. Those participating in the work have read the assessment and will put in place precautions/control measures identified.

**NB: Risk should be constantly reassessed during the field/location work period and additional**

<b>Signature of Field/location worker (Student/Staff)</b>		<b>Date:</b>	
<b>Signature of Student Supervisor</b>	Click here to enter text.	<b>Date:</b>	Click here to enter a date.
<b>APPROVAL: (ONE ONLY)</b> <b>Signature of Director of Programmes (undergraduate students only)</b>	Click here to enter text.	<b>Date:</b>	Click here to enter a date.
<b>Signature of Research Degree Co-ordinator or Director of Programmes (Postgraduate)</b>	Click here to enter text.	<b>Date:</b>	Click here to enter a date.
<b>Signature of Research Centre Head (for staff field/location workers)</b>	Click here to enter text.	<b>Date:</b>	Click here to enter a date.

***precautions taken or field/location work discontinued if the risk is seen to be unacceptable.***

#### **FIELD/LOCATION WORK CHECK LIST**

1. Ensure that **all members** of the field party possess the following attributes (where relevant) at a level appropriate to the proposed activity and likely field conditions:

<input type="checkbox"/> Safety Knowledge & Training?	<input type="checkbox"/> Awareness of cultural, social & political differences?
<input type="checkbox"/> Personal clothing & safety equipment?	<input type="checkbox"/> Suitability of field/location workers to proposed activity?
<input type="checkbox"/> Physical & psychological fitness & disease immunity, protection & awareness?	

2. Have all the necessary arrangements been made and information/instruction gained, and have the relevant authorities been consulted or informed with regard to

<input type="checkbox"/> Visa, permits?	<input type="checkbox"/> Weather conditions, tide times and ranges?
<input type="checkbox"/> Legal access to sites and/or persons?	<input type="checkbox"/> Suitability of field/location workers to proposed activity?
<input type="checkbox"/> Vaccinations and other health precautions?	<input type="checkbox"/> Safety equipment and protective clothing?
<input type="checkbox"/> Financial and insurance implications?	<input type="checkbox"/> Travel and accommodation arrangements?
<input type="checkbox"/> Health insurance arrangements?	<input type="checkbox"/> Arrival times after journeys?

<input type="checkbox"/> Civil unrest and terrorism?	<input type="checkbox"/> Emergency procedures?
<input type="checkbox"/> Crime risk?	<input type="checkbox"/> Transport use?
<input type="checkbox"/> Political or military sensitivity of the proposed topic, its method or location?	

**Important information for retaining evidence of completed risk assessments:**

Once the risk assessment is completed and approval gained the **supervisor** should retain this form and issue a copy of it to the field/location worker participating on the field course/work. In addition the **approver** must keep a copy of this risk assessment in an appropriate Health and Safety file.  
 RP/cc Sept 2010

## Appendix V: Developing Themes

Verbatim	Description	Language	Interpretation	Interpretation Revisited	Emerging themes
Erm... [clicks pen] I guess, the first time I didn't tell anyone, I just was very depressed. I'd kind of like just had sex with someone depressed. ... engaging and had anal sex without saying anything... I just let... you know [clicks pen] had anal sex with him, I just let it happen. And I thought I need to like get PEP [clicks pen]. So I didn't tell anyone. I was just taking the pills in my house. And on holiday, with my friends [laughs] who were getting married. And I was just taking these horrible pills, and it was at the time when there were side effects.	The first time he took PEP, he didn't tell anyone and became very depressed. He had sex with a man, and had anal sex with him without a condom. He let it happen, and thought he needed to take PEP. He took the PEP pills at home and on holiday at a friend's house. He didn't tell anyone. At the time the PEP had side-effects.	He uses the verb 'to guess' to reveal that he was very depressed. He uses the phrase 'kind of like' to reveal that he had sex with someone. And his sentences are broken, and unfinished.	He contrasts himself being alone, taking pills, feeling depressed, whilst being at a wedding. He says that he 'let [condomless sex] happen', which sounds passive in terms of how he wanted sex to happen. I wonder if he avoided choosing somehow, and possibly responsibility as well.	I got the feeling this time round in reading this passage that the clicking of the pen was somehow related to explosions, a ticking bomb? A hand grenade?	choice and responsibility about the use of condoms

## Appendix VI: List of Emergent Themes for Each Participant

### Interview 1 – James - Emergent themes

- 1. Choice and responsibility with condom use**
  - a. Not engaging with the choice of condoms (Rows 20, 70, 73)
  - b. Choosing not to use condoms because
    - i. he wanted to escape from how he was feeling (Row 37)
    - ii. he wanted to rebel (Row 43, 45)
    - iii. he wanted to self-destruct (Rows 28, 43)
  - c. Conflicted about managing his sexual urges (Row 22, 85, 103, 104)
  - d. Atoning for not choosing condoms (Row 25, 38, 39, 50)
- 2. Measuring risk and safety in sex**
  - a. Assessing potential sexual partners (Row 55, 163, 167, 171)
  - b. Assessing sexual situations (Row 57, 84)
  - c. HIV prevention 'rituals' (Row 54)
- 3. Uses of PrEP**
  - a. As managing self-destructive drives (Row 78, 81, 89, 143)
  - b. As avoiding self-flagellation (Row 60, 77, 93)
  - c. As revealing how he is sexual to others (Row 121 146, 149, 153)
  - d. As a responsible active choice (Row 100, 113)
- 4. Coming to terms with who he is**
  - a. Who is he as a gay man? (Row 4, 7, 106, 136, 138, 155, 236, 237)
    - i. Taking PrEP as a gay identity (Row 8, 15)
  - b. Identity as a sexual being (Row 216, 218, 225, 226)
    - i. Notion of natural/innate/right sex (life) (Row 123, 124, 127, 134, 189, 204, 208, 210, 215)

## Interview 2 – Peter - Emergent Themes

### **1. Uses of PreP**

- a. Combatting anxiety (Row 23)
- b. Enabling him to have conversations around sex and sexual health (Row 98)
- c. Enabling him to be more intimate with partners (Row 91, 94, 105, 127)
- d. Enabling him to have the type of sex that he wants (Row 24, 150, 152, 153, 157)
- e. Enabling him to be more sexually confident (Row 92)
- f. Enabling him to feel in control during sex (Row 150, 153)
- g. Allowed him to be more explorative in choice of sexual partners (Row 119, 155)

### **2. Conflict around condom use**

- a. Conflict around condom use (Row 8)
  - i. Sense of lack of intimacy/ease with condoms (Row 14, 122, 125, 127)
- b. Choice in condom use (Row 20, 21)
- c. Condomless as a transgression (early days of PrEP) (Row 140, 144, 146)
- d. No guilt about condomless sex whilst on PrEP (Row 45, 47, 65, 85)

### **3. Good/Bad sex**

- a. Notion of sex that is good/not good for him (Row 35)
- b. Sexual roles and identities around 'bad' sex (Row 17, 18)



## Interview 3 – Joseph - Emergent themes

### **1. Uses of PrEP**

- a. Solution to risky sex (Row 16, 21)
- b. Enables him to feel confident in his sexual performance (Row 163)
- c. Regulates how quickly he proceeds romantically with partners (Row 135)
- d. Enables more intimacy (Row 71)
- e. Informs his identity (Row 40)
- f. PrEP as a responsible choice (Row 27, 40 73)
- g. Enables him to keep options open re potential partners (Row 54, 80)
- h. Enables him to have better conversations around sex and sexual health (Row 48, 49 , 106)

### **2. Connection between sexual and mental health**

- a. Connection between sexual and mental health (Row 25, 26, 108, 204)
- b. Prophylaxis as 'looking after himself' (Row 23, 105)
- c. Being in control when he has sex (Row 19, 39, 205)
- d. PrEP as daily pill (Row 25)
- e. Regulating his sexual energy (Row 154)
- f. Fear/anxiety/shame for getting a STI/being on PEP (Row 58)

### **3. Identity**

- a. Gay identity interlinked with fear of HIV (Row 13, 46, 57, 181, 188)
- b. Gay identity and interaction with institutions (Row 11, 52, 57, 109)
- c. How he is being perceived by others (Row 87, 89)

### **4. Being sexual and relating**

- a. Sexuality informing how he feels about someone (Row 155)
- b. Feeling he has power over someone through sexuality (Row 171, 173)

### **5. The type of sex he wants**

- a. Notion of 'better' sex (Row 43, 46, 48, 66)
- b. Condomless sex as an intrinsically different act to sex with condoms (Row 6, 63, 65)
- c. Desire for/shame of being a slut (Row 70, 192)
- d. PrEP reality different from fantasy (Row 77)

## Interview 4 – Paul - Emergent Themes

1. **Uses of PrEP**
  - a. Enables him to not to hold back (Row 136)
  - b. Enables him to have carefree sex (Row 103, 133, 136)
  - c. Enables him to be open to have condomless sex without guilt (Row 27, 38)
  - d. Enables him to accept the risk of contract STIs anally (Row 140)
  - e. Eliminates fear of contracting HIV (Row 142)
2. **Control, choice and responsibility with condom use**
  - a. Needing/wanting to be in control of his sexual urges (Row 17, 18)
  - b. Wanting to be in control of his health (Row 25)
  - c. Going on PrEP as taking more responsibility (Row 18)
  - d. Choosing not to choose whether to use condoms (Row 46, 57, 61, 67, 131)
    - i. Sexual role and giving over choice of condom use to partners (Row 59, 65)
3. **Relating to STIs**
  - a. Fear of risk of STIs from anal sex predominantly (Row 129, 131)
  - b. Fear of STIs in general (Row 37, 105, 148, 149)
  - c. Inner conflict around starting conversations around sexual health with partners (Row 43, 107, 111, 113, 117, 123, 125)
4. **Barebacking/condomless sex**
  - a. Barebacking as end point (Row 6)
  - b. Importance of sharing bodily fluids (Row 88)
  - c. Condomless sex (on PrEP) as unprotected (Row 27, 29)
  - d. Condomless sex as more intimate (Row 76, 78, 84, 88, 91)
  - e. Trust required for condomless sex (Row 50, 97)

## Interview 5 – James - Emergent Themes

1. **How he experiences being sexual**
  - a. Being sexual as really loving sex (Row 256, 260, 267)
  - b. Talking about sex as intrinsic to his sexuality (Row 252, 262, 263, 264, 265)
  - c. Active sex life as being defiant about childhood messages around gay identity and death (Row 161)
  - d. Being sexual as a spectrum (very to not very) (Row 244)
2. **'extreme' sexuality**
  - a. Fascination with idea of barebacking (Row 16, 58, 59, 100, 102, 110)
    - i. Condoms not actually physically noticeable (Row 239)
  - b. Importance of exploring extreme/dangerous sex (Row 58, 68, 86, 103, 143)
  - c. Pushing boundaries in his sexuality (Row 86)
  - d. Fantasy of being fucked without condoms by many men (Row 110, 116, 119, 143, 166, 168)
  - e. Fetishizing a man's 'load' (Row 145, 169)
3. **Taboos and disgust**
  - a. The revolting as sexy/fun/fascinating (Row 64, 119, 126, 145, 148)
  - b. Taboos as arousing (Row 59, 100, 102, 103, 105, 119, 147, 158)
  - c. Degradation as sexy (Row 119, 120, 126)
  - d. Tension between conforming and subverting gender norms on dominance (Row 136, 138, 139)
4. **Gay identity**
  - a. Exploring sexuality as gay identity (Row 66, 248)
  - b. Fear of HIV as part of gay identity (Row 45, 46, 52, 81, 107, 108, 160, 161, 177)
  - c. Gay sex interlinked with death (Row 97)
5. **Uses of PrEP**
  - a. Enables him to explore his sexuality much more (Row 143, 149)
  - b. Enables him to have sex with anyone (Row 71, 81)
  - c. Being on PrEP as signalling to others that he wants condomless sex (Row 190, 213, 221, 236)
  - d. Being on PrEP as being responsible, fulfilling a duty (Row 28, 87)
  - e. Paying for PrEP as important, a duty (Row 21, 22)
  - f. PrEP as means to ensure he doesn't get HIV (Row 81)
  - g. Trusting the drug, not people (Row 57, 84)
6. **Evolution of sexuality**
  - a. Expectations of being on PrEP vs reality (Row 25, 37, 40)
  - b. Process of accepting condomless sex as safe (Row 51, 56, 79)
  - c. Evolution of conversations before casual sex (Row 202, 206)
  - d. Extremity of sexual acts as a progression with age (Row 64, 65, 67, 69)
7. **Manufacturing sexuality through pharmacology** (Row 180)

## Interview 6 – Michael - Emergent Themes

### **1. Uses of PrEP**

- a. PrEP allows him to explore sexually (Row 27, 58, 191, 195)
- b. PrEP enables him to feel free (Row 153)
- c. PrEP enables him to feel part of a larger community (Row 49)
- d. PrEP enables him to feel more confident (Row 62, 67)

### **2. Staying negative**

- a. Staying negative as an achievement (Row 18, 48)
- b. Concern about staying negative with PrEP (Row 72)
- c. “long term negative” as isolating identity (Row 45, 47)
- d. Faith in prophylaxis
  - i. PrEP as temporary solution only (Row 70, 202)
  - ii. Condoms as shutting down possibilities (Row 21, 22)

### **3. Identity**

- a. Identity as a very sexual being (Row 172)
- b. Sex satisfies different needs (Row 8, 9, 10, 196)
- c. Importance of interacting with cum (Row 29, 31, 140)

### **4. Taboo of not being in control**

- a. Taboos as arousing (Row 30,31, 43)
- b. Submissiveness as taboo (Row 36, 40)
- c. Being submissive vs being fucked (Row 41)
- d. Being more in control when fearful of HIV (Row 34, 84)
- e. Wanting to lose control (Row 29, 138, 141)

## Interview 7 – Andrew - Emergent Themes

1. **Significance of certain sexual acts**
  - a. Significance of getting fucked (Row 121, 127, 128, 162, 165, 167, 177, 229)
  - b. Significance of someone cumming inside his ass (Row 130, 128, 233)
  - c. Reserving certain acts of partners he knows (Row 109, 113, 119)
2. **Performing being sexual**
  - a. Sexual roles informing sexual identities (Row 32, 33, 34, 157, 160)
  - b. Sexuality as a performance (Row 8, 12, 16)
3. **Relationship with HIV**
  - a. Preoccupation with HIV (Row 33, 52, 53, 58)
  - b. Imagined ways of contracting HIV (Row 149, 229)
  - c. Changing attitude towards HIV (Row 81, 196)
  - d. Romantic fantasy of sex with no risks (Row 87, 94)
4. **Uses of PrEP**
  - a. PrEP enabling him to perform sexually (Row 88, 147)
  - b. PrEP enabling him to experience sex without interruptions (Row 102, 140)
    - i. Condoms as an interrupting technicality (Row 92, 94)
  - c. PrEP enabling him to feel safe
    - i. What is suitable protection (Row 29, 181, 221)

## Interview 8 – Phillip - Emergent Themes

### **1. Uses of PrEP**

- a. Opens up possibilities (Row 10, 69, 123)
  - i. Conversations around PrEP (Row 175, 177, 182)
- b. Allows him to explore his sexuality and power (Row 149, 155, 156, 159, 166, 221)
- c. Allows him to be less in control (Row 129, 134)
- d. Allows him to be free of fear of HIV (Row 18, 136, 196)

### **2. Porn and taboos**

- a. Construction of fantasies through porn (Row 84, 85, 86, 87, 89, 90, 91, 93)
  - i. Receiving someone's cum (Row 114, 119)
- b. Exploring taboos (Row 71, 73, 218)
  - i. Subverting gender roles (Row 220, 229)
- c. The experiencing of taboos as disappointing (Row 74, 77, 79)

### **3. Fear of HIV**

- a. Fear of HIV (Row 56, 57)
- b. Hypervigilance against HIV 24, 104, 146, (Row 170, 205, 211)
- c. Changing attitude towards HIV (Row 20, 25, 35)
- d. Risk assessing before sex (Row 28, 44, 59, 70)
- e. Sex linked to fear (Row 25, 27)